# COVID-19 Prevention Program (CPP) for Kaiser Permanente

# Livermore Regional Distribution Center

# 300 Pullman Street, Livermore CA 94551

This CPP[[1]](#footnote-2) is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

**Date:** **August 30, 2022**

## Authority and Responsibility

**Ann Varanai, Facility Manager and Environmental Health and Safety Manager,** with 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 appropriate training and 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.

At leased buildings, KP Property Management coordinates with landlords to ensure they are following all applicable health and safety regulations.

## Identification and Evaluation of COVID-19 Hazards (8 CCR 3205(c)(2))

We will implement the following in our workplace:

* Conduct workplace-specific evaluations using the form in [**Appendix A: Identification of COVID-19 Hazards**](#_Appendix_A:_Identification)**.**
* Document the vaccination status of our employees in an electronic HR system, which is maintained as a confidential medical record.
* 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. Refer to regional policy, protocol, and playbook for responding to exposures.
* NCAL: ***Guidelines for COVID-19 Exposed HCW; Guidelines for COVID-19 Positive HCW***
* Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department(s) related to COVID-19 hazards and prevention. These orders and guidance are both information of general application, including
  + **Cal/OSHA-CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environment**
  + [**CDPH Face Covering Requirements**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx)
  + [**CDPH Isolation and Quarantine Guidance**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx')
  + [**Applicable CDPH Employees & Workplaces Guidance**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx#ctl00_ctl49_g_67fdcb83_ec1a_4ed3_83d2_02cd3730bc5e_csr2_tab)**.**
* Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls, including maximizing the effectiveness of ventilation and air filtration.
* Conduct periodic inspections using the form in[**Appendix B: COVID-19 Inspections**](#_Appendix_B:_COVID-19)as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
* Clean and disinfect areas according to KP policies and procedures and EVS contracted services.

## Employee participation

Employees and their authorized representatives can participate in the identification and evaluation of COVID-19 hazards by:

* Conducting Workplace Safety Covid-19 Rounding using the facility and department checklists, which is in [**Appendix B: COVID-19 Inspections**](#_Appendix_B:_COVID-19)**.**
* Participating in local Safety Committee meetings, where COVID-19 hazards are discussed in addition to other safety hazards.
* Reporting COVID-19 and other safety hazards to managers and/or Safety leaders at the facility or region level.

## Employee screening

All employees are required to self-screen daily, prior to coming to the workplace, and have been trained on the self-screening process. Proof of employee training is maintained in KP Learn and visible by a sticker on their KP badge. Employees should not be allowed entry to the workplace who cannot demonstrate training. The **employee self-screening questions and instructions** are included in [**Appendix F: COVID-19 Symptom Self-Check and Badge Attestation Protocol**](#_APPENDIX_F:_COVID-19)**.**

If KP conducts screening indoors at the workplace, we will ensure that face coverings are used during screening by both screeners and employees and, if temperatures are measured, that non-contact thermometers are used.

Face covering are used by screeners and all employees and visitors who enter are required to wear face coverings.

## Correction of COVID-19 Hazards (8 CCR 3205(c)(4))

Unsafe or unhealthy work conditions, practices or procedures will be documented on the form in [**Appendix B: COVID-19 Inspections**](#_Appendix_B:_COVID-19) and corrected in a timely manner based on the severity of the hazards. The severity of the hazard will be assessed, and correction time frames assigned, accordingly, in KP Rounding and EZNet entries. Individuals are identified as being responsible for timely correction.

Follow-up measures are documented and tracked to ensure timely correction.

## Control of COVID-19 Hazards (8 CCR 3205(c)(7))

### Face Coverings (8 CCR 3205 (c)(6))

We provide clean, undamaged face coverings and ensure they are properly worn by employees when required by orders from the [California Department of Public Health (CDPH)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx).

Even though Cal/OSHA may allow employees to not wear masks, KP’s expectation is that all employees, visitors, contractors, etc. entering the building are masked when working indoors.

KP will provide a facemask that will be worn over the nose and mouth, which is replaced and/or cleaned when soiled or no longer fitting properly.

Security will enforce KP’s masking policy and deny entry if they encounter non-employees who are not wearing face covering. Measures to communicate to non-employees the face mask requirements are in the form of signage and/or verbal communication at entry points. Face masks are offered to visitors at entry points if they are not already wearing a mask. Screenings of visitors are conducted via one or more measures: posted signage, secured entry, and/or greeting protocols. Managers are responsible for enforcing within the building.

We have implemented, signage, ventilation controls, and work-from-home to reduce exposure to COVID-19 hazards originating from person not wearing a face covering, including members of the public.

**NOTE**: Face shields are not a replacement for face coverings, although they may be worn together for additional protection.

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.
* When employees are required to wear respirators in accordance with KP’s respirator program that meets Cal/OSHA CCR Title 8 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 person. Such employees will wear an effective, non-restrictive alternative, such as a faceshield with a drape on the bottom, if their condition permits it. If their condition does not permit it, then the employee will be tested at least weekly for COVID-19.
* Specific tasks, limited to the time period in which the tasks are performed, that cannot feasibly be performed with a face covering.

Any employee not wearing a required face covering will be 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.

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

### Engineering controls

For indoor locations, using [**Appendix B: COVID-19 Inspections**](#_Appendix_B:_COVID-19) we identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing ventilation system, and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of transmission by:

**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.**

* During events where EPA Air Quality Index is greater than 100, facilities engineer will:
  + - Monitor outdoor air contaminant levels using the continuous reporting on [www.AirNow.gov](http://www.AirNow.gov).
    - Monitor key performance indicators (typically PM2.5 and CO2) in the indoor air.
    - Adjust, augment, and monitor filter performance and loading.
    - Establish and maintain communication regarding air quality for outdoor workers and indoor workers with staff management.

**How the ventilation system will be properly maintained and adjusted, whether you own and operate the building, or not.**

* Engineering shall monitor HVAC systems in accordance with Building Ventilation Checklist for Re-Occupancy HVAC guidance relating to the CDC recommended considerations (BSAP Activity Number 3.1.1.28). This includes assessment of building filtration: assessing systems to increase air filtration to as high as possible (MERV 13 or 14) without significantly diminishing design airflow.
* All routine maintenance on ventilation and filter systems shall be performed, including but not limited to the following:
  + Filter changing on HVAC systems is performed when needed.
  + HEPA filters to be changed per manufacturer guidelines.
  + Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.

**How to maximize, to the extent feasible, the amount of outside air and increase filtration efficiency to the highest level compatible with the existing ventilation system.**

* Engineering shall assess outdoor air ventilation and feasible maximization in accordance with Building Ventilation Checklist for Re-Occupancy HVAC guidance relating to the CDC recommended considerations (BSAP Activity Number 3.1.1.28).
  + - Facility ventilation systems should have outdoor air dampers set for between 10% and 20%; minimum VAV zone quantities at 0.25 CFM/ft2 or higher. (BSAP 3.1.1.28).
    - Fresh Air Ventilation System Check – a properly-working ventilation system should produce indoor environments with CO2 concentrations between 400 ppm and 1,000 ppm, and preferably between 400 ppm and 800 ppm. Measuring CO2 is not required, but, is recommended if air quality is in question; measurement should always precede adjustment (increasing) outdoor air at central systems.
    - If the facility has CO2 sensors (Demand Controlled Ventilation) to reduce OA, setpoints should be maintained at 800 ppm to 1,000 ppm. (BASP 3.1.1.28)
* For buildings that have shut down HVAC systems for an extended period, a flush-out period prior to occupancy is performed:
* Normal Outdoor Air Ventilation (0.15 CFM/sf; 20%) - 140 – 277 hours
* System running with Outdoor Air Damper open (1.0 CFM/sf; 100%) - 22 – 43 hours

**How to implement use of portable or mounted HEPA filtration if we determine such use would reduce the risk of COVID-19 transmission.**

* + Supplemental HEPA filtration may be added into spaces under the following process:
    - Where encounter-based transmission risk is of concern, risk assessment shall be performed with the KP Standard Environmental Aerosol Risk assessment tool, using standardized exposure times and transmission factors.
    - Supplemental HEPA filters shall be placed, and tested for effective removal.
  + KP maintains stock (or vendor relationships to local providers) of portable HEPA filter units in each medical center’s project administration team (NFS and CPFC).

**Applicable orders and guidance from the State of California and your local health department related to COVID-19 hazards and prevention, including** [**CDPH’s Interim Guidance for Ventilation,**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx)[**Filtration, and Air Quality in Indoor Environments**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx)**.**

* + KP continuously reviews updated guidance from the State of California and local health departments.
  + Ventilation guidelines, including KP’s *“Building Ventilation Checklist for Re-Occupancy”* and *“Air Quality and Air Treatment at KP Facilities”* shall be continuously updated to maintain currency.

Where engineering controls are not possible, additional administrative controls are implemented as indicated in [**KP’s Building Space Activation Playbook (BSAP)**](http://kpnet.kp.org/ehs/covid-19/covid_KP_building_space_activation_playbook_release_1_5.pdf) ***Section 3 – Conditions for Safe Facilities: Non-Member Facing and Section 6 Space Planning Templates & Considerations: Non-Member Facing***.

* Signage has been posted in all common spaces
* Audio/visual options related to signage or operational alternatives are provided for the hearing/sight impaired
* Entrances to the building have stations with PPE, sanitizer, masks, and other supplies identified as appropriate for people entering the building
* Signage posted at all sinks reminding visitors, and staff of appropriate handwashing measures
* Entrances to buildings (and tents) include signage for building re-entry
* Signage is provided at the entrance of the building describing protocols for anyone that thinks they may have COVID-19

Signage with guidelines for staff on the appropriate use of PPE is posted

* Electronic readers, payments, transactions, etc. are moved away from workers operating those terminals where possible

### Hand Sanitizing

To implement effective hand sanitizing, we have evaluated our handwashing facilities for current occupancy, and will determine the need for additional facilities as our occupancy changes.

In order to implement effective hand sanitizing procedures, we utilize the BSAP checklist to ensure that hand washing, and hand sanitizing equipment, consumables, and processes ensure the ability for employees to reduce dermal exposure to COVID-19. These include:

* Environmental Services (EVS) routinely checks hand sanitizer stations and hand soap in common and high-traffic areas, and restrooms to ensure soap and paper towels are stocked sufficiently. Staff should notify their managers if additional supplies are needed in the interim.
* The property manager or facility manager assesses need for additional hand hygiene stations.
* Encouraging and allowing time for employees to wash their hands.
* Alcohol-based hand sanitizer (not containing methanol) are accessible to all staff in common or high traffic areas
* Encouraging employees to wash their hands for at least 20 seconds each time

### 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 CCR Title 8, section 3380, and provide and ensure use of such PPE as needed.

Upon request, we will provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees who are working indoors or in vehicles with more than one person. Whenever we make respirators for voluntary use available, we will encourage their use and will ensure that employees are provided with a respirator of the correct size. We will also provide the information from Appendix D of section 5144 and the required training items listed below:

* How to properly wear the respirator provided;
* How to perform a user seal check according to the manufacturer’s instructions each time a respirator is worn, and the fact that facial hair interferes with a seal.

The building coordinator will request respirators from their PPE supplier (closest medical center or KP central supply warehouse) who will arrange delivery to the administrative building.  At this site, the building coordinator is Ann Varanai, Facility Services Manager.

Employees requesting respirators for voluntary use will be encouraged to use them. At this site, the individual responsible for issuing the respirators is: **Department Manager or Supervisor**. This individual will provide these employees with a voluntary use respirator, a copy of 8 CCR 5144 Appendix D and training in the form of a handout providing the required information. This individual will also be responsible for documenting the provision of these three items to employees. (See [**Appendix H- Resources for Voluntary Respirator Distribution**](#_Appendix_H_–)for links to a respirator issuance log and training handouts.) Employees should perform a user seal check each time they don their respirator. Employees who are not able to successfully perform a user seal check will be instructed to notify their supervisor and will be provided either a replacement respirator or an alternate respirator of an appropriate size. Employees should contact their supervisor for a replacement respirator if it becomes damaged, deformed, dirty, or difficult to breathe through.

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

### Testing of Employees

We make COVID-19 testing available at no cost, during paid time, to all employees:

* Who had close contact in the workplace; or
* Who have COVID-19 symptoms, and
* During outbreaks and major outbreaks (see below for further details).

## Investigating and Responding to COVID-19 Cases (8 CCR 3205(c)(3))

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 will be accomplished by using the [**Appendix C: Investigating COVID-19 Cases**](#_Appendix_C:_Investigating) form.

We also ensure the following is implemented:

Through existing Kaiser Permanente processes and protocols, employees who have had a close contact will:

* be offered COVID-19 testing at no cost during their working hours, except for returned cases as defined by 8 CCR 3205 (b)(11) see Site to select their region’s document: ***KP NCAL Guidelines for COVID-19 Exposed HCW.***
* be provided the information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases,
* receive written notice within 1 day of our 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 infectious period.
* A “close contact” meets the definition in section 8 CCR 3205(b)(1), unless it is otherwise defined by CDPH; “infectious period” meets the definition in 8 CCR 3205(b)(9), unless it is otherwise defined by CDPH; and “worksite” meets the section 8 CCR 3205(b)(12) definition.

## System for Communicating (8 CCR 3205(c)(1))

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 and possible hazards to managers, who will report to the appropriate department for follow-up.
* That employees can report symptoms, possible close contacts, and hazards without fear of reprisal.
* Our procedures or policies for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness include:

If employees raise the concern of being in a high-risk category and/or having an underlying condition that prevents them from returning to the workplace:

* + Employees communicate concerns to their managers, Human Resources Consultants, or Disability Management
  + Managers engage Disability Management as needed and follow our reasonable accommodation process, including:
    - Exploring reasonable accommodations that will allow an employee to return to the workplace. Each employee’s concerns and department needs will be evaluated case-by-case. Some potential solutions may include additional space reconfigurations (moving desks, adding safety barriers, etc.), alternative shifts, or other work agreements. Employees and managers should reach out to their Human Resources Consultant and/or Disability Management as needed to discuss options.
    - If an on-site accommodation or modification is not feasible, a case-by-case assessment of operational needs and other considerations will be performed to determine whether the employee is able to work from home.
    - If an employee is unable to work on-site or remotely, a leave of absence may be provided as a reasonable accommodation.
* Access to COVID-19 testing when testing is required. In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test. Employee Health will coordinate appropriate testing and location with the employee and/or manager so that the testing is performed at no cost to the employee during working hours in a timely manner. See ***KP NCAL Guidelines for COVID-19 Exposed HCW.***
* The COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures can be accessed in this written plan. (Facility managers will need to communicate to employees that this plan exists and is available to them; should also provide information to employees via huddles, staff meetings, or other methods of communication).
* Records will be maintained in a confidential manner, accessible only by those who are involved in the follow-up and medical care of the employee.
* KP’s internal website is available to all employees and contains multiple resources to communicate information about COVID-19:
  + NCAL: <https://mykp.kp.org/en/news/national/covid-19-frequently-asked-questions.html>
  + SCAL: <https://sp-cloud.kp.org/sites/KPSCCOVID-19>
* Employees have the opportunity to discuss COVID-19 concerns and hazards at daily huddles, team meetings, and one-to-one with their manager.
* Employees can anonymously report COVID-19 concerns and hazards to the KP Compliance Hotline at 1-888-774-9100, 24 hours a day, 7 days a week.
* We provide notice of the potential COVID-19 exposure, within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case, to the following:
  + All employees who may have had COVID-19 exposure and their authorized representatives
  + Independent contractors and other employers present at the workplace during the infectious period

**NOTE**:Personal identifying information of COVID-19 cases or persons with COVID-19 symptoms shall be kept confidential. Employee medical records shall also be kept confidential and not disclosed without the employee's express written consent to any person within or outside the workplace.

## Training and Instruction (8 CCR 3205(c)(5))

We provide effective 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, but 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.
* 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 under which face coverings must be worn at the workplace,
  + Employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, 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 KP’s COVID-19 policies; 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.

Documentation of employee training is maintained in KP Learn. Any additional training can be documented in [**Appendix D: COVID-19 Training Roster**](#_Appendix_D:_COVID-19).

## Exclusion of COVID-19 Cases (8 CCR 3205(c)(9))

Where we have a COVID-19 case and employees who had a close contact in our workplace, we will limit transmission by:

* Ensuring that COVID-19 cases are excluded from the workplace until the return-to-work requirements in 3205(c)(10) are met.
* Reviewing current CDPH guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.
* Developing, implementing, and maintaining effective policies to prevent transmission of COVID-19 by persons who had close contacts.
* For employees excluded from work, continuing and maintaining an employee’s earnings, wages, seniority, and all other employee rights and benefits. This will be accomplished by having the employee use their paid time-off benefits, Worker’s Compensation (if applicable) or COVID-19 Paid Leave Hours. Other leave benefits available to employees in California are listed in this document and included in [**Appendix G: Leave of Absence and Time Off Related Benefits**](#_APPENDIX_G:_Leave).
* Providing employees at the time of exclusion with information on available benefits.

## Reporting, Recordkeeping, and Access (8 CCR 3205(c)(8))

It is our policy to:

* Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department. Employee Health maintains a list of exposed employees as provided by the manager in consultation with IP. The Safety department or designee will ensure that documentation occurs in the Supervisor’s first Report of Injury system.
  + 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.
  + Use the [**Appendix C: Investigating COVID-19 Cases**](#_Appendix_C:_Investigating)form to keep a record of and track all COVID-19 cases.
* Within one business day of the time KP knew of a COVID-19 case, KP will give written in a form readily understandable by employees, that people at the worksite may have been exposed to COVID-19. The notice shall be written in a way that does not reveal any personal identifying information of the COVID-19 case. Written notice may include, but is not limited to, personal service, email, or text message if it can reasonably be anticipated to be received by the employee within one business day of sending. The notice shall include the disinfection plan required by Labor Code section 6409.6(a)(4). The notice must be sent to the following:
* All employees at the worksite during the infectious period. If KP should reasonably know that an employee has not received the notice, or has limited literacy in the language used in the notice, then KP shall provide verbal notice, as soon as practicable, in a language understandable by the employee.
* Independent contractors and other employers at the worksite during the infectious period.
* Within one business day of the time KP knew of the COVID-19 case, the KP will provide the notice required by Labor Code section 6409.6(a)(2) and (c) to the authorized representative of any employee at the worksite during the infectious period.
* Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment. When the Safety department is notified of an OSHA-reportable incident, they will make the appropriate notification.
* Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b). Records of the steps taken to implement and maintain the Program shall include:
* Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year; and
* Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.
* Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).
* Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).
* Written documentation of training and instruction as required by subsection (a)(7).
* 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
* Use the [**Appendix C: Investigating COVID-19 Cases**](#_Appendix_C:_Investigating) form to keep a record of and track all COVID-19 cases and close contacts. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

In the event of an outbreak of 3 or more cases, KP will follow the procedures identified in **[Appendix I: Multiple COVID-19 Infections and COVID-19 Outbreaks](#_Appendix_I_-)**[.](#_Appendix_I_-)

In the event of a major outbreak (20 or more cases), KP will follow the procedures identified in **[Appendix J: Major COVID-19 outbreaks](#_Appendix_J_-)**[.](#_Appendix_J_-)

## Return-to-Work Criteria (8 CCR 3205(c)(10))

We will meet the following return to work criteria for COVID-19 cases and employees excluded from work:

* **COVID-19 cases, regardless of vaccination status or previous infection and who do not develop symptoms or symptoms are resolving**, cannot return to work until we can demonstrate that all of the following criteria have been met**:**
  + At least five days have passed from the date that COVID-19 symptoms began or, if the person does not develop COVID-19 symptoms, from the date of first positive COVID-19 test;
  + At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever reducing medications; and
  + A negative COVID-19 test from a specimen collected on the fifth day or later is obtained; or, if unable to test or the employer chooses not to require a test, 10 days have passed from the date that COVID-19 symptoms began or, if the person does not develop COVID-19 symptoms, from the date of first positive COVID-19 test.
* **COVID-19 cases, regardless of vaccination status or previous infection, whose COVID19 symptoms are not resolving,** may not return to work until:
  + At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication; and
  + 10 days have passed from when the symptoms began.
* Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case shall wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.
* The return to work requirements for COVID-19 cases who do or do not develop symptoms apply regardless of whether an employee has previously been excluded or other precautions were taken in response to an employee’s close contact or membership in an exposed group**.**
* 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.

**Tederal Glover**

**Director if Regional Building Operations**

**Northern California**

## 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, 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 locations.

**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** |
| --- | --- | --- | --- |
| * Break Rooms * Cafeterias * Outdoor eating areas | (add specific to facility) | Eating and drinking with more than one employee at a time present in the area | * Must be masked when not eating or drinking * Staggered break and mealtimes |
| Lobbies | All times of day |  | * All employees and visitors who enter must be masked * (add additional measure if check-in or reception desks are present) |
| (List specific work areas at the facility in the rows below), including entrances, bathrooms, hallways, aisles, walkways, elevators, cool-down areas, and waiting areas. | (list specific areas of facility and times) |  |  |
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## Appendix B: COVID-19 Inspections

**Date: enter date**

**Name of person conducting the inspection**: **enter names**

## Work location evaluated: enter facility/department

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **WPS Checklist** | | | | | |
| **Guideline Item** | **Y** | **N** | **N/A** | **Actions Taken** | **If no, follow up required?** |
| **Who escalated to?** |
| **Sanitization** | | | | | | |
| 1 | Restrooms and all areas with sinks have sufficient soap and paper towels |  |  |  |  |  |
| 2 | Hand sanitizer is located in all facility lobbies, clinical department waiting rooms, and common administrative areas |  |  |  |  |  |
| 3 | Observations of EVS frequently cleaning “high-touch” surfaces (counters, vending machines, door handles, light switches, elevator buttons, kiosks, refrigerators, sink hardware, public phones) |  |  |  |  |  |
| 4 | Clinical workspaces and workstations in clinical and non-clinical areas are being cleaned regularly |  |  |  |  |  |
| 5 | EVS is wearing appropriate PPE for task performed (gloves at a minimum) |  |  |  |  |  |
| 6 | Disinfectant materials are available in areas where shared equipment is used (phones, printers, FAX machines, etc.) |  |  |  |  |  |
| **Personal Protective Equipment** | | | | | | |
| 1 | Signs are placed throughout facility notifying patients and visitors to wear face masks |  |  |  |  |  |
| 2 | Non patient-facing employees, visitors, and patients entering and within the facility are wearing face masks |  |  |  |  |  |
| **Physical Distancing** | | | | | | |
| 1 | Greeters are present at in public access areas (ex: entrances, cafeterias, elevator lobbies, and waiting rooms) to ensure appropriate capacity/physical distancing is maintained, and are following local protocols |  |  |  |  |  |
| 2 | Physical distancing is observed in all non patient-facing facilities |  |  |  |  |  |
| 3 | No hand-shaking or other physical contact is observed |  |  |  |  |  |
| 4 | Physical distancing is observed in public/common areas in patient-facing facilities |  |  |  |  |  |
| 5 | Queues in all areas are marked to maintain physical distancing of 6 feet (labs, pharmacies, registration/reception, elevators) |  |  |  |  |  |
| 6 | Furniture in waiting areas, lobbies, and cafeterias is arranged to support physical distancing of 6 feet |  |  |  |  |  |
| **Meetings, Gatherings, Common Spaces** | | | | | | |
| 1 | Physical distancing is observed in conference rooms |  |  |  |  |  |
| 2 | Employees are not eating together in cafeterias, break rooms, outdoor eating areas, at vendor kiosks |  |  |  |  |  |
| 3 | Employees are not congregating in halls, stairwells, cafeterias, outdoor areas, elevator lobbies, skybridges |  |  |  |  |  |
| 4 | Gyms are not open until public gyms are opened. When opened, approved disinfectant materials are available at all times. |  |  |  |  |  |
| 5 | Supply rooms are staffed with assigned personnel |  |  |  |  |  |
| 6 | No potlucks or department gatherings |  |  |  |  |  |
| **Facilities Management and Security** | | | | | | |
| 1 | Physical barriers, plexiglass shields at interaction points where people may be in close contact (pharmacies, reception/registration, member services counters) |  |  |  |  |  |
| 2 | Access points into the facility are limited; but can open from the inside in the case of emergency |  |  |  |  |  |
| 3 | Slip, trip, and fall hazards have not been introduced as a result of reconfigured spaces or workflows |  |  |  |  |  |
| **Additional Requirement for Unique Settings in Care Delivery** | | | | | | |
| 1 | Temporary entrances are designated in facilities for patients who suspect they may have COVI-19, separate from the ED or Urgent Care entrances, following local protocols |  |  |  |  |  |
| 2 | Check points are located throughout the facility to limit COVID-19 patients to their designated area, following local protocols |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Appendix C: Investigating 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 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 and why they were exempt from testing.
* The names of those that were excluded per our **Exclusion of COVID-19 Cases and Employees who had a Close Contact requirements**.
* The names of those close contacts exempt from exclusion requirements and why they were exempt from exclusion.

**[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:

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

|  |  |  |
| --- | --- | --- |
| **Names of employees that were**  **notified:** | **Names of their authorized**  **representatives:** | **Date** |
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**Independent contractors and other employers present at the workplace during the infectious exposure 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 local health department notified? Date?**

**[enter information]**

## Appendix D: COVID-19 Training Roster

## All employees’ COVID-19 training records are documented in KP Learn. However, if in-person training is conducted at the facility, use the form below to document.

**Date: enter date**

**Person that conducted the training**: **enter name(s)**

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **NUID** | **Signature** |
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## Appendix E – Definitions

***NOTE:*** *On June 9, 2022 CDPH issued* [**Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx#:~:text=Someone%20sharing%20the%20same%20indoor,or%20a%20clinical%20diagnosis)%20Infectious) *that defines a* ***close contact*** *as* ***someone sharing the same indoor airspace, e.g., home, clinic waiting room, airplane etc., for a cumulative total of 15 minutes or more over a 24-hour period*** *(for example, three individual 5-minute exposures for a total of 15 minutes)* ***during an infected person's (laboratory-confirmed or a***[***clinical diagnosis***](https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/)***) Infectious period. This supersedes the Cal/OSHA definition of close contact listed below.***

The following definitions apply to this section and to sections 3205.1 through 3205.4.

(1) “**Close contact**” means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “infectious period” defined by this section, regardless of the use of face coverings, unless close contact is defined by regulation or order of the CDPH. If so, the CDPH definition shall apply.

EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the infectious period.

(2) “**COVID-19**” (Coronavirus Disease 2019) means the disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2).

(3) “**COVID-19 case**” means a person who:

(A) Has a positive “COVID-19 test”; or

(B) Has a positive COVID-19 diagnosis from a licensed health care provider; or

(C) Is subject to a COVID-19-related order to isolate issued by a local or state health official; or

(D) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

(4) “**COVID-19 hazard**” means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.

(5) “**COVID-19 symptoms**” means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.

(6) “**COVID-19 test**” means a viral test for SARS-CoV-2 that is:

(A) Cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test); and

(B) Administered in accordance with the authorized instructions.

(C) To meet the return to work criteria set forth in subsection 8 CCR 3205(c)(10), a COVID-19 test may be both self-administered and self-read only if another means of independent verification of the results can be provided (e.g., a time-stamped photograph of the results).

(7) “**Exposed group**” means all employees at a work location, working area, or a common area at work, 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 while everyone is wearing face coverings, 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.

(8) “**Face covering**” means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

(9) “**Infectious period**” means the following time period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply:

(A) For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared; 24 hours have passed with no fever without the use of fever-reducing medications; and symptoms have improved.

(B) For COVID-19 cases who never develop COVID-19 symptoms, from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

(10) “**Respirato**r” means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.

(11) “**Returned case**” means a COVID-19 case who returned to work pursuant to subsection 8CCR 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 of other than 90 days is required by a CDPH regulation or order, that period shall apply.

(12) “**Worksite**,” for the limited purposes of sections 3205 through 3205.4 only, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter,  locations where the worker worked by themselves without exposure to other employees, or to a worker's personal residence or alternative work location chosen by the worker when working remotely.

NOTE: The term worksite is used for the purpose of notice requirements in subsections 8 CCR 3205 (c)(3)(B)3. and 4. only.

## APPENDIX F: COVID-19 Symptom Self-Check and Badge Attestation Protocol

***These FAQs provide information about a new protocol for all employees and physicians to follow***

***to help maintain a healthy workplace.***

**FAQs for Employees and Physicians**

**What is the new COVID-19 Symptom Self-Check and Badge Attestation protocol?**

The Symptom Self-Check and Badge Attestation protocol is a new one-time training course and daily protocol KP is implementing to help ensure the safety of our employees, physicians, members, and visitors at the workplace.

**Why does KP need to have new protocols for screening for COVID-19 symptoms?**

KP continues to be committed to ensuring the health and safety of our patients, employees, and physicians. CDC guidelines and state law require employers to train employees on how to limit the spread of COVID-19. Due to the crisis, health systems must take extra precautions to protect employees, physicians, patients, family members, and other visitors to administrative and medical buildings. This includes training on how to screen yourself for symptoms and risk factors prior to entering the workplace and when to stay home. In addition, some local regulations require businesses and facilities to provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or others entering the establishment.

**What new or unexpected symptoms should I check for before coming to work?**

o Fever or chills o New loss of taste or smell

o Cough o Sore throat

o Shortness of breath or difficulty breathing

o Congestion or runny nose

o Fatigue

o Nausea or vomiting

o Muscle or body aches

o Headache

o Diarrhea

**What risk factors should I check for before coming to work?**

o Within the past 14 days, having been in close contact with a person who is known to have laboratory-confirmed COVID-19.

NOTE: This risk factor does not apply to employees or physicians who work in COVID-19 units or those who follow proper protective protocols as they care for patients and members with COVID-19 symptoms. CDC guidance may change. If you’re concerned about close contact to COVID-19, contact Employee Health or the regional/local COVID-19 support line.

o Received orders from a health care provider or federal, state, or local authorities to self-quarantine because of close contact with someone who has laboratory confirmed COVID-19.

o Currently waiting on the results of a COVID-19 diagnostic test due to symptoms, a confirmed close contact, or having been advised to be tested by a health care provider or public health official.

**What is meant by “close contact” with an individual with laboratory-confirmed COVID-19? What should I do if I believe I’ve been in close contact with an individual with COVID-19?**

Under current CDC guidelines, close contact is defined as having been 6 feet or closer for a total of 15 minutes in a 24-hour period to a person with laboratory-confirmed COVID-19. This risk factor does not apply to employees or physicians who work in COVID-19 units or those who follow proper protective protocols as they care for patients and members with COVID-19 symptoms.

If you believe you’ve been in close contact with someone with laboratory-confirmed COVID-19, to ensure your safety and the health and safety of others it is important that you immediately self-isolate, contact your manager, and follow regional protocols to get assessed for confirmed close contact. If you do not know how to get an assessment, ask your manager for assistance. Depending on your region, it may be through Employee Health, Infection Prevention, or a regional/local COVID-19 support line. CDC guidelines may also change so if you have concerns that you’ve been in close contact to COVID-19 tell your manager and follow your regional protocols for an assessment.

**I work in patient care. How do I determine if being in close contact with someone with COVID-19 is a risk factor for me?**

This risk factor does not apply to an employee or physician providing care to a COVID-19 patient and wearing proper PPE. However, if that employee or physician is in close contact in their home with a family member with laboratory confirmed COVID-19, the risk factor would apply.

**What should I do if I have any of these new or unexplained symptoms or risk factors?**

Do not enter a KP facility or location for work. Inform your manager, self-isolate, and contact Employee Health or the regional/local COVID-19 support line immediately for assessment as to whether it is safe to come to work. Seek immediate medical attention if you are experiencing significant symptoms. If you do not know who to contact for an assessment, ask your manager for assistance.

**When will this protocol officially start?**

The protocol starts on Monday Dec. 7, 2020.

**How long is the required training module and am I required to take it more than once?**

The required one-time online training takes about 5 minutes to complete and should be done while working. It’s in the interest of all to implement this new protocol as soon as possible. Reminders will be issued in the form of the ID badge sticker, facility / location signs, and other materials.

**How will I get my badge sticker?**

You will receive your KP ID badge sticker from your manager.

**What happens if I don’t complete the training? Will my badge continue to work?**

You are required to complete this training. Work with your manager to make sure that you have time during working hours to take the training. You will receive follow up notifications and reminders to complete the training. Everyone will continue to have badge access during the open training period.

**How long will this daily symptom self-check and badge attestation process be in place?**

The protocol will be in place through the pandemic.

**What happens when I swipe my badge upon arriving at work?**

Badge readers serve as the mechanism to attest to completion of the daily symptom-self check.

A badge swipe also affirms the agreement to:

o Wear a face mask while at work

o Physically distance, and if the job requires close contact, follow safety guidelines provided

**Will the badging in process affect or replace the clocking in process?**

No. Badging in for these purposes is separate from and not a substitution for employee timekeeping and clocking procedures.

**What if there is not a badge reader where I typically enter the work site?**

You should swipe your badge at available badge readers, with new signs posted as reminders. New badge readers are being installed at medical center main entrances for ease of access.

**How will I be reminded to do the self-check and to badge in?**

Signs will be posted at KP facilities and locations near badge readers reminding workers and managers about the daily symptom self-check and badge attestation process.

**Will temperature checks still be required?**

Temperature checks will be continued in member-facing facilities / locations. Temperature checks will be required in administrative buildings only where local jurisdictions require them. Otherwise, it is your responsibility to check your own temperature if a fever / chills are suspected within the past 48 hours prior to coming to work, per the CDC list of new or unexpected symptoms.

**Why does this new protocol emphasize self-care and personal responsibility?**

Consistent with KP’s prevention approach, the daily symptom self-check encourages positive health practices that support the avoidance of COVID-19 transmission. It is hoped that the training will instill a consistent life-long practice of checking oneself daily to assure the prevention of worker-to-worker illness transmission.

**If I have COVID-19 symptoms or other risk factors and must stay home that day, what type of leave do I take?** You may be eligible to apply for the COVID-19 leave benefit. Please refer to My HR for guidelines on COVID-19 leave hours. If you are not eligible for COVID-19 leave benefits, other available leave benefits (e.g., sick leave) can be applied.

**I work remotely. Do I have to complete the training?**

Yes. Everyone must complete this training module, so they understand the protocols when they return to KP facilities/ locations for work.

**What happens if I am experiencing COVID-19 related symptoms after testing negative for COVID-19? Should I still answer “yes” on the symptom self-check and then refrain from going to work?**

A negative COVID-19 test result means that you are not prohibited from going to work due to new or unexpected symptoms of COVID-19. Of course, if you are experiencing continued symptoms (e.g., the flu) you should follow regular protocols for calling out sick.

**What if I work from home or have a “hybrid” schedule where I work at home and also at a KP facility / location? What happens if I experience COVID-19 related symptoms or have one of the other risk factors?**

Work with your manager to discuss whether you can work from home until your health status is cleared. If symptoms are significant enough that you cannot work altogether, or you cannot be accommodated at home, then you are eligible to apply for COVID-19 benefits. Please refer to My HR for guidelines on COVID-19 leave hours.

**Where to go with questions:**

Please direct any questions to your manager

## APPENDIX G: Leave of Absence and Time Off related Benefits for KP Employees in California

|  |
| --- |
| **COVID-19** |
| * [COVID-19 Paid Leave Hours](https://hrconnect.kp.org/wps/poc?urile=wcm:path:/myhr/EPFSite/HR/BenefitsAndWellness/BenefitsAndCoverage/COVID19ReliefBenefits/COVID19PaidLeaveHoursCaliforniaEmployees) (scheduled to expire 9/30/22) * [Oakland COVID-19 Emergency Paid Sick Leave](https://hrconnect.kp.org/wps/portal/hr/benefitsandwellness/benefitsandcoverage/covid19reliefbenefits/covid19oaklandemergencypaidsickleaveordinance) |
| **Paid Time Off** |
| * Earned Time Off (ETO) * Extended Sick Leave (ESL) * Flexible Personal Days * Float Days * Paid Time Off (PTO) * Sick Leave * Vacation |
| **Federal & State & Cities** |
| * Berkeley Paid Sick Leave (PSL) * California Family Rights Act * CA Paid Sick Leave (PSL) * Emeryville Paid Sick Leave (PSL) * Family & Medical Leave * Los Angeles Paid Sick Leave (PSL) * Oakland Paid Sick Leave (PSL) * San Diego Paid Sick Leave (PSL) * San Francisco Paid Sick Leave (PSL) * Santa Monica Paid Sick Leave (PSL) * State Disability (SDI) * Workers’ Compensation |
| **Disability** |
| * Long-Term Disability * Salary Continuance * Short-Term Disability |
| **Other** |
| * Donation of Vacation Hours |

**NOTE**: If you are a **represented employee and your benefits are provided through a trust**, contact your union for applicable benefits information.

## Appendix H – Resources for Voluntary Respirator Distribution

Below are links to respiratory protection documents to track issuance of voluntary respirators to employees who request them, and the training materials that must be provided at the time the voluntary respirator is issued.

[**Voluntary Respirator Issuance Log**](http://kpnet.kp.org/ehs/respiratory_protect_ca/rp_8ccr3025_vol_respirator_log.docx)(Complete this document to keep a record of all employees who have received a voluntary respirator, required training and 8 CCR 5144 Appendix D)

**Training Instructions and 8 CCR 5144 Appendix D** (This two-page document is to be provided to the employee who is requesting a respirator. Ensure that the employee receives the training associated with the respirator model issued to them.)

* [**BYD N95 respirator**](http://kpnet.kp.org/ehs/respiratory_protect_ca/rp_bydN95_voluse_training.docx) **(model DE 2322)**
* [**Halyard N95 Respirator**](http://kpnet.kp.org/ehs/respiratory_protect_ca/rp_halyardN95_voluse_training%20v.2.docx) **(model 46727 for regular or model 46827 for small)**

## Appendix I - Multiple COVID-19 Infections and COVID-19 Outbreaks

**Trigger for Implementing this Appendix**

**If 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.** This section of CPP 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 employees’ working hours, EXCEPT for:
  + Employees who were not present at the workplace during the relevant 14-day period.
  + Returned cases who did not develop COVID-19 symptoms after returning to work pursuant to our return-to- work criteria.
* COVID-19 testing consists of the following:
  + All employees in our exposed group will be immediately tested regardless of their vaccination status and then tested 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.
  + 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 of section 3205(c)(10) for COVID-19 cases.
  + We make additional testing available when deemed necessary by Cal/OSHA or if recommended by the local health department.

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

1. Employees in the exposed group will wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions indicated in our CPP apply .
2. We will give notice to employees in the exposed group of their right to request a respirator for voluntary use.
3. We will 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 feasible.

**COVID-19 Investigation, Review and Hazard Correction**

We will 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 will be documented and include:

* 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 will 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 possible.
  + 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

## Appendix J - Major COVID-19 Outbreaks

**Trigger for Implementing this Appendix**

**If 20 or more employee COVID-19 cases in an exposed group during their infectious period within a 30-day period.**

This section of CPP will stay in effect until there are fewer than three COVID-19 cases detected in the 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, will be 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 will be tested or excluded and follow the return to work requirements of section 3205(c)(10) for COVID-19 cases 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. Methods of physical distancing may include:
    - Temporary Remote Work (TRW) or other remote work arrangements.
    - Reducing the number of persons in an area at one time
    - Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel
    - Staggered arrival, departure, work, and break times; and
    - Adjusted work processes or procedures to allow greater distance between employees**.**
  + 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.

## APPENDIX K- COVID-19 Prevention in Employer-Provided Housing

This section does not apply at this facility. KP does not provide housing to any employees.

## APPENDIX L: COVID-19 Prevention in Employer-Provided Transportation

This section does not apply at this facility. KP does not provide transportation to any employees.

1. Definitions associated with COVID-19 Prevention Program can be found in [**Appendix E**](#_Appendix_E_-). [↑](#footnote-ref-2)