



REOPENING PLANNING TEMPLATE FOR

SENIOR NUTRITION PROGRAMS



Disclaimer

This “Reopening Planning Template for Senior Nutrition Programs” is developed by C4A and intended to be used a resource and reference for the reopening of Senior Nutrition and related programs.

When adopting a reopening from this template, programs should refer to respective public health and local authorities for the latest in guidance and protocols.

Reopening Planning Template for Senior Nutrition Programs

How to use this resource	4
Use it to get you started	4
Customize locally	4
Compliance with local standards	4
A local approach that works for all stakeholders	4
Documentation that works locally	5
Keep it up to date	5
Make it site specific	5
Make it phase specific	5
Definitions	5
Useful Links	6
Other Reopening Plan Examples	6
Authority and Responsibility	7
Identification and Evaluation of COVID-19 Hazards	7
Employee & volunteer participation	8
Employee and volunteer screening	8
Correction of COVID-19 Hazards	8
Control of COVID-19 Hazards	9
Physical Distancing	9
Face Coverings	10
Engineering controls	11
Cleaning and disinfecting	11
Shared tools, equipment, and personal protective equipment (PPE)	11
Hand washing and hand sanitizing	12
Personal protective equipment (PPE) used to control employees' exposure to COVID-19	13
Investigating and Responding to COVID-19 Cases	13
System for Communicating	13
Training and Instruction	14

Exclusion of COVID-19 Cases	15
Reporting, Recordkeeping, and Access	16
Return-to-Work Criteria	16
Programmatic Considerations	17
Vaccines	17
Temperature / Symptom Screenings	18
Liability Waivers	18
Managing Emotions	18
Program Flexibilities	19
Program Enrollment Transitions	19
Home Delivered Meals (HDM) In-Home Assessments	20
Other program considerations	20
Programmatic Communication Plan	21
Appendix A: Identification of COVID-19 Hazards	23
Appendix B: COVID-19 Inspections	24
Appendix C: Investigating COVID-19 Cases	26
Appendix D: COVID-19 Training Roster	28
Additional Consideration #1: Multiple COVID-19 Infections and COVID-19 Outbreaks	29
COVID-19 testing	29
Additional steps	29
Investigation of workplace COVID-19 illness	30
COVID-19 investigation, review, and hazard correction	30
Additional Consideration #2 - Major COVID-19 Outbreaks	32
COVID-19 testing	32
COVID-19 hazard correction	32
Additional Consideration #3 - COVID-19 Prevention in Employer-Provided Transportation	34
Assignment of transportation	34
Face coverings	34
Screening	34
Cleaning and disinfecting	35
Ventilation	35
Hand hygiene	35

How to use this resource

Use it to get you started

This template is intended to support planning related to the reopening of in-person senior nutrition programs. This template was developed using the [Cal/OSHA COVID-19 Prevention Program \(CPP\) Template](#) as the backbone and it reflects the June 17th revisions to the COVID-19 Prevention Emergency Temporary Standards (find the [FAQ on those revisions here](#), as well as the California Code of Regulations (CCR), Title 8 sections¹ themselves). Additional considerations have been added based on the [California Department of Public Health and Cal/OSHA's Industry Guidance for Restaurants](#), the [CDA Program Memo 21-10 Appendix A. Title IIIC Nutrition Programs](#), reviews of other reopening plan examples, and suggestions that emerged in interviews with industry subject matter experts.² A list of useful links, including those from the Centers for Disease Control and Prevention (CDC) and reopening plan examples can be found at the end of this document.

Customize locally

Compliance with local standards

Note that using this template alone does not ensure compliance with the Emergency Temporary Standards or other controlling public health orders. To use this effectively, the person(s) responsible for implementing the CPP should carefully review all of the elements that may be required in CCR, Title 8 sections³. Furthermore, local requirements for COVID protocols may be significantly more restrictive than State or CDC guidance, therefore the person(s) responsible for implementing the CPP should also consult all applicable local public health guidance. It is the responsibility of each organization to ensure that final plans are in alignment with any such changes, and that they are aware of guidance that applies to their program and whatever other entities are involved in its operations. Requirements for approving entities may also vary by jurisdiction. [Get local information about COVID-19 here](#) or contact your local health department.

A local approach that works for all stakeholders

Individual organizations may also choose to begin with the most cautious approach to reopening in-person operations, given the vulnerability of the target population. Furthermore, Area Agencies on Aging (AAAs) and/or individual providers will have to consider how best to maintain trust with older adults in the community - being known as a site where an outbreak occurs could have consequences for the reputation of being a "safe place." Cal/OSHA encourages employers to engage with employees in the design, implementation, and evolution of their COVID-19 Prevention Program.

¹ <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

² Subject matter experts included several members of the C4A Nutrition Workgroup, a AAA consultant who has developed several reopening plans for California AAAs, and a San Francisco restaurateur who has managed multiple rounds of COVID-19 reopenings at several sites.

³ <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

Documentation that works locally

Organizations will surely already have CPP documentation in place, guiding their operations before phasing into in-person services. Much of what is included here may repeat the content from those plans. In that case, use the template to revisit those topics in the context of in-person service delivery and then to build out in-person operational and programmatic decisions. Some programs may use this tool as an actual template document, others will use it as a checklist to update or create another plan. Cal/OSHA has clarified that employers can also create a written COVIDCPP by incorporating the elements into their existing Injury and Illness Prevention Program (IIPP), if desired.

Keep it up to date

Public health guidance can change quickly. Local organizations will need to have mechanisms in place to ensure that plans are updated accordingly whenever guidance changes at the local, state, or federal levels.

Make it site specific

Note that industry guidance requires that plans should be site-specific. If your organization operates multiple sites, then be sure to establish a written, workplace-specific CPP and any re-opening details at every location in concert with any other relevant organizations and including a comprehensive risk assessment of all work areas and work tasks. Take into consideration the office, meal site (including kitchen[s] and dining room), host agencies (e.g., senior center or community center), and any other relevant site locations.

Rules may vary depending on the type of site - be sure to check with your local health department.

Make it phase specific

If your site is implementing a phased reopening plan, the changes for each phase should also be reflected for each site.

Definitions

For the purposes of this template, the definitions provided by Cal/OSHA shall apply. See the revised COVID-19 Prevention Emergency Temporary Standards.

(<https://www.dir.ca.gov/dosh/coronavirus/ETS.html>)

Useful Links

- [Administration for Community Living | COVID-19 Response: PHASED REOPENING GUIDELINES FOR SENIOR NUTRITION PROGRAM OPERATIONS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY](#)
- [CA Department of Fair Employment and Housing's DFEH Employment Information on COVID-19 FAQ](#)
- [CA Executive Order N-51-20](#)
- [CA | Links to local information about COVID-19](#)
- [Cal/OSHA COVID-19 Guidance and Resources](#)
- [Cal/OSHA Posters, Educational Materials, Model Programs and Other Resources Related to COVID-19](#)
- [CDA | COVID-19 Information and Resources CDA | PM 21-10 \(1\) Appendix A. Title IIIC Nutrition Programs](#)
- [CDA | Frequently Asked Questions - #1 Guidance for Area Agencies on Aging for Coronavirus Disease 2019 \(COVID-19\)](#)
- CDC guidance for [businesses](#) and [small businesses](#) for information on preventing outbreaks
- [CDC Symptoms of COVID-19](#)
- [CDPH/CalOSHA | COVID-19 Industry Guidance - Restaurants](#)
- County-Level Vaccination Rates by [zip code](#), [by group \(such as age, race/ethnicity\)](#)
- [CDPH | Beyond the Blueprint for Industry and Business Sectors](#) - June 15th
- [CDPH Guidance for the Use of Face Coverings](#) - June 15th
- [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)

Other Reopening Plan Examples

- [Massachusetts Councils on Aging](#): Additional operational and communications templates for reopening/scaling up senior centers and other services
- [Solano and Napa Area Agency on Aging COVID-19 Congregate Meal Site Re-Opening Guidance \(Draft\)](#), developed by Stella Wu Chu

TEMPLATE

COVID-19 Prevention Program (CPP) for *[Name of Company, or name of the workplace if it's for a fixed location.]*

This CPP is designed to prevent or reduce potential exposures to the SARS-CoV-2 virus that may occur in our workplace.

Date: *[type date of last review]*

Authority and Responsibility

[Enter name or job title of the person(s)] has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

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

[Consider also adding:

- *details about how this site will delegate this responsibility when the primary person identified above is not present. For example, having a "safety captain" for each shift*
- *Information on how various stakeholders (employees, volunteers, participants, etc.) were included in developing this plan.]*

Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Implement the following process for screening employees for and responding to employees with COVID-19 symptoms: *[Describe process - e.g., ask employees to evaluate their own symptoms before reporting to work, etc.]*
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our 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.

TEMPLATE

- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections** form 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.
- *[Enter other identification and evaluation measures you take in your workplace].*

Employee & volunteer participation

Employees and their authorized employees' representatives (including but not limited to volunteers) are encouraged to participate in the identification and evaluation of COVID-19 hazards by: *[Describe how employees, their representatives, if any, and volunteers may participate in COVID-19 hazard identification and evaluation.]*

Employee and volunteer screening

We screen our employees and volunteers by: *[describe how this will be accomplished – i.e., directly screen employees when they come to work, or having them self-screen according to CDPH guidelines. Ensure that face coverings are used during screening by both screeners and employees and, if temperatures are measured, that non-contact thermometers are used.]*

Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form *[or other form]*, and corrected in a timely manner based on the severity of the hazards, as follows:

[Describe how the following will be accomplished:

The severity of the hazard will be assessed and correction time frames assigned, accordingly.

Individuals are identified as being responsible for timely correction.

Follow-up measures are taken to ensure timely correction.]

TEMPLATE

Control of COVID-19 Hazards

Physical Distancing

Recently [revised](#) COVID-19 Prevention Emergency Temporary Standards (ETS) are similar to rule changes for the general public in California that eliminate physical distancing and barrier requirements regardless of vaccination status, except in the case of an outbreak. An [FAQ](#) on those revisions clarifies that “Nothing in the revised ETS prevents employers from implementing additional protective measures than are required, including the use of physical distancing and barriers,” and that “Employers are under an ongoing requirement to assess workplace hazards and implement controls to prevent transmission of disease. There may be circumstances in which employers determine that physical distancing is necessary in their workplace.” [CDA PM 21-10 \(1\) Appendix A. Title IIIC Nutrition Programs](#) indicates that “Risk reduction measures should be continued when in-person nutrition services are resumed, including masking, handwashing, and physical distancing,” and “physical distancing protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.”

Where possible, we ensure at least six feet of physical distancing at all times in our workplace by:

[Describe your specific workplace methods, which can include:

- *Eliminating the need for workers to be in the workplace – e.g., telework or other remote work arrangements.*
- *Reducing the number of persons in an area at one time, including visitors.*
- *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.*
- *Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.*
- *Phasing reopening to restrict the capacity of in-person services? (e.g. Phase 1- 50% capacity; Phase 2- 75% capacity; Phase 3- 100% capacity) - identify specific plans and how the next phase will be triggered.*
- *Physical arrangements of entry or exit areas, furniture arrangements, kitchen & prep areas, etc.*
- *Maintaining distancing from clients when interacting with staff*
- *Maximum group sizes at dining tables*
- *Restrictions of groupings to same households, people who request to be seated together, etc.*
- *Staggered meal times (e.g. 11-11:45, 12-12:45, 1-1:45; or breakfast, lunch, supper).*
- *Pre-registration systems*
- *Outdoor dining⁴*
- *Maximizing outside air flow - sometimes this may require some compromises to temperature settings*
- *Use of partitions*

⁴ For sites with outdoor dining, [Heat Illness Prevention](#) requirements are another consideration.

TEMPLATE

- *Encouraging continued use of “to go” meals*
- *Distancing of staff, or breaking staffing patterns into set groups that reduce contact between groups*
- *Plexiglass in reception and other face-to-face interaction areas]*

Individuals will be kept as far apart as possible when there are situations where six feet of physical distancing cannot be achieved.

Face Coverings

Masks are a hot topic. Be sure to consider [CDPH Guidance for the Use of Face Coverings](#) and any local requirements, in addition to protocols your stakeholders prefer in order to feel comfortable. June 2021 revisions to COVID-19 Prevention Emergency Temporary Standards are described clearly in this [FAQ](#), including who is required to wear face coverings and allowable exemptions. [CDA PM 21-10 \(1\) Appendix A. Title IIIC Nutrition Programs](#) indicates that “Risk reduction measures should be continued when in-person nutrition services are resumed, including masking, handwashing, and physical distancing.” The template below reflects the [CCR, Title 8](#) requirements, though programs are encouraged to consider the additional question at the end of this section to develop more comprehensive face covering policies and procedures, as appropriate to the setting and population.

We provide clean, undamaged face coverings and ensure they are properly worn for those who are not vaccinated over the nose and mouth when indoors or in vehicles, including non-employees, and where required by orders from the California Department of Public Health (CDPH) or local health department. When face coverings are not required, employers shall provide face coverings to employees upon request, regardless of vaccination status. *[Describe how face coverings will be provided, replaced, and cleaned, as needed, as well as what your policies are should your employees encounter non-employees that are not wearing face coverings.]*

Please refer to the latest CDPH guidance on the use of face coverings ([CDPH Guidance for the Use of Face Coverings](#)) and any respective local masking requirements.

Beyond the CCR Title 8⁵ requirements, above: *[consider how to address the following topics, then include descriptions here*

- *Who else will be required to wear masks? (e.g., staff, volunteers, participants, visitors, etc.)*
- *When will they be required to wear them?*
- *How will you share policies related to face covering requirements?*
- *How will you handle exemptions?*
- *How will you handle violations of your mask policy? (e.g., will people be asked to leave the facility? After how many reminders? Will authorities be contacted if someone refuses to leave?)*

⁵ <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

TEMPLATE

Engineering controls

We implement the following measures for situations where we cannot maintain at least six feet between individuals: *[enter your site-specific measures, which can include installing solid partitions.]*

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

[describe how this will be accomplished, taking into consideration:

- *Circumstances where the amount of outside air needs to be minimized due to other hazards, such as heat and wildfire smoke.*
- *How the ventilation system will be properly maintained and adjusted, whether you own and operate the building, or not.*
- *Whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system.]*

Cleaning and disinfecting

We implement the following cleaning and disinfection measures for frequently touched surfaces:

[describe your workplace-specific measures, including:

- *Ensuring adequate supplies and adequate time for it to be done properly.*
- *Informing the employees and authorized employee representatives of the frequency and scope of cleaning and disinfection.*
- *Adjustments over time to account for increases in traffic or capacity.*
- *Protocols for specific types of surfaces or spaces (e.g., common spaces, restrooms, dining surfaces, etc.).*
- *See more specific suggestions here: [CDPH & Cal/OSHA's COVID-19 Industry Guidance - Restaurants CDPH/CalOSHA](#)*

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

[Describe how the cleaning and disinfection will be done of areas, materials, and equipment used by a COVID-19 case during the high-risk exposure period. Address whether an outside service will be used or how the employees you use are properly equipped and trained.]

Shared tools, equipment, and personal protective equipment (PPE)

PPE (e.g., gloves, goggles and face shields) must not be shared.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments, and tools must also not be shared, to the extent feasible.

Where there must be sharing, the items will be disinfected between uses by *[Describe how this will be*

TEMPLATE

done in your workplace, such as use of a cleaning/sanitizing crew or providing the employees with the materials and training to do it themselves.]

Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seat belt buckles, armrests, shifter, etc.) will be disinfected between users. *[Delete if not applicable to your workplace.]*

[Describe ways that you will minimize sharing of tools or other items, such as:

- *Handling protocols for voluntary contribution box,*
- *Avoidance of shared condiments or utensils,*
- *Avoiding pre-set tables, table decorations, reusable placemats, and table coverings,*
- *Proper use of gloves when clearing used items and handling trash,*
- *Other*

Consider whether your program will require that employees or volunteers who are performing dishwashing activities in the central production kitchen or meal site kitchen should use equipment to protect the eyes, nose, and mouth from contaminant splash using a combination of face coverings, protective glasses, and/or face shields. Impermeable apron usage and changing protocols, along with disinfection protocol for reusable PPE should be considered.]

Hand washing and hand sanitizing

In order to implement effective hand sanitizing procedures, we:

[Describe your site-specific procedures, including:

- *Evaluating hand washing facilities.*
- *Determining the need for additional facilities.*
- *Encouraging and allowing time for employee and volunteer handwashing.*
- *Providing an effective hand sanitizer, and prohibiting hand sanitizers that contain methanol (i.e. methyl alcohol).*
- *Encouraging employees to wash their hands for at least 20 seconds each time. Describe frequency requirements as they may be required for employees or volunteers who engage in certain activities (e.g. handling items such as but not limited to food transport carriers, postings, flyers, voluntary contribution box, and sign-in sheets) under [California Executive Order N-51-20](#).*
- *More: See specific suggestions here: [CDPH & Cal/OSHA's COVID-19 Industry Guidance - Restaurants CDPH/CalOSHA](#)*
- *Placement of hand sanitizer: e.g. building entrance, dining room entrance, kitchen entrance, and at the sign-in registration desk.]*

TEMPLATE

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 such PPE as needed.

When it comes to respiratory protection, we evaluate the need in accordance with CCR Title 8, section 5144 when the physical distancing requirements are not feasible or maintained. *[Reference section 3205 (revised)⁶ for details on required respirator and eye protection use. More details on revisions [here](#).]*

We provide and ensure use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids. *[Exclude if not applicable to your workplace.]*

[CDPH & Cal/OSHA's COVID-19 Industry Guidance - Restaurants CDPH/CalOSHA provides details on gloves, face coverings, and other personal protective equipment in the section "Individual Control Measures and Screening." [Include details on these in your plan to the degree they are relevant.]

Investigating and Responding to COVID-19 Cases

This will be accomplished by using the **Appendix C: Investigating COVID-19 Cases** form *[or other form]*. Employees who had potential COVID-19 exposure in our workplace will be:

[Indicate how the following will be accomplished:

- *Offered COVID-19 testing at no cost during their working hours, and available leave benefits*
- *The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them.]*

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees *[and volunteers - add throughout below if relevant]*, in a form they can readily understand, and that it includes the following information:

- Who employees should report COVID-19 symptoms, possible hazards, and close contact to, and how *[Describe how this will be accomplished in your workplace.]*
- That employees can report symptoms, hazards, and possible close contact without fear of reprisal.
- Our procedures or policies for employees with medical or other conditions that put them at increased risk of severe COVID-19 illness to request accommodations.
- Where testing is not required, how employees can access COVID-19 testing *[Determine what options are available for employees to obtain voluntary testing, be it employer provided,*

⁶ <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

TEMPLATE

available through health plans or local testing centers. The purpose is to give employees the tools to get tested when they have symptoms to reduce the likelihood of bringing the virus to work. This type of voluntary testing does not have to be provided by the employer.]

- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing. *[If you are required to provide testing because of an employee exposure, have a plan for how this will be accomplished at no cost to the employee during working hours, including when the testing is in response to CCR Title 8 section 3205.1⁷, Multiple COVID-19 Infections and COVID-19 Outbreaks, as well as section 3205.2⁸, Major COVID-19 Outbreaks. It is recommended that the plan be developed in advance for large or high-risk workplaces.]*
- Information about 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.

[Describe other aspects of your system of COVID-19 related communication being implemented in your workplace.]

See section below regarding the Programmatic Communication Plan.

Training and Instruction

We will 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 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.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- 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.

⁷ <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

⁸ Ibid.

TEMPLATE

- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- The policy for providing respirators, and the right of employees who are not fully vaccinated to request a respirator for voluntary use.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms (e.g. [CDC Symptoms of COVID-19](#)).
- 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.
- The conditions under which face coverings must be worn at the workplace and that face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance between people cannot be maintained. Employees and volunteers 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.
- *[Describe other aspects of your training being implemented in your workplace, such as
 - The importance of informing program participants not to come to the meal site, if they have any COVID-19 symptoms or having been exposed to a person known to be positive for COVID-19.]*

Some examples of additional topics for training:

- *The [COVID-19 Industry Guidance - Restaurants | CDPH/CalOSHA](#) includes a list of topics for worker training.*
- *Additional topics may include customer service approaches to managing emotions around re-opening, or de-escalation training.*

Consider, also:

- *How will COVID-19-related training fit into existing training schedules and curriculum*
- *how training for volunteers will be handled*
- *training on any changes to protocols that may change over time*
- *Specific training schedules and documentation.]*

Appendix D: COVID-19 Training Roster *[or another method]* will be used to document this training.

Exclusion of COVID-19 Cases

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

- Ensuring that COVID-19 cases and employees *[or volunteers]* with close contact are excluded from the workplace until our return-to-work requirements are met.
- Excluding employees with COVID-19 exposure from the workplace for 14 days after the last known COVID-19 exposure to a COVID-19 case.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be

TEMPLATE

accomplished by *[Describe how your workplace will accomplish this, such as by employer-provided employee sick leave benefits, payments from public sources or other means of maintaining earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.]*

- Providing employees at the time of exclusion with information on available benefits.
- CCR Title 8, section 9⁹ for exceptions.

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.
- 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.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8, 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 *[or other method]* to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
- *[Include any additional measures being taken.]*
- *[Include any additional reporting requirements that may be relevant locally.]*

Return-to-Work Criteria

Please refer to the latest CDPH guidance on returning to work following a COVID-19 diagnosis ([CDPH Guidance on Returning to Work or School Following COVID-19 Diagnosis](#)) and any respective local return to work requirements.

These include (please refer to most recent updates guidance):

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
 - 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

⁹ <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

TEMPLATE

- COVID-19 symptoms have improved, and
 - At least 10 days have passed since COVID-19 symptoms first appeared.
- COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
- A negative COVID-19 test will not be required for an employee to return to work once the conditions above have been met.
- Persons who had a close contact and developed any COVID-19 symptom cannot return to work until the requirements above have been met, unless all of the following are true:
 - The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and
 - At least 10 days have passed since the last known close contact; and
 - The person has been symptom-free for at least 24 hours, without using fever reducing medications.
- 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. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 14 days from the time the order to quarantine was effective.

Programmatic Considerations

Vaccines

Local COVID-19 vaccination rates are reported by zip code, and by group (such as age, race/ethnicity). (<https://covid19.ca.gov/vaccination-progress-data/>) Consider how your program will take vaccinations into account as you reopen. Many programs may decide to operate under the assumption that all participants are unvaccinated, as this results in the most cautious approach. The [California Department of Fair Employment and Housing's DFEH Employment Information on COVID-19 FAQ](#) is one useful resource related to staff vaccination requirements. [CDA PM 21-10](#) encourages "AAAs and service providers [to] consult their own outside legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or use of liability waivers."

Regarding COVID-19 vaccinations, we will: *[consider the following topics, and describe your plan:*

- *Will you require staff to be vaccinated?*
- *Will you verify vaccination status? If so, how? (Note that California's Department of Industrial Relations Revisions to the COVID-19 Prevention Emergency Temporary Standards clarifies that vaccination status must be documented in order to allow employees to work indoors without a face covering. Employees who decline to state their status must be treated as though they are unvaccinated. See the [FAQ](#) for more information.*

TEMPLATE

- Which, if any, of your policies will vary depending on a person's vaccination status? (e.g. participation in in-person programming, masking requirements, distancing requirements, etc.) Consider any equity issues that may arise based on policy variations, and how you might mitigate them.
- What plans do you have to provide referrals to vaccine sites? (Note that [CDA PM 21-10](#) indicates that: (Note that [CDA PM 21-10](#) indicates that: "Participants who have not received vaccinations should be referred to vaccination sites. Vaccine information can be found at <https://aqing.ca.gov/covid19/>."])

Temperature / Symptom Screenings

The [COVID-19 Industry Guidance - Restaurants | CDPH/CalOSHA](#) provides details on temperature check and other symptom screening protocols in the section "Individual Control Measures and Screening." The CDC also provides a list of symptoms of COVID-19, [here](#).

[Consider: Will you require temperature checks or other COVID symptom screening questions for staff, volunteers, and/or participants? If yes, describe who will be screened, by whom, where will screenings occur, etc.]

Liability Waivers

According to [CDA Program Memo 21-10](#), "AAAs and service providers should consult their own outside legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or use of liability waivers."

[If, based on advice from legal counsel, you opt to implement liability waivers, include details here about how you will operationalize their use: who will be required to sign them, when, where, etc. If you are not using liability waivers, delete this section.]

Managing Emotions

Remember that reopening services may be an emotional journey for many involved. For example:

Nervousness after prolonged isolation – Older adults may still be wary of coming out to sites or engaging in program activities.

Excitement over Renewed Social Connections – Some older adults will be eager to get out and you may have to monitor that new protocols are being observed.

Debates! There may be heated opinions regarding masks and vaccinations.

TEMPLATE

[Consider and describe here:

- *How will you include various stakeholders in the development of your reopening plan so it can take into consideration particular areas of concern?*
- *What will you do to support and normalize the range of emotions that people will be experiencing? (e.g., open discussions, ways for people to indicate how they are feeling, training staff on “mirroring” emotional or energy levels when interacting with clients, etc.)*
- *How will you engage with previous clients to welcome them back and share expectations?*
- *How do you plan to respond to conflict or ill-will that may arise over issues such as mask-wearing or vaccination? Consider how to handle the fact that the policies you implement may be more restrictive than the minimum requirements of the state or CDC guidance. Be prepared to communicate what the policies are for **this place**. De-escalation training may be useful.*
- *What else might you do to encourage flexibility among all stakeholders?]*

Program Flexibilities

Per [CDA PM 21-10](#): “In response to the COVID-19 pandemic, both ACL and CDA have allowed program flexibilities due to the need for safety precautions to prevent the spread of COVID-19. The program flexibilities are detailed in the [Frequently Asked Questions - Guidance for AAAs for COVID-19](#). The reversing of the program flexibilities will be tied to the ending of the Major Disaster Declaration (MDD). Program flexibilities should continue no more than six months after the Major Disaster Declaration (MDD) ends. CDA will inform the AAAs once the MDD ends and the six-month transition period to reverse the flexibilities begins.”

[Consider and describe here:

- *Which program flexibilities will your program continue?*
- *How will you phase out program flexibilities?*
- *What steps will you take to ensure a smooth transition to traditional service models (e.g. communications to staff, volunteers, and program participants, etc.)?]*

Program Enrollment Transitions

Not all former congregate meal clients will choose to return to in-person dining. Some may not be comfortable while others may now be eligible for ongoing home-delivered meal services. Conversely, clients who started receiving home delivery services under disaster programming may now be moving to congregate settings.

[Consider and describe here:

- *How will you assess clients to determine the right program fit moving forward?*
- *How you will support transitions between programs when they are necessary?]*

TEMPLATE

Home Delivered Meals (HDM) In-Home Assessments

Home delivered meal programs have adjusted protocols during COVID to restrict entry into client homes. Note that CDA has shared that program flexibilities related to in-home assessments should continue no more than six months after the Major Disaster Declaration (MDD) ends. CDA will inform the AAAs once the MDD ends and the six-month transition period to reverse the flexibilities begins.

[Consider and describe here:

- *What will your program require before re-instituting in-home assessments, including those for initial assessments for new clients, annual reassessments, and quarterly eligibility assessments?*
 - *What protocols will you require before, during, or after entry into client homes? (e.g. get client consent, consider vaccination statuses, etc.)]*

Other program considerations

[The plans and protocols your program puts in place may have other implications for program operations. Consider and describe any other relevant programs considerations here:

- *Shifting only to table service style meal service (no cafeteria style), including removal of any self-service areas such as coffee or tea stations.*
- *How will new protocols impact the amount of time it takes to run programs (e.g. the use of more tables to encourage social distancing may require additional time and/or staff support to clean between uses, welcoming protocols may slow down seating times, etc.).*
- *How will they impact the level of staffing needed?*
- *How do you expect scale of demand and/or volunteer support to vary during reopening (e.g. some program operators have expressed concern that fear of COVID exposure may drive down demand for services or availability of volunteers).*
- *What adjustments will you need to make to programming, volunteer recruitment, etc., to account for those issues?]*

TEMPLATE

Programmatic Communication Plan

It is important to get the word out about your reopening plans, including everything from dates, schedules, new requirements or protocols. As programming or policies change, expect to need to continue to provide updates through a variety of channels.

Communication channels might include calls, letters, emails, texts, signs, traditional media, social media, fliers, posters,¹⁰ table tents, videos, etc. Information should be clear and simple and should take into consideration the native languages of the audience. It is best not to expect clients to spend a lot of time reading policies, so graphics and text should be large and simple.

One example that may be useful as a starting place is the Communication Plan template on the [Massachusetts Councils on Aging website](#). Note that local city, county, AAA, or other entities will often have locally endorsed posters or other materials that will help with some of these purposes and will ensure alignment with local policies as they change.

[Describe here how you will:

- *Communicate with existing/previous clients, volunteers, staff, and the community at large about your reopening plans and set expectations ahead of time about any new protocols? They may include tailored communications pieces for different audiences (e.g., employees, volunteers, participants) that address their concerns and/or responsibilities.*
- *Onsite, how will you share information about protocols or policies? For example:*
 - *Posting of clearly visible rules for employees (including host agency personnel), volunteers, and program participants at the meal site entrance that are to be a condition of entry. For example, instructions on the usage of hand sanitizer, how to maintain physical distance from others, avoiding unnecessary touching of dining site surfaces, contact information for the local health department, changes to meal service, etc.*
 - *Appropriate signage prominently displayed outlining proper face covering usage and current physical distancing practices*
 - *Verbal communication*
 - *Some establishments create a “welcoming area” where each guest is reminded verbally of current policies before being seated by a single point person. It can be helpful for this person to be someone who clearly has some authority.*

¹⁰ Examples of educational posters related to mask-wearing and physical distancing are available [here](#).

TEMPLATE

- *How will you communicate about changes? Such as...*
 - *Moving to a new phase of reopening - e.g., announcements that new phases are coming via various channels, clear communication about new rules or protocols, including tailored communication pieces, as needed, for participants, employees, volunteers.*
 - *Responding to a COVID case, exposure, or outbreak?]*

[Include the Title of owner or top management representative formally approving the program and have them sign and date]

TEMPLATE

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 into 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 fixed 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, including barriers, partitions and ventilation

TEMPLATE

Appendix B: COVID-19 Inspections

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

Date: *[enter date]*

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

Work location evaluated: *[enter information]*

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
<i>[add any additional controls your workplace is using]</i>			
<i>[add any additional controls your workplace is using]</i>			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			

TEMPLATE

Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
<i>[add any additional controls your workplace is using]</i>			
<i>[add any additional controls your workplace is using]</i>			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
<i>[add any additional controls your workplace is using]</i>			

TEMPLATE

Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, unless disclosure is required or permitted by the law.

Date: *[enter date]*

Name of person conducting the investigation: *[enter name(s)]*

Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered? ¹¹		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	
Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information):			

¹¹ Note that some exceptions apply. See [CCR Title 8, Division 1, Chapter 4](#) for details.

TEMPLATE

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:			
All employees who may have had COVID-19 close contact and their authorized representatives.	Date:		
	Names of employees that were notified:		
Independent contractors and other employers present at the workplace during the high-risk exposure period.	Date:		
	Names of individuals that were notified:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	

*Should an employer be made aware of a non-employee infection source COVID-19 status.

TEMPLATE

Appendix D: COVID-19 Training Roster

Date: *[enter date]*

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

Employee Name	Signature

TEMPLATE

Additional Consideration #1: Multiple COVID-19 Infections and COVID-19 Outbreaks

[This section will need to be added to your CPP if three or more employee COVID-19 cases within an exposed group, as defined by section 3205(b), visited the workplace during their high-risk exposure period at any time during a 14-day period. Reference section 3205.1¹² for details.]

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 will make COVID-19 testing available at no cost to employees within the exposed group, during employees' paid time. *[Describe any allowable exceptions you will make based on section 3205.1¹³]*
- COVID-19 testing consists of the following:
 - All employees in the exposed group will be immediately tested 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 period required by, or orders issued by, the local health department.
 - Immediately upon being covered by this section, testing shall be made available to all employees in the exposed group and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure shall 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 will continue to make COVID-19 testing available once a week at no cost, during paid time, to all employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, until this section no longer applies pursuant to subsection (a)(2).
 - We will provide additional testing when deemed necessary by Cal/OSHA.

Additional steps

- Employees in the exposed group shall wear face coverings when indoors, or when outdoors and less than six feet from another person, unless an allowable exception applies.
- We will give notice to employees in the exposed group of their right to request a respirator for voluntary use, if they are not fully vaccinated.
- 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, the use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.

¹² <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

¹³ Ibid.

TEMPLATE

Investigation of workplace COVID-19 illness

We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with our CPP Investigating and Responding to COVID-19 Cases.

COVID-19 investigation, review, and hazard correction

In addition to our CPP Identification and Evaluation of COVID-19 Hazards and Correction of COVID-19 Hazards, 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.
 - *[Describe other applicable controls.]*
- Filtering recirculated air. *[Describe details - In buildings or structures with mechanical ventilation, employers shall 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 with the ventilation system, employers shall use filters with the highest compatible filtering efficiency. Employers shall 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, shall implement their use to the degree feasible.]*

Note that CDPH's resources on [Responding to COVID-19 in the Workplace for Employers](#) has valuable additional information about preparing for a case or outbreak of COVID-19, including the topics below. Make sure your plan includes specific details that address each of these aspects of preparing for an outbreak.

TEMPLATE

- Designating an infection prevention coordinator - perhaps even for each shift;
- Instructing workers when to stay home;
- When and how to communicate with relevant local health departments, unions, Cal/OSHA, and other stakeholders as may be required;
- Strategies for identifying any additional cases, such as identifying close contacts of an infected person and taking steps to isolate COVID-19 positive worker(s) and close contacts;
 - ◆ Examples: grouping staff or volunteers in certain areas or shifts to reduce the number of people who could feasibly have extended contact, keeping track of which participants are in closer proximity, etc.
- Considerations for when to shut down operations;
- Notification protocols (e.g., employees, employers of subcontracted employees, others);
- Return to work criteria.

For additional information on employer responsibilities under AB 685 (Chapter 84, Statutes of 2020), refer to the Enhanced Enforcement and Employer Reporting Requirements from Cal/OSHA and the Employer Questions about AB 685 from CDPH.

Additional Consideration #2 - Major COVID-19 Outbreaks

[This section will need to be added to your CPP should your workplace experience 20 or more employee COVID-19 cases in an exposed group visited the workplace during their high-risk exposure period within a 30- day period. Reference section 3205.2¹⁴ for additional details.]

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.

COVID-19 testing

We will provide twice a week COVID-19 testing as described in the previous section on Major COVID-19 Outbreaks, or more frequently if recommended by the local health department, to all employees in the exposed group, regardless of vaccination status. COVID-19 testing will be provided at no cost to employees during employees' working hours.

COVID-19 hazard correction

In addition to the requirements of our CPP Correction of COVID-19 Hazards, we will take the following actions:

- In 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 with the ventilation system, 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 implement their use to the degree feasible.
- We will provide a respirator for voluntary use in compliance with CCR Title 8, subsection 5144(c)(2)¹⁵ to employees in the exposed group and determine the need for a respiratory protection program or changes to an existing respiratory protection program under CCR Title 8 section 5144 to address COVID-19 hazards. Any employees in the exposed group who are not wearing respirators required by the employer and used in compliance with section 5144 shall be separated from other persons by at least six feet, except where an employer can demonstrate that six feet of separation is not feasible, and except for momentary exposure while persons are in movement.
- At workstations where an employee in the exposed group is assigned to work for an extended period of time, and where the physical distancing requirement is not maintained at all times, we will install cleanable solid partitions that effectively reduce transmission between the employee and other persons.
- We will evaluate whether to halt some or all operations at our workplace until COVID-19 hazards have been corrected
- Implement any other control measures deemed necessary by Cal/OSHA.

¹⁴ <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

¹⁵ <https://www.dir.ca.gov/title8/5144.html>

TEMPLATE

Note that CDPH's resources on [Responding to COVID-19 in the Workplace for Employers](#) has valuable additional information about preparing for a case or outbreak of COVID-19, including the topics below. Make sure your plan includes specific details that address each of these aspects of preparing for an outbreak.

- Designating an infection prevention coordinator - perhaps even for each shift;
- Instructing workers when to stay home;
- When and how to communicate with relevant local health departments, unions, Cal/OSHA, and other stakeholders as may be required;
- Strategies for identifying any additional cases, such as identifying close contacts of an infected person and taking steps to isolate COVID-19 positive worker(s) and close contacts;
 - ◆ Examples: grouping staff or volunteers in certain areas or shifts to reduce the number of people who could feasibly have extended contact, keeping track of which participants are in closer proximity, etc.
- Considerations for when to shut down operations;
- Notification protocols (e.g., employees, employers of subcontracted employees, others);
- Return to work criteria.

For additional information on employer responsibilities under AB 685 (Chapter 84, Statutes of 2020), refer to the Enhanced Enforcement and Employer Reporting Requirements from Cal/OSHA and the Employer Questions about AB 685 from CDPH.

TEMPLATE

Additional Consideration #3 - COVID-19 Prevention in Employer-Provided Transportation

[This section will need to be added to your CPP if there is employer-provided motor vehicle transportation, which is any transportation of an employee, during the course and scope of employment, provided, arranged for, or secured by an employer, regardless of the travel distance or duration involved. Reference section 3205.4 for details.]

This section does not apply:

- If the driver and all passengers are from the same household outside of work, such as family members, if the driver is alone in the vehicle, if all are fully vaccinated, or if transportation is public transportation.*
- To employer-provided transportation when necessary for emergency response, including firefighting, rescue, and evacuation, and support activities directly aiding response such as utilities, communications and medical operations.*
- This section does not apply to employees with occupational exposure as defined by section 5199, when covered by that section.]*

Assignment of transportation

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

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

Face coverings

We will ensure that the:

- Face covering requirements of our CPP Physical Distancing and Face Coverings are followed for employees waiting for transportation.
- Vehicle operators and any passengers are separated by at least three feet in all directions during the operation of the vehicle, regardless of the vehicle's normal capacity.
- Vehicle operators and any passengers who are unvaccinated are provided and wear a face covering in the vehicle as required by our CPP Face Coverings.

Screening

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

TEMPLATE

Cleaning and disinfecting

We will ensure that:

- All high-contact surfaces (door handles, seat belt buckles, armrests, etc.) used by passengers are cleaned before each trip.
- All high-contact surfaces used by drivers, such as the steering wheel, armrests, seat belt buckles, door handles and shifter, are cleaned between different drivers.
- All high-contact surfaces are disinfected after the use by a COVID-19 case during the high-risk exposure period, if the surface will be used by another employee within 24 hours of the COVID-19 case.
- We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.

Ventilation

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

- The vehicle has functioning air conditioning in use and excessive outdoor heat would create a hazard to employees.
- The vehicle has functioning heating in use and excessive outdoor cold would create a hazard to employees.
- Protection is needed from weather conditions, such as rain or snow.
- The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

Hand hygiene

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