COVID-19 Prevention Program

#BearsCare

Vaccinated. Protected. Ready to roll on.

coronavirus.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.

Last Revised: July 7, 2021

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Model COVID-19 Prevention Program (CPP)

With some exceptions, all employers and places of employment are required to establish and implement an effective written COVID-19 Prevention Program (CPP) pursuant to the Emergency Temporary Standards in place for COVID-19 (California Code of Regulations (CCR), Title 8, section 3205(c). Cal/OSHA has developed this model program to assist employers with creating their own unique CPP tailored to their workplace.

Employers are not required to use this program. Instead, they may create their own program or use another CPP template. Employers can also create a written CPP by incorporating elements of this program into their existing Injury and Illness Prevention Program (IIPP). Cal/OSHA encourages employers to engage with employees in the design, implementation and evolution of their CPP.

Using this model alone does not ensure compliance with the emergency temporary standard. To use this model program effectively, the person(s) responsible for implementing the CPP should carefully review:

- All of the elements that may be required in the following CCR, Title 8 sections:
  - 3205, COVID-19 Prevention
  - 3205.1, Multiple COVID-19 Infection and COVID-19 Outbreaks
  - 3205.2, Major COVID-19 Outbreaks
  - 3205.3, Prevention in Employer-Provided Housing
  - 3205.4, COVID-19 Prevention in Employer-Provided Transportation
  - The four Additional Considerations provided at the end of this program to see if they are applicable to your workplace.

- Additional guidance and resources are available at www.dir.ca.gov/dosh/coronavirus/
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. Evaluations of campus buildings have been managed by Asset Managers and building managers/coordinators. Department managers shall evaluate hazards in areas under their specific control. Appendix A: Identification of COVID-19 Hazards 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:
  - coronavirus.berkeley.edu
  - ehs.berkeley.edu/covid-19
  - uhs.berkeley.edu/coronavirus/health-information
- 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.
- Conduct periodic inspections using the COVID-19 Inspection form (a Google Form), and the Risk & Safety Solutions Inspect App. Use the Appendix B: COVID-19 Inspections 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:
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.

- 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:

- Requiring employees and visitors to complete the Daily Symptom Screener before coming to work. Employees may complete a written symptom screener upon arrival to work if it is not technically feasible for them to use the online screener tool.
- Employees shall be prepared to present their Certificate of Clearance generated by the Daily Symptom Screener upon request.
- In addition to the Certificate of Clearance, employees shall be prepared to present their green clearance badge as described by UHS Surveillance Testing - Badge System. This system documents an employee’s vaccination status, surveillance testing participation status, and masking requirements based on vaccination status. Supervisors shall check to ensure employees have completed all the required screening tools when an employee is present on campus for work. The UC Berkeley Mobile App is available through smartphones and allows employees to efficiently present their clearance status.
- People Cards is another tool available to managers and supervisors to check that employees are cleared to work on site.
- Symptomatic employees are instructed to stay home and to contact their medical provider if they have symptoms of cough, fever, shortness of breath, or had close sustained contact with a known positive case of COVID-19. Employees may also contact the University Health Services (UHS) Occupational Health Clinic hotline at 510-332-7192.
- Employees who test positive for COVID-19 should contact Occupational Health at 510-332-7192. They will assist with return to work guidance. 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 Workplace Safety Program (WSP). 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 Faculty / Staff Disability Management website 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 Appendix B: COVID-19 Inspections 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 & Culture, can also assist with personnel issues related to COVID-19.
Control of COVID-19 Hazards

Face Coverings

We provide clean, undamaged face coverings to all employees upon request. We require that they are properly worn by employees that are not fully vaccinated when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH). EH&S provides face coverings for voluntary-use by all employees, and N95 respirators for not-fully vaccinated employees upon request. The mask distribution schedule is available on the EH&S website.

Employees required to wear face coverings in our workplace 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 either fully vaccinated or tested at least weekly for COVID-19. To help ensure compliance, we are requiring all not-fully vaccinated employees to be tested weekly.

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.

Face coverings will also be provided to any employee that requests one, regardless of their vaccination status.

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

Engineering Controls

For indoor locations (using Appendix B 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) filtration units, or other air cleaning systems to improve ventilation, in a manner that does not increase the risk of Coronavirus transmission. Each campus building is unique in its ventilation design, and engineering control strategies vary by building.
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.

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 CDPH's Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.

Cleaning and Disinfecting

We implement the following cleaning measures for frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, bathroom surfaces, and steering wheels:

- Facilities Services is responsible for daily cleaning of public areas and restrooms in campus buildings, including common-touch surfaces such as elevator buttons, door knobs, drinking fountains, etc.
- Departments are responsible for routine cleaning of areas and equipment they maintain. All individuals are encouraged to clean their personal workspace surfaces and shared equipment on a daily basis, or after use.

Should we have a COVID-19 case in our workplace, we will implement the following procedures:

- If a COVID-19 case has been in the workplace during their high-risk exposure period (the two days prior to symptom onset or a positive COVID-19 test), then the areas, material, and equipment used by the person will be disinfected unless the areas, material, or equipment can be isolated from use for 24 hours.
- Disinfection will be performed by either a department representative, custodial services, or EH&S using disinfectants approved in the EPA List N.
- Employees who perform the disinfection shall be provided, and wear, appropriate PPE as determined by the Safety Data Sheet (SDS) for the selected disinfectant. Employees shall read and follow the printed label directions for the selected disinfectant. Questions regarding disinfection procedures and safety can be directed to the employee supervisor, or to EH&S at 510-642-3073, or ehs@berkeley.edu.

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 properly fitted N95 respirators for voluntary use to all employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person.

Employees shall use 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 will be provided with information contained in Appendix D to Section 5144 of the regulations, which describes voluntary use conditions listed here:

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 Employees

We make COVID-19 testing available at no cost to employees with COVID-19 symptoms who are not fully vaccinated,
during employees' paid time. Information on testing is available on the UHS Surveillance Testing - Badge System.

Investigating and Responding to COVID-19 Cases

We have developed effective procedures to investigate COVID-19 cases 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 Appendix C: Investigating COVID-19 Cases 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:
  - Employees who were fully vaccinated before the close contact and do not have symptoms.
  - 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 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), independent contractors and other employers at the worksite during the high-risk exposure period. These notifications must meet the requirements of T8CCR section 3205(c)(3)(B) and Labor Code section 6409.6(a)(4); (a)(2); and (c), and in a form readily understandable by employees and can be anticipated to be received by the employee.

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.
- 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 https://coronavirus.berkeley.edu 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:
  - 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 that are not fully vaccinated 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.
- 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.
  - That face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance cannot be maintained.
  - 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.
COVID-19 training will be required of every employee before returning to work. EH&S provides this training at ehs.berkeley.edu/covid19-training. EH&S maintains the training roster.

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.
- Excluding employees that had a close contact from the workplace until our return-to-work criteria have been met, with the following exceptions:
  - Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms.
  - COVID-19 cases who returned to work per our return-to-work criteria and have remained free of COVID-19 symptoms, for 90 days after the initial onset of COVID-19 symptoms, or for COVID-19 cases who never developed COVID-19 symptoms, for 90 days after the first positive test.
- For employees excluded from work, continuing, and maintaining employees' earnings, wages, seniority, and all other employees' rights and benefits.
- Providing employees at the time of exclusion with information on available benefits.

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).
- 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 Appendix C: Investigating COVID-19 Cases form to keep a record of and track all COVID-19 cases.

Return-to-Work Criteria

- **COVID-19 cases with symptoms** will not return to work until all the following have occurred:
  - At least 24 hours have passed since a fever of 100.4 °F. or higher has resolved without the use of fever-reducing medications, and
  - COVID-19 symptoms have improved, and
  - At least 10 days have passed since COVID-19 symptoms first appeared.
- **COVID-19 cases who tested positive but never developed symptoms** will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
• A negative COVID-19 test will not be required for an employee to return to work once the requirements for “cases with symptoms” or “cases who tested positive but never developed symptoms” (above) have been met.

• Persons who had a close contact may return to work as follows:
  ○ Close contact but never developed symptoms: when 10 days have passed since the last known close contact.
  ○ Close contact with symptoms: when the “cases with symptoms” criteria (above) have been met, unless the following are true:
    ■ The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and
    ■ At least 10 days have passed since the last known close contact, and
    ■ The person has been symptom-free for at least 24 hours, without using fever-reducing medications.
  ○ During critical staffing shortages, when there are not enough health care staff to provide safe patient care, or emergency responders for campus incidents, they may return to work after day 7 from the last exposure if they have received a negative PCR COVID-19 test result from a specimen collected after day 5 [Reference section 3205(c)(10)(D)(3)].

• 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, Pat Goff, on the date signed below:

Patrick Goff, Executive Director- EH&S  07/07/2021

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

Plan updates and approvals are listed below:

Date: _____________________, by ____________________________

Date: _____________________, by ____________________________

Date: _____________________, by ____________________________
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)]

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

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<th>Exposure Controls</th>
<th>Status</th>
<th>Person Assigned to Correct</th>
<th>Date Corrected</th>
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<td>Ventilation* (amount of fresh air and filtration maximized)</td>
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<td>Additional room air filtration*</td>
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<td>Surface cleaning and disinfection (frequently enough and adequate supplies)</td>
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<td>Hand washing facilities (adequate numbers and supplies)</td>
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<td>Disinfecting and hand sanitizing solutions being used according to manufacturer instructions</td>
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<td>PPE (not shared, available and being worn)</td>
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<td>Face coverings (cleaned sufficiently often)</td>
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<td>Face shields/goggles</td>
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<td>Respiratory protection</td>
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<td>[add any additional controls your workplace is using]</td>
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*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.
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 high-risk 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 high-risk exposure 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.
- The names of those that were excluded per our Exclusion of COVID-19 Cases and Employees Who Had Close Contact 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))

<table>
<thead>
<tr>
<th>Names of employees that were notified:</th>
<th>Names of their authorized representatives:</th>
<th>Date:</th>
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Independent contractors and other employers present at the workplace during the high-risk exposure period:

<table>
<thead>
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<th>Names of individuals that were notified:</th>
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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]
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)]

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Signature:</th>
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# Appendix E: Documentation of Employee COVID-19 Vaccination Status - CONFIDENTIAL

<table>
<thead>
<tr>
<th>Names of employees that were notified:</th>
<th>Fully or Partially Vaccinated¹</th>
<th>Method of Documentation²</th>
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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.
Additional Consideration #1

Multiple COVID-19 Infections and COVID-19 Outbreaks

[This addendum will need to be added to your CPP if three or more employee COVID-19 cases within an exposed group visited the workplace during their high-risk exposure period at any time during a 14-day period. Reference section 3205.1 for details.]

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.
  - Employees who were fully vaccinated before the multiple infections or outbreak and who do not have symptoms.
  - COVID-19 cases who did not develop symptoms after returning to work pursuant to our return-to-work criteria, no testing is required for 90 days after the initial onset of symptoms or, for COVID-19 cases who never developed symptoms, 90 days after the first positive test.

- 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.
  - 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.
  - 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 if they are not fully vaccinated.
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, the need for use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.
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:
  - Investigation of new or unabated COVID-19 hazards including:
    - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
    - Our COVID-19 testing policies.
    - Insufficient outdoor air.
    - Insufficient air filtration.
    - Lack of physical distancing.

- Updating the review:
  - Every thirty days that the outbreak continues.
  - 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:
  - Moving indoor tasks outdoors or having them performed remotely.
  - Increasing outdoor air supply when work is done indoors.
  - 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.
Additional Consideration #2

Major COVID-19 Outbreaks

(This addendum will need to be added to your CPP should 20 or more employee COVID-19 cases in an exposed group visit your workplace during the high-risk exposure period within a 30-day period. Reference section 3205.2 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 Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, except that the COVID-19 testing, regardless of vaccination status, is made available to all employees in the exposed group twice a week, or more frequently if recommended by the local health department.

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.
- Install cleanable solid partitions that effectively reduce transmission between the employee and other persons at workstations where an employee in the exposed group is assigned to work for an extended period, such as cash registers, desks, and production line stations, and where the physical distancing requirement (described above) is not always maintained.
- Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
- Implement any other control measures deemed necessary by Cal/OSHA.
Additional Consideration #3

COVID-19 Prevention in Employer-Provided Housing

[This addendum will need to be added to your CPP if you have 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 who are not fully vaccinated.

Face Coverings

We provide face coverings to all residents and provide information to residents on when they should be used in accordance with state or local health officer orders or guidance.

Cleaning and disinfection

We ensure that:

- Housing units, kitchens, bathrooms, and common areas are effectively cleaned to prevent the spread of COVID-19. Housing units, kitchens, bathrooms, and indoor common areas are cleaned and disinfected after a COVID-19 case was present during the high-risk exposure period, if another resident will be there within 24 hours of the COVID-19 case.
- Cleaning and disinfecting is done in a manner that protects the privacy of residents.
- Residents are instructed to not share unwashed dishes, drinking glasses, cups, eating utensils, and similar items.
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.

COVID-19 Cases and Close Contacts
We:

- Effectively quarantine residents who have 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, with the following exceptions:
  - Fully vaccinated residents who do not have symptoms.
  - COVID-19 cases who have met our return-to-work criteria and have remained asymptomatic, for 90 days after the initial onset of symptoms, or COVID-19 cases who never developed symptoms, for 90 days after the first positive test.
- 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 Exclusion of COVID-19 Cases and Return to Work Criteria, and any applicable local or state health officer orders.
Additional Consideration #4

COVID-19 Prevention in Employer-Provided Transportation

[This addendum will need to be added to your CPP if there is 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 vehicles in which all employees are fully vaccinated.
- To public transportation]

Assignment of Transportation

To the extent feasible, we reduce exposure to COVID-19 hazards by assigning employees sharing vehicles to distinct groups and ensuring that each group remains separate from other such groups during transportation, during work activities, and in employer-provided housing. We prioritize shared transportation assignments in the following order:

- Employees residing in the same housing unit are transported in the same vehicle.
- Employees working in the same crew or workplace are transported in the same vehicle.
- Employees who do not share the same household, work crew or workplace are transported in the same vehicle only when no other transportation alternatives are feasible.

Face Coverings and Respirators

We ensure that the:

- Face covering requirements of our CPP Face Coverings are followed for employees waiting for transportation, if applicable.
- All employees who are not fully vaccinated are provided with a face covering, which must be worn unless an exception under our CPP Face Coverings applies.
- Upon request, we provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees in the vehicle who are not fully vaccinated.

Screening

We develop, implement, and maintain effective procedures for screening and excluding drivers and riders with COVID-19 symptoms prior to boarding shared transportation.
Cleaning and Disinfecting

We ensure that:

● All high-contact surfaces (door handles, seatbelt buckles, armrests, etc.) used by passengers are cleaned to prevent the spread of COVID-19 and are cleaned and disinfected if used by a COVID-19 case during the high-risk exposure period, when the surface will be used by another employee within 24 hours of the COVID-19 case.

● All high-contact surfaces used by drivers, such as the steering wheel, armrests, seatbelt buckles, door handles and shifter, are cleaned to prevent the spread of COVID-19 between different drivers and are disinfected after use by a COVID-19 case during the high-risk exposure period, if the surface will be used by another employee within 24 hours of the COVID-19 case.

● We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.

Ventilation

We ensure that vehicle windows are kept open, and the ventilation system is set to maximize outdoor air and not set to recirculate air. Windows do not have to be kept open if one or more of the following conditions exist:

● The vehicle has functioning air conditioning in use and excessive outdoor heat would create a hazard to employees.

● The vehicle has functioning heating in use and excessive outdoor cold would create a hazard to employees.

● Protection is needed from weather conditions; such as rain or snow.

● The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

Hand Hygiene

We provide hand sanitizer in each vehicle and ensure that all drivers and riders sanitize their hands before entering and exiting the vehicle. Hand sanitizers with methyl alcohol are prohibited.