

COVID-19 Prevention Program (CPP) for The Bridge School

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

Date: August 29, 2022

Authority and Responsibility

Vicki Casella, Executive Director, 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 using the **Appendix A: Identification of COVID-19 Hazards** form.
- Document the vaccination status, including booster shots, of our employees by using **Appendix E: Documentation of Employee COVID-19 Vaccination Status**, 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.
- 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 **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: reporting, on an as needed basis, any concerns to a Leadership team member and/or Andrea Hernandez or Mary Frances Allen.

Employee screening

With passive screening signage in place this school year, that is, "stay home when you are sick" signage at every entrance, we no longer take staff temperatures upon arrival daily. Employees self-report any COVID-19 symptoms according to CDPH guidelines to the Executive Director. Employees are required to wear face coverings at the school. Formerly, last school year, employees were screened for temperature with non-contact thermometers when they arrived at work, prior to entering the building.

Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures are documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows: once the issue has been identified, immediate action will be taken to remediate it as appropriate. Vicki Casella, Andrea Hernandez, Mary Frances Allen and Kathleen Carr will be responsible for ensuring that the appropriate action is taken in a timely manner.

Control of COVID-19 Hazards

Face Coverings

The San Mateo County Health Officer previously issued an order requiring masks to be worn regardless of vaccination status in all indoor public settings, venues, gatherings, and workplaces, including schools. The order exempts people from wearing masks when working alone in a closed office or room or when actively eating and/or drinking. The Bridge School is currently still requiring all staff and visitors to wear masks while onsite.

Universal masking inside schools addresses concerns about variants and provides extra protection for students who are not vaccinated. It also made it possible for CDPH to lift physical distancing requirements, which had been a key barrier to all students returning to in-person learning on a full-time basis last year.

Recommendations for Masks

CDPH provides the following recommendations on the types of masks to wear and how to wear them:

An effective mask has both **good fit** and **good filtration**.

A well fitted mask has no gaps between the face and mask, such as above the nose or at the sides. Double masking is an effective way to improve fit and filtration. A close-fitting cloth mask can be worn on top of a surgical/disposable mask to improve the seal of the mask to the face.

Layering more than two masks is not recommended as this could be difficult to breathe through. It is not recommended to wear two medical masks, or to wear a medical mask on top of a KN95, KF94, or N95. More information about masks can be found [here](#).

| Most Effective | More Effective | Effective | Least Effective |
|--|--|---|---|
| <ul style="list-style-type: none">• N95 (also best for wildfire smoke) | <ul style="list-style-type: none">• KF94• KN95• Double Mask• Fitted Surgical Mask | <ul style="list-style-type: none">• Surgical Mask | <ul style="list-style-type: none">• Fabric mask with three or more cloth layers |

Employees wear their own face coverings at the school. All employees are fully vaccinated. The school has available clean, undamaged face coverings and will ensure they are properly worn for any employees should they be not fully vaccinated, when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH)

Masks Indoors

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 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 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 including booster shot or 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, 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:

- We increased filtration efficiency to the highest level compatible with the existing ventilation system and upgraded air filtration equipment/materials. Our ventilation system is checked and updated on a regular basis through a maintenance contract with an outside agency.
- We maximize outdoor air for ventilation as much as feasible except when EPA's Air Quality Index is greater than 100-or when increasing outdoor air would cause harm to employees, such as excessive heat or cold.
- The school has cleanable, solid partitions for use between coworkers if/when needed/required.

Cleaning and disinfecting

We implement the following cleaning and disinfection measures for frequently touched surfaces and objects, such as doorknobs, equipment, tools, handles, controls, bathroom surfaces:

Cleaning for Classroom Staff

Use a household cleaning spray and wear gloves.

Classroom Cleaning List: Before, during and after school. Remember between food and recess breaks.

| | |
|-----------------|----------------------|
| Desks | Chin supports/rests |
| Tables & chairs | Wheel chair armrests |
| Door handles | Trays |
| Light switches | Walkers |
| Mouse | Playground equipment |

| | | | |
|--|--------------------|--|---------------------|
| | Keyboards | | Devices/SBS |
| | iPads & lightboxes | | Classroom materials |

Disposing of Soiled Personal Care Equipment

| | | | |
|--|---|--|--|
| | Wrap individual disposable undergarments and chucks in their own plastic bags | | Use Hazardous Waste bags for used Epi-Pens |
| | Throw bags of soiled undergarments in covered garbage can in bathroom | | |

Bathroom Cleaning List

| | | | |
|--|---------------------------|--|------------------|
| | Bathroom door handle | | Changing table |
| | Sink handle and sink area | | Adapted commodes |
| | Toilet flush | | Lift |
| | Light switch | | |

Kitchen Cleaning List

| | | | |
|--|----------------------|--|--------------------------------|
| | Sink area and handle | | Stove controls and oven handle |
| | Counter tops | | Light switch |
| | Fridge handle | | Drawer & cupboard handles |
| | Microwave | | |

| Surface/Area | Disinfection Method/Product | Frequency |
|---|--|---------------------|
| Bathrooms - sinks, soap and paper towel dispensers, door handles, stall locks, toilet seat and flush, toilet paper dispensers | <ol style="list-style-type: none"> 1. Use soap and water so surface is clean to sight and touch and/or 2. Apply disinfectant to disposable towels and clean surface thoroughly. 3. Allow to sit for at least 1 minute. 4. Wipe dry with a clean paper towel. | Daily and as needed |

Should we have a COVID-19 case in our workplace, we will implement the following cleaning and disinfecting procedures: An outside cleaning service will be used to disinfect and sanitize all areas in the facility.

Hand sanitizing

To implement effective hand sanitizing procedures:

- Staff are reminded to wash hands with soap and water for at least 20 seconds, or use alcohol-based hand sanitizer with at least 60% alcohol. Hand sanitizer stations and hand hygiene signage are placed throughout the workplace. Andrea Hernandez, Administrative Assistant, is responsible for ensuring hand hygiene stations are readily accessible and stocked with soap and paper towels, or sanitizer.
- All sinks are equipped with touchless soap dispensers and hand sanitizer stations are installed throughout the facility.
- A hand washing station has been installed on the outside entrance of the building for staff and student use.

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 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.

- All employees are required to be fully vaccinated and have a booster shot.
- In general, employees WILL NOT use respirators at The Bridge School for protection from COVID-19. If a hazard assessment determines respirators are needed, they will be used in accordance with [Title 8, Section 5144](#). Any PPE used to protect from COVID-19, such as gowns, face masks, face shields and gloves, is selected based on function, fit, and availability. Employees are trained when and why PPE is necessary, how to properly put on and take off PPE, and how to clean, maintain, and store reusable PPE. Job hazard assessments are performed by supervisors to identify any PPE required for a specific job. Supervisors are responsible for ensuring that adequate supplies of PPE are available.

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.

Routine testing of employees

We test all staff (employees, consultants and volunteers) weekly at no cost. Additionally, all employees were given at no cost two boxes of at home COVID-19 test kits that are to be administered in case they are feeling unwell and/or have been exposed to someone with COVID-19. Staff are routinely given additional test kits to support weekly testing. Tests are to be self-administered and the staff are to upload the results directly into our testing system, Primary.Health.

Investigating and Responding to COVID-19 Cases

We have developed effective procedure 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.

We also ensure the following is implemented:

- Employees that had a close contact are offered COVID-19 testing at no cost during their working hours. We are participants in the CDPH/Primary.Health testing program.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to employees.
- Written notice within 1 day of your 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 must alert Vicki Casella if they are having symptoms of COVID-19, had a possible COVID-19 exposure, were diagnosed with COVID-19, or are awaiting test results. We do not discriminate or retaliate against employees for reporting positive test results or symptoms.

Following notification of a positive test/diagnosis, we will immediately take the [following actions](#):

1. Determine the day and time the COVID-19 case was last present at the workplace, the date of the positive test/diagnosis, and the date the COVID-19 case first experienced symptoms.
2. Determine who may have had exposure to the COVID-19 case by reviewing the case's activities during the high-risk period. The high-risk period **for persons who develop symptoms** is from two days before they first develop symptoms until 10 days after symptoms first appeared and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved. The high-risk period **for persons who test positive but never develop symptoms** is from two days before until 10 days after their first positive test for COVID-19 was collected.
3. Within one day of becoming aware of a positive diagnosis, Vicki Casella will notify in writing all employees and their authorized representatives, independent contractors and other employees onsite who were potentially exposed. Please see full details on the attached flowchart titled: COVID-19 Staff Exposure (CPPH), updated 7/27/22. **CDC defines [close contact](#) as being within six feet of an infected person for 15 cumulative minutes or more over a 24-hour period, starting 2 days prior to symptom onset until the sick person is isolated.** When providing notice under this section, we will not disclose the identity of the infected person(s).
4. We will provide employees with potential COVID-19 exposure information about access to [COVID-19 testing](#), which will be offered at no cost during working hours, and isolation requirements resulting from a positive test.
5. We will investigate whether any workplace factors contributed to the infection and how to further reduce that potential exposure.
6. We will provide information about [COVID-19 related leave benefits](#). **Confidentiality will be maintained at all times.**
7. We keep a record of and track all COVID-19 cases to include: employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test. This information is kept confidential.

Training and Instruction

We 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 must wear face coverings 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.

Appendix D: COVID-19 Training Roster will be used to document this training.

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.
- 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 local health department whenever required by law, and provide any related information requested by the local health department.
- 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** form to keep a record of and track all COVID-19 cases.

Return-to-Work Criteria (Please see full details on the attached flowchart titled “COVID-19 Staff Exposure (CDPH),” updated 7/27/2022.) For the most up-to-date information, please reference the San Mateo County Coalition for Safe Schools, COVID-19 Safe Schools Framework document, which can be found at: <http://www.smcoe.org/cssf>. **This Framework will continue to be updated as new information becomes available.**

Isolation

For both vaccinated and unvaccinated students and staff for those diagnosed with COVID-19, schools should follow the CDPH Isolation Guidance; which is summarized here.

Isolation Table

| Vaccination Status | Requirements for Staff/ Recommendations for Students |
|--|---|
| Everyone, regardless of vaccination status, previous infection, or lack of symptoms. | <ul style="list-style-type: none"> • Stay home for at least 5 days after start of symptoms (or after date of first positive test if no symptoms). • Isolation can end after day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on Day 5 or later tests negative. • If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications. • If fever is present, isolation should be continued until 24 hours after fever resolves. • If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10. • If symptoms are severe, or if the infected person is at high risk of serious disease, or if they have questions concerning care, infected persons should contact their healthcare provider for available treatments. • Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. <p>*Antigen test preferred.</p> |

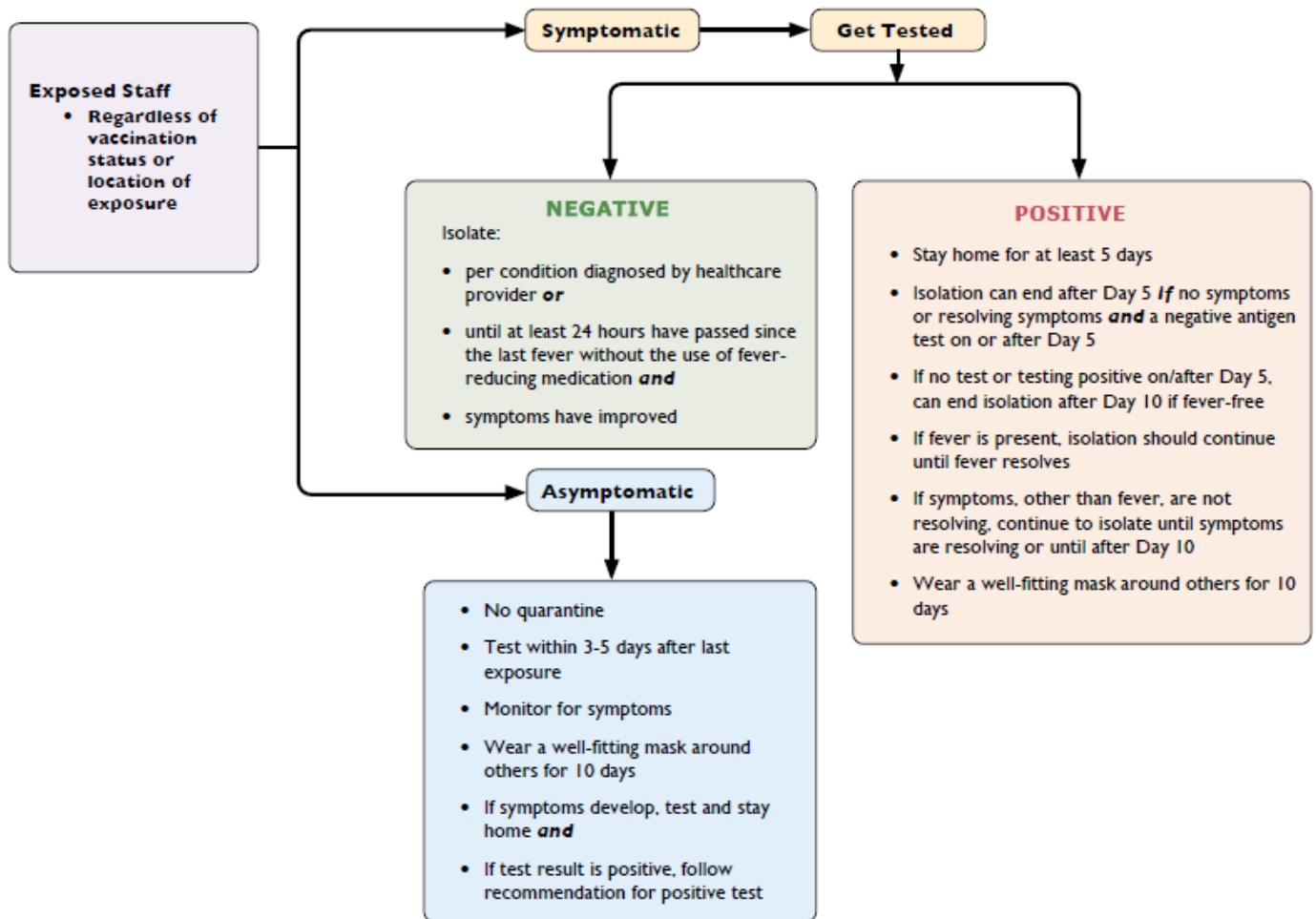
How to Count Five Days for Isolation

| | |
|---|---|
| If you develop symptoms after testing positive | Your 5-day isolation period should start over. Day 0 is your first day of symptoms. Follow the recommendations above for ending isolation. |
| If you had COVID-19 and had symptoms | Isolate for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. You can leave isolation after 5 full days. |
| If you test positive for COVID-19 and never develop symptoms | Isolate for at least 5 days. Day 0 is the day of your positive viral test (based on the date you were tested) and day 1 is the first full day after the specimen was collected for your positive test. You can leave isolation after 5 full days. |

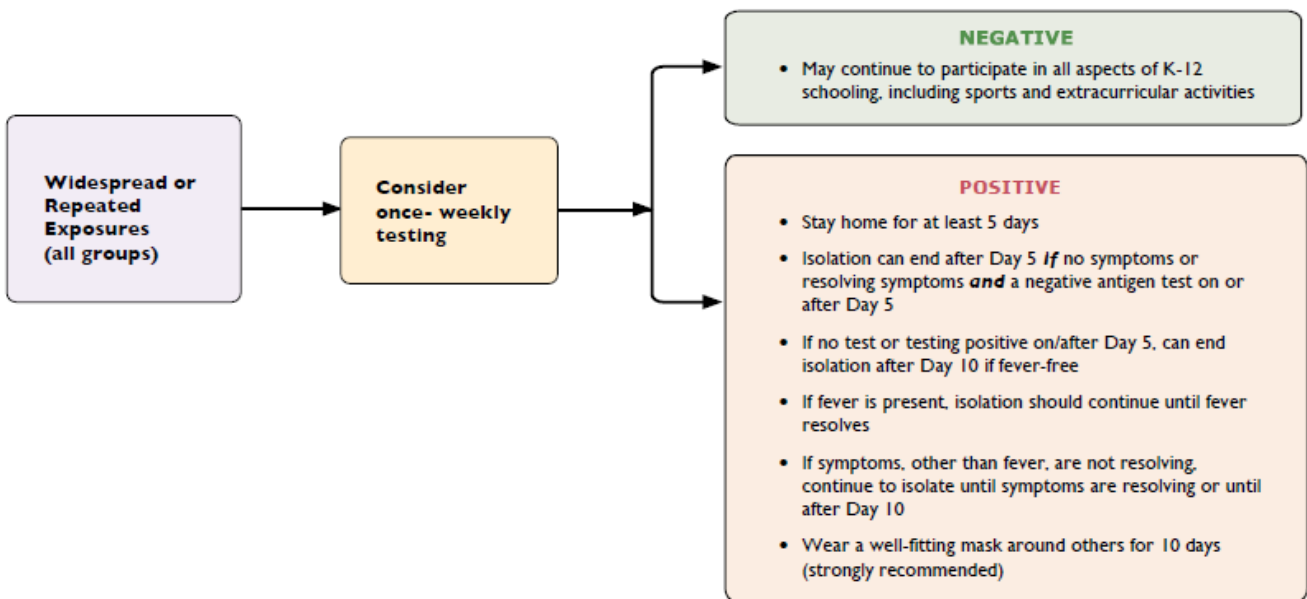
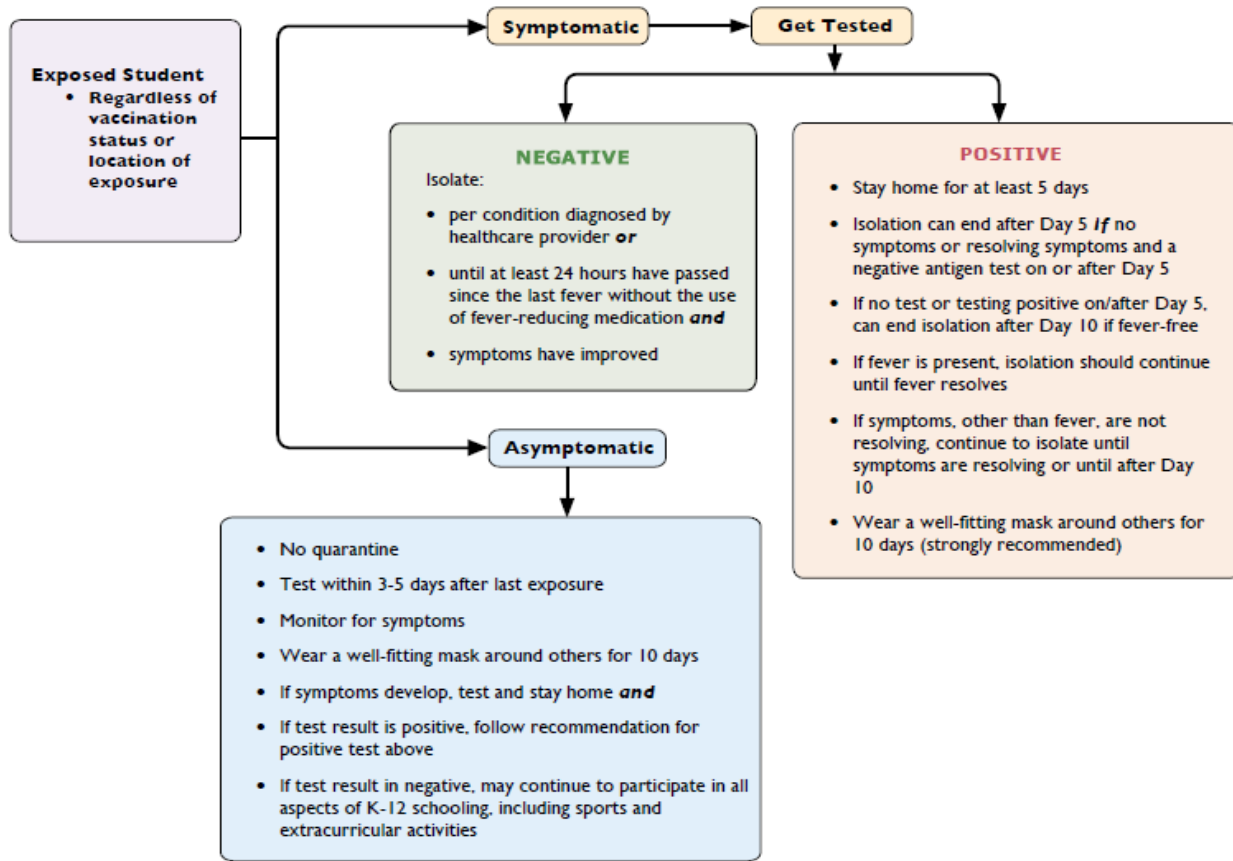
Source: [CDC](#)

COVID-19 Staff Exposure (CDPH)

Note: With the new variants, SMCH is finding people are being reinfected within a few weeks of having COVID-19 and now recommends that schools test exposed individuals even if they had COVID-19 during the last 90 days.



COVID-19 Student Exposure (CDPH)



Approved by:

 Dr. Vicki Casella, Executive Director

 Date

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: Kathleen Carr. Date: August 29, 2022

Names of employees and authorized employee representative that participated: Vicki Casella, Kathleen Carr, Mary Frances Allen and Andrea Hernandez.

| 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 |
|--|--|---|---|
| Entering Workplace | Front Office, daily | Interaction with staff, consultants, vendors, public | Provided visual cues to enter building: “stay home if sick” signage; face coverings required for all adults; PPE provided; temperature screening of students; air purifiers in place; doors/windows remain open |
| Teaching | Classrooms | Extended interaction among staff and students | Face coverings required of staff; PPE provided; air purifiers in classrooms; doors remain open |
| Administration | Admin area of school | Interaction with other staff in shared space for extended periods of time | Provided visual cues to enter building; face coverings required; air purifier in hallway; doors and windows open |
| Student temperature screening | School’s parking lot, daily upon student arrival | Exposed risk to staff and students | Provided mask and gloves for screener. Face shields available. |
| Staff work stations | Eastside | Extended interaction among staff | Face coverings required of staff; air purifier in place; some staff occasionally work on deck outside |

Appendix B: COVID-19 Inspections

Date:

Name of persons conducting the inspection:

Work location evaluated: The Bridge School

| Exposure Controls | Status | Person Assigned to Correct | Date Corrected |
|---|--------|----------------------------|----------------|
| Engineering | | | |
| Ventilation* (amount of fresh air and filtration maximized) | | | |
| Additional room air filtration* | | | |
| Administrative | | | |
| Surface cleaning and disinfection (frequently enough and adequate supplies) | | | |
| Hand washing facilities (adequate numbers and supplies) | | | |
| Disinfecting and handsanitizing solutions being used according to manufacturer instructions | | | |
| Exposure Controls | Status | Person Assigned to Correct | Date Corrected |
| PPE (not shared, available and being worn) | | | |
| Face coverings (cleaned sufficiently often) | | | |
| Gloves | | | |
| Face shields/goggles | | | |
| Respiratory protection | | | |

*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 local health departments related to COVID-19 hazards and prevention have been reviewed, 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 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 a 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:

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

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

Independent contractors and other employers present at the workplace during the high-risk exposure period.

| Names of individuals that were notified: | Date |
|--|------|
| | |
| | |

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

Date: **[enter date]**

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

| Employee Name | Signature |
|---------------|-----------|
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