

COVID-19 Prevention Program



coronavirus.berkeley.edu



Serkeley VERSITY OF CALIFORNIA COVID-19 Prevention Program (CPP)

For additional information, visit ehs.berkeley.edu/covid-19 or contact EH&S at (510) 642-3073 or ehs@berkeley.edu.

This COVID-19 Prevention Program (CPP) is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

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Note: On December 15, 2022, the California Occupational Safety and Health ("Cal/OSHA") Standards Board adopted non-emergency regulations to address COVID-19 exposure in the workplace. These regulations follow Cal/OSHA's emergency temporary standard ("ETS"), which will expire once the new regulations go into effect sometime in January 2023 (upon the approval of Office of Administrative Law). Upon their effective date, the regulations will remain effective for two years, except for recordkeeping requirements that will remain in effect for three years.

Authority and Responsibility

The **Office of Environment, Health & Safety (EH&S)** has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

Identification and Evaluation of COVID-19 Hazards

We implement the following in our workplace:

- Conduct workplace-specific evaluations to identify COVID-19 hazards in campus buildings, department
 spaces, offices, and other areas where employees work. Department managers shall evaluate hazards in
 areas under their specific control. <u>Appendix A: Identification of COVID-19 Hazards</u> may be used to evaluate
 the workplace, or the department may draft other written guidance to communicate hazards to employees.
- Document the vaccination status of our employees by using the University Health Services (UHS) eTang application at etang.berkeley.edu where employees upload their vaccination information. We also use the People Cards system where managers and supervisors can view employee clearances.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace. The most up to date information on our campus policies and procedures are found at the following sites:
 - o <u>coronavirus.berkeley.edu</u>
 - ehs.berkeley.edu/covid-19
 - o <u>uhs.berkeley.edu/coronavirus/health-information</u>
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.



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Conduct periodic inspections using the <u>COVID-19 Inspection form</u> (a Google Form), and the <u>Risk & Safety Solutions Inspect App</u>. Use the <u>Appendix B: COVID-19 Inspections</u> form as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

Employee Participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by developing their own department-specific COVID-19 prevention plan, and by:

- Reviewing safety concerns or hazards with their supervisor
- Reporting safety concerns or hazards to their supervisor. Concerns may also be sent to EH&S at 510-642-3073 or ehs@berkeley.edu.

Employee Screening

We screen our employees and respond to those with COVID-19 symptoms by:

- Employees are required to self-assess their symptoms each day before coming to campus.
- Employees should not come to campus if experiencing any new or unusual <u>symptoms of COVID-19</u> (not attributed to a previously known medical condition) in the last 24 hours. Refer to the <u>Contact Tracing and Close Exposures webpage</u> for additional guidance.
- Employees who test positive for COVID-19 are provided instruction for isolation and return to work via
 individual messaging through the eTang Portal. Healthcare and Childcare workers are asked to contact
 Occupational Health at 510-332-7192. Return to Work guidance is also <u>available online at UHS</u>. Remote
 workers should contact their primary care clinicians for information about testing and all employees
 should seek care from their primary care provider for evaluation and treatment if ill.

Correction of COVID-19 Hazards

COVID-19 hazards are treated like other workplace injuries or illnesses as addressed in the campus <u>Workplace Safety Program (WSP)</u>. Managers and supervisors have primary responsibility for ensuring safe working conditions and correcting hazards. In the event of a workplace acquired infection, managers or supervisors will submit the Employer's First Report (EFR) through the electronic reporting system used for other injuries/illnesses. The <u>Faculty / Staff Disability Management website</u> provides instructions and a link to the system. EH&S is available for consultation and investigation support.

Unsafe or unhealthy work conditions, practices or procedures related to COVID-19 may be documented using the <u>Appendix B: COVID-19 Inspections</u> form provided in this CPP. Managers and supervisors shall correct hazards in a timely manner based on the severity of the hazards, and shall follow up to ensure corrective actions have been taken. Contact EH&S for assistance. UHS Occupational Health, and the Office of People &



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Culture, can also assist with personnel issues related to COVID-19.

Control of COVID-19 Hazards

Face Coverings

Up-to-date face covering guidance for campus is available at coronavirus.berkeley.edu/masks.

We provide all employees (regardless of vaccination status) with clean, undamaged, NIOSH certified respirators (e.g. N95) for voluntary use when requested. KN95 and other certified masks are no longer eligible as a qualifying voluntary use respirator. The face covering distribution schedule is updated regularly and available on the EH&S website.

When employees are required to wear face coverings in our workplace, they may remove them under the following conditions:

- When an employee is alone in a room or a vehicle.
- While eating or drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent feasible.
- Employees are required to wear respirators in accordance with our respirator program that meets section 5144 requirements.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired wear an effective, non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition permits it.
- Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time in which such tasks are being performed.

Any employee not wearing a required face covering or allowed non-restrictive alternative, will be at least six feet apart from all other persons unless the unmasked employee is tested at least weekly for COVID-19. We will not prevent any employee from wearing a face covering when it is not required unless it would create a safety hazard, such as interfering with the safe operation of equipment, or lab research safety.

Information regarding the voluntary use of N95 respirators is covered later in this CPP under <u>Personal Protective</u> Equipment.

Engineering Controls

For indoor locations (using <u>Appendix B</u> where relevant), we identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing building ventilation systems. We also determine the feasibility of using portable High Efficiency Particulate Air (HEPA)



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filtration units, or other air cleaning systems to improve ventilation, in a manner that does not increase the risk of virus transmission. Each campus building is unique in its ventilation design, and engineering control strategies vary by building.

The campus may decide to alter mechanical ventilation system operation in circumstances where the amount of outside air needs to be minimized due to other hazards, such as heat, wildfire smoke, or when the EPA Air Quality Index is greater than 100 for any pollutant.

The campus may also follow applicable orders and guidance from the State of California and the City of Berkeley Health Department related to COVID-19 hazards and prevention, including <u>CDPH's Interim Guidance for Ventilation</u>, <u>Filtration</u>, and <u>Air Quality in Indoor Environments</u>.

Hand Hygiene

To implement effective hand hygiene procedures, we:

- Encourage and allow time for employees to wash hands with liquid soap and warm water for at least 20 seconds at hand sinks available in restrooms, break rooms, labs, and other areas where sinks are present and stocked with supplies.
- Encourage the use of hand sanitizers after washing hands, or as a substitute in the absence of available sinks.
- The use of hand sanitizers containing methyl alcohol is prohibited.

Personal protective equipment (PPE) used to control employees' exposure to COVID-19

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by section 3380, and provide and ensure use of such PPE as needed.

Upon request, we provide face coverings as required by Cal/OSHA and CDPH. Up-to-date campus guidance on face coverings is available here.

Employees shall use N95 respirators in compliance with Cal/OSHA regulations, Title 8, Section 5144(c)(2) which describes voluntary use. Such respirators shall not create a hazard for the user. The user shall be medically able to wear the respirator, and shall ensure the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user.

Voluntary users of N95s will be provided with information contained in <u>Appendix D to Section 5144</u> of the regulations in the form of <u>N95 Voluntary Use Training</u>, which describes voluntary use conditions listed here:

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept



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clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

- 1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
- 2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
- 3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
- 4. Keep track of your respirator so that you do not mistakenly use someone else's respirator

We provide and ensure use of respirators in compliance with section 5144 when deemed necessary by Cal/OSHA.

We also provide and ensure use of eye and respiratory protection when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

Testing of Symptomatic & Close Contact Employees

The Cal/OSHA Non-Emergency COVID-19 Prevention regulations define "Close Contact" as described below, unless otherwise defined by regulation or order of the California Department of Public Health (CDPH), in which case the CDPH definition shall apply:

- 1. In indoor spaces that are 400,000 or fewer cubic feet per floor, a close contact is defined as sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15 minutes or more over a24-hour period during the COVID-19 case's infectious period, regardless of the use of face coverings. Note that spaces separated by floor-to-ceiling walls (e.g., offices, suites, break rooms, bathrooms) are considered distinct indoor airspaces.
- 2. In indoor spaces that are greater than 400,000 cubic feet per floor, a close contact is defined as being within six feet of the COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period, regardless of the use of face coverings.

We make COVID-19 testing available at no cost to employees, regardless of vaccination status, during employees' paid time. Information on testing is available at https://uhs.berkeley.edu/coronavirus/testing-covid-19.



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We are not required to make testing available to "returned case employees". A returned case means a COVID-19 case who returned to work pursuant to Return to Work criteria in 3205(c)(10) and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 90 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 90 days after the first positive test. If a period or other than 90 days is required by a CDPH regulation or order, that period shall apply.

Investigating and Responding to COVID-19 Cases

We have developed effective procedures to investigate COVID-19 cases in high risk settings on campus that include seeking information from our employees regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This is accomplished by using the <u>Appendix C: Investigating COVID-19 Cases</u> form, or via information obtained by UHS Occupational Health and EH&S in the course of investigating employee exposures.

We also ensure the following is implemented:

- Employees that had a close contact are offered COVID-19 testing through UHS at no cost during their working hours, excluding:
 - COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to employees.
- Written notice within one business day of knowledge of a COVID-19 case that people at the worksite may
 have been exposed to COVID-19. This notice will be provided to all employees (and their authorized
 representative), at the worksite during the infectious period. These notifications must meet the
 requirements of Labor Code section 6409.6 (as amended by AB2693), and in a form readily
 understandable by employees and can be anticipated to be received by the employee.
- When AB-2693 sunsets on January 1, 2024, if there is no successor statute, then notification of close contacts must be provided "as soon as possible."

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- Employees should report COVID-19 symptoms to their supervisor, or to Occupational Health, including possible close contacts in the two days before symptom onset.
- Employees should report COVID-19 hazards to their supervisor, or to EH&S via phone 510-642-3073 or email ehs@berkeley.edu.
- Employees can report symptoms, possible close contacts and hazards without fear of reprisal.



For additional information, visit ehs.berkeley.edu/covid-19 or contact EH&S at (510) 642-3073 or ehs@berkeley.edu.

- Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can request accommodations via their supervisor.
- Employees have access to COVID-19 testing through UHS when testing is required by campus policy, or in the event of a COVID-19 outbreak.
- The COVID-19 hazards to which employees (including other employers and individuals in contact with our workplace) may be exposed, what is being done to control those hazards, and our COVID-19 policies and procedures. Employee confidentiality will be maintained as required.

COVID-19 information and updates are provided to employees via CalMessages email and through the <u>coronavirus.berkeley.edu</u> website.

Training and Instruction

We will provide effective employee training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
- Information regarding COVID-19-related benefits (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
 - o COVID-19 is an infectious disease that can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 and are most effective when used in combination.
- The right of employees to request a respirator for voluntary use, without fear of retaliation, and our policies for providing the respirators. Employees voluntarily using respirators will be trained according to section 5144(c)(2) requirements:
 - How to properly wear them.
 - How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair can interfere with a seal.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.



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- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
 - The conditions where face coverings must be worn at the workplace.
 - Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Information on our COVID-19 policies and how to access COVID-19 testing and vaccination, and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.

Exclusion of COVID-19 Cases and Employees who had a Close Contact

Where we have a COVID-19 case or close contact in our workplace, we limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met. Information is available at: uhs.berkeley.edu/coronavirus/testing-covid-19/what-do-if-test-positive
- Consulting current CDPH guidance regarding excluding employees that had a close contact from the workplace until our return-to-work criteria have been met. Information is available at: uhs.berkeley.edu/coronavirus/contact-tracing-and-close-exposures
- For employees excluded from work, continuing, and maintaining employees' earnings, wages, seniority, and all other employees' rights and benefits.

Note: Employers are no longer required to provide exclusion pay to employees excluded from the workplace due to COVID-19. Instead, employees must receive information regarding COVID-19-related benefits they may be entitled to under federal, state, or local laws; the employer's leave policies; or leave guaranteed by contract.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases and outbreaks at our workplace to the City of Berkeley health department whenever required by law, and provide any related information requested.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with Section 3203(b).



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- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Keep a record of, and track, all COVID-19 cases in partnership between EH&S and UHS. Optionally, we may use the <u>Appendix C: Investigating COVID-19 Cases</u> form to keep a record of and track all COVID-19 cases.

Return-to-Work Criteria

Cal/OSHA has developed new information for isolation and quarantine as of January 14, 2022, which informs the Return-to-Work criteria. Reference the Cal/OSHA information here.

• If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. [Reference section 3205(c)(10)(E) and (F) for additional guidance.]

This COVID-19 Prevention Program is formally approved by the EH&S Director, Patrick Goff, on the date signed below:

Tr. Coff	07/07/2021
Patrick Goff, Executive Director- EH&S	Date

This plan will be reviewed and updated periodically to ensure it reflects the most accurate interpretation of regulations and official guidance.

2/1/

Plan updates and approvals are listed below:

Date: <u>5/9/2022</u>	, by	VA. ESP	
Date: <u>1/11/2023</u>	, by	PA. GA	
	-		
Date:	, by		



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Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, trainings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing stationary work.

Person conducting the evaluation: [enter name(s)]

Date: [enter date]

Name(s) of employee and authorized employee representative that participated: [enter name(s)]

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls



For additional information, visit ehs.berkeley.edu/covid-19 or contact EH&S at (510) 642-3073 or ehs@berkeley.edu.

Appendix B: COVID-19 Inspections

[This form is only intended to get you started. Review the information available at www.dir.ca.gov/ dosh/coronavirus/ for additional guidance on what to regularly inspect for, including issues that may be more pertinent to your particular type of workplace. You will need to modify the form accordingly.]

Date: [enter date] Name of person conducting the inspection: [enter name(s)]

Work location evaluated: [enter information]

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Ventilation* (amount of fresh air and filtration maximized)			
Additional room air filtration*			
[add any additional controls your workplace is using]			
Administrative			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
[add any additional controls your workplace is using]			
[add any additional controls your workplace is using]			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
[add any additional controls your workplace is using]			

^{*}Identify and evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether the use of portable or mounted HEPA filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission. Review applicable orders and guidance from the State of California and the City of Berkeley Health Dept. related to COVID-19 hazards and prevention, including the CDPH Interim Guidance for Ventilation, Filtrations, and Air Quality in Indoor Environments and information specific to your industry, location, and operations. We maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.



For additional information, visit ehs.berkeley.edu/covid-19 or contact EH&S at (510) 642-3073 or ehs@berkeley.edu.

Appendix C: Investigating and Responding to COVID-19 Cases

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Un-redacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law.

Date: [enter date COVID-19 case - suspected/confirmed - became known to the employer]

Name of person conducting the investigation: [enter name]

Name of COVID-19 case (employee or non-employee*) and contact information: [enter information]

Occupation (if non-employee*, why they were in the workplace): [enter information]

*If we are made aware of a non-employee COVID-19 case in our workplace

Names of employees/representatives involved in the investigation: [enter information]

Date investigation was initiated: [enter information]

Locations where the COVID-19 case was present in the workplace during the infectious exposure period, and activities being performed: [enter information]

Date and time the COVID-19 case was last present and excluded from the workplace: [enter information]

Date of the positive or negative test and/or diagnosis: [enter information]

Date the case first had one or more COVID-19 symptoms, if any: [enter information]

Information received regarding COVID-19 test results and onset of symptoms (attach documentation):

[enter information]

Summary determination of who may have had a close contact with the COVID-19 case during the infectious period. Attach additional information, including:

- The names of those found to be in close contact.
- Their vaccination status.
- When testing was offered, including the results and the names of those that were exempt from testing because:
 - They were fully vaccinated before the close contact and do not have symptoms.
 - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.



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- The names of those that were excluded per our <u>Exclusion of COVID-19 Cases and Employees Who Had Close Contact</u> requirements.
- The names of those exempt from exclusion requirements because:
 - They were fully vaccinated before the close contact and did not develop COVID-19 symptoms.
 - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.

[enter information]

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:

- All employees who were in close contact
- Their authorized representatives (If applicable, the notice required by Labor Code section 6409.6(a) and (c))

Names of employees that were notified:	Names of their authorized representatives:	Date:

Independent contractors and other employers present at the workplace during the infectious period:

Names of individuals that were notified:	Date:



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What were the workplace conditions that could have contributed to the risk of COVID-19 exposure? [enter information]

What could be done to reduce exposure to COVID-19? [enter information]

Was the local health department notified? Date? [enter information]



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Appendix D: COVID-19 Training Rosters

Training rosters are maintained by EH&S for employees who have completed EHS207. The Office of People & Culture maintains training rosters for employees who have reviewed the Return to Work Guide. Training records are available upon request from each office.

Date: [enter date]

Person that conducted the training: [enter name(s)]

Employee Name:	Signature:



For additional information, visit ehs.berkeley.edu/covid-19 or contact EH&S at (510) 642-3073 or ehs@berkeley.edu.

Appendix E: Documentation of Employee COVID-19 Vaccination Status - CONFIDENTIAL

Names of employees that were notified:	Fully or Partially Vaccinated ¹	Method of Documentation ²

¹ Update accordingly and maintain as confidential medical record

² Acceptable options include:

[•] Employees provide proof of vaccination (vaccine card, image of vaccine card or health care document showing vaccination status) and employer maintains a copy.

[•] Employees provide proof of vaccination. The employer maintains a record of the employees who presented proof, but not the vaccine record itself.

[•] Employees self-attest to vaccination status and employer maintains a record of who self-attests.



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Additional Consideration #1

Multiple COVID-19 Infections and COVID-19 Outbreaks

[This addendum is added when three or more employee COVID-19 cases within an exposed group visited the workplace during their infectious period at any time during a 14-day period. Reference section <u>3205.1</u> for details.]

"Exposed group" means all employees at a work location, working area, or a common area at work, within employer-provided transportation covered by section 3205.3, or residing within housing covered by section 3205.2, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:

- A. For the purpose of determining the exposed group, a place where persons momentarily pass through, without congregating, is not a work location, working area, or a common area at work.
- B. If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- C. If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

Note: An exposed group may include the employees of more than one employer. See Labor Code sections 6303 and 6304.1.

This addendum will stay in effect until there are no new COVID-19 cases detected in the exposed group for a 14-day period.

COVID-19 Testing

- We provide COVID-19 testing at no cost to all employees, during paid time, in our exposed group except for:
 - Employees who were not present during the relevant 14-day period.
 - For COVID-19 returned cases who did not develop symptoms after returning to work pursuant to our return-to- work criteria, no testing is required. COVID-19 testing consists of the following:
 - All employees in our exposed group are immediately tested and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine, isolation, or exclusion period required by, or orders issued by the local health department.



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- After the first two COVID-19 tests, we continue to provide COVID-19 testing once a week of employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
- Employees who had close contacts shall have a negative COVID-19 test taken within three and five days after the close contact, or shall be excluded and follow the return to work requirements starting from the date of the last known contact.
- We provide additional testing when deemed necessary by Cal/OSHA.

We continue to comply with the applicable elements of our CPP, as well as the following:

- 1. Employees in the exposed group wear face coverings when indoors, or when outdoors and less than six feet apart (unless one of the face-covering exceptions indicated in our CPP apply).
- 2. We give notice to employees in the exposed group of their right to request a respirator for voluntary use.
- 3. We evaluate whether to implement physical distancing of at least six feet between persons, or where six feet of physical distancing is not feasible, as much distance between persons as is feasible.

COVID-19 Investigation, Review, and Hazard Correction

We immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

- The investigation and review is documented and includes:
 - o Investigation of new or unabated COVID-19 hazards including:
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - o Our COVID-19 testing policies.
 - o Insufficient outdoor air.
 - o Insufficient air filtration.
 - Lack of physical distancing.
- Updating the review:
 - Every thirty days that the outbreak continues.
 - o In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. We consider:
 - o Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.



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- Improving air filtration.
- Increasing physical distancing as much as feasible.
- Requiring respiratory protection in compliance with section 5144.

Buildings or structures with mechanical ventilation

We will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, implement their use to the degree feasible.



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Additional Consideration #2

Major COVID-19 Outbreaks

[This addendum is added to the CPP should 20 or more employee COVID-19 cases in an exposed group visit the workplace during the infectious period within a 30-day period. Reference section <u>3205.2</u> for details.]

This addendum will stay in effect until there are fewer than three COVID-19 cases detected in our exposed group for a 14-day period.

We continue to comply with the <u>Multiple COVID-19 Infections and COVID-19 Outbreaks</u> addendum, except that the COVID-19 testing is **required** of all employees in the exposed group twice a week, or more frequently if recommended by the local health department. Employees in the exposed group shall be tested or shall be excluded and follow the return to work requirements starting from the date that the outbreak begins.

In addition to complying with our CPP and Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, we also:

- Provide employees in the exposed group with respirators for voluntary use in compliance with section 5144(c)(2) and determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards.
- Separate by six feet (except where we can demonstrate that six feet of separation is not feasible and there is momentary exposure while persons are in movement) any employees in the exposed group who are not wearing respirators required by us and used in compliance with section 5144. When it is not feasible to maintain a distance of at least six feet, individuals are as far apart as feasible.
- Use remote work arrangements, density reductions, staggered arrivals/departures/work/break times as feasible to support physical distancing.
- Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
- Report major outbreaks to Cal/OSHA and implement any other control measures deemed necessary by Cal/OSHA.



ey covid-19 Prevention Program (CPP)

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Additional Consideration #3

COVID-19 Prevention in Employer-Provided Housing

[This addendum applies to workers in employer-provided housing. Reference section 3205.3(a) for details.]

Assignment of Housing Units

We, to the extent feasible, reduce employee exposure to COVID-19 by assigning employee residents to distinct groups and ensure that each group remains separate from other such groups during transportation and work. Shared housing unit assignments are prioritized in the following order:

- Residents who usually maintain a household together outside of work, such as family members, will be housed in the same housing unit without other persons.
- Residents who work in the same crew or work together at the same workplace will be housed in the same housing unit without other persons.
- Employees who do not usually maintain a common household, work crew, or workplace will be housed in the same housing unit only when no other housing alternatives are feasible.

Ventilation

We ensure maximization of the quantity and supply of outdoor air and increase filtration efficiency to the highest level compatible with the existing ventilation system in housing units. If there is not a Minimum Efficiency Reporting Value (MERV) 13 or higher filter in use, portable or mounted HEPA filtration units are used, where feasible, in all sleeping areas in which there are two or more residents.

Face Coverings

We provide face coverings to all residents and provide information and training to residents on when face coverings should be used in accordance with orders or guidance from CDPH and from the local health department.

Screening

We encourage residents to report COVID-19 symptoms to the housing director, manager, or to EH&S.

COVID-19 Testing

We establish, implement, maintain and communicate to residents effective policies and procedures for COVID-19 testing of residents who had a close contact or COVID-19 symptoms.



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COVID-19 Cases and Close Contacts

We:

- Effectively quarantine residents who had a close contact from all other residents. Effective quarantine includes providing residents who had a close contact with a private bathroom and sleeping area. Effectively isolate COVID-19 cases from all residents who are not COVID-19 cases. Effective isolation includes housing COVID-19 cases only with other COVID-19 cases and providing COVID-19 case residents with a sleeping area and bathroom that is not shared by non-COVID-19-case residents.
- Keep confidential any personal identifying information regarding COVID-19 cases and persons with COVID-19 symptoms, in accordance with our CPP Investigating and Responding to COVID-19 Cases.
- End isolation in accordance with our CPP <u>Exclusion of COVID-19 Cases</u> and <u>Return to Work Criteria</u>, and any applicable local or state health officer orders.



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Additional Consideration #4

COVID-19 Prevention in Employer-Provided Transportation

This addendum applies to employer-provided motor vehicle transportation, which is any transportation of an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores, facilities, and agricultural fields provided, arranged for, or secured by an employer, regardless of the travel distance or duration involved. Reference section 3205.4 for details.

This addendum does not apply:

- If the driver and all passengers are from the same household outside of work, such as family members, or if the driver is alone in the vehicle.
- To employer-provided transportation when necessary for emergency response, including firefighting, rescue, and evacuation, and support activities directly aiding response such as utilities, communications and medical operations.
- To employees with occupational exposure as defined by section 5199.
- To public transportation

Assignment of Transportation

To the extent feasible, we reduce exposure to COVID-19 hazards by assigning transportation such that cohorts travel and work together, separate from other workers. To the extent feasible, employees who usually maintain a household together shall travel together.