Merced County Office of Education

COVID-19 PREVENTION PROGRAM

PURSUANT TO CalOSHA: Revised Emergency Temporary Standards: Effective June 17, 2021

Effective: January 21, 2021
Revised: July 21, 2021
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This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in the workplace.

I. Authority and Responsibility
The Superintendent has the overall authority and responsibility for implementing the provisions of this CPP at the MCOE. In addition, all management personnel are responsible for implementing and maintaining the CPP and for ensuring employees receive answers to questions about the Covid-19 Prevention Program.

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

II. Identification and Evaluation of COVID-19 Hazards
The MCOE will implement the following identification and evaluation strategies:
2. Evaluate employees’ potential workplace exposures to all persons at, or who may enter, a facility.
3. Document the vaccination status of MCOE employees and maintain this documentation as a confidential medical record.
4. Implement 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.
   a. Determine the day and time the Covid-19 case was last present and to the extent possible the date of the positive Covid-19 test and or diagnosis and the date the Covid-19 case first had one or more Covid-19 symptoms if any were experienced.
   b. Determine who may have been in an exposed group. This requires an evaluation of the activities of the COVID-19 case and all locations at the workplace which may have been visited by the COVID-19 case during the high-risk exposure period.
   Note – The following should be excluded from the exposed group:
      i. Employees who were not present at the workplace during the relevant 14-day infectious period(s).
      ii. Employees who were fully vaccinated and who do not have COVID-19 symptoms.
      iii. Employees who tested positive for COVID-19 within 90 days of exposure and do not develop symptoms.
   c. Give notice of the potential COVID-19 exposure, within one (1) business day, in a way that does not reveal any personal identifying information of the COVID-19 case, to the following:
      i. All employees who may have had COVID-19 exposure and their authorized representatives.
      ii. Independent contractors and other employers present at the workplace during the high-risk exposure period.
   d. Offer COVID-19 testing during work hours at no cost to employees who had exposure in the workplace (see b above) and provide them with the information on MCOE benefits, as appropriate.
   e. Investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what can be done to reduce exposure to COVID-19 hazards. The person assigned to investigate shall utilize Appendix B: COVID-19 Inspection form.
5. 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.

6. Evaluate existing COVID-19 prevention controls and the need for different or additional controls.

7. 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 COVID-19 policies and procedures.

8. Ensure all personal identifying information of COVID-19 cases or persons with COVID-19 symptoms shall be kept confidential. All COVID-19 testing or related medical services provided by MCOE throughout the COVID-19 Prevention Program shall be provided in a manner that ensures the confidentiality of employees.

**EXCEPTION**: Unredacted information on COVID-19 cases shall be provided to the local health department, California Department of Public Health, the California Division of Occupational Safety and Health (CalOSHA), the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law immediately upon request.

**Employee participation**
Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by contacting their site supervisor. In addition, MCOE Administration may also be contacted.

**Employee screening**
Each day every employee must ensure they are Covid-19 symptom free and have not had close contact with a positive case. Employees should self assess in accordance with Appendix C: MCOE Notice and Acknowledgement Regarding Daily Health Self-Assessment.

**Employee Testing**
MCOE shall make COVID-19 testing available to all employees at no cost within the exposed group during employees’ paid time except:

a. Employees who were not present at the workplace during the relevant infectious period(s)

b. Employees who are fully vaccinated and who do not have COVID-19 symptoms.

c. Employees who tested positive for COVID-19 within 90 days of exposure and do not develop symptoms.

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

1. The severity of the hazard will be assessed and appropriate work orders, procedures, or other mitigation strategies will be implemented.

2. The site supervisor or program administrator is responsible for timely correction.

3. Follow-up measures will be taken to determine if the mitigation strategies have been effective.
IV. Control of COVID-19 Hazards

1. All employees shall self-assess whether they are well and able to report to work.
2. Individuals that appear to be unwell shall not be granted access to the site or allowed to start work.
3. Hand sanitizer and appropriate protective gloves shall be made available throughout each worksite as necessary.
4. Employees shall adhere to respiratory etiquette, including covering mouth and or nose when coughing and/or sneezing. Cover the mouth and nose with a tissue. If a tissue is not immediately available cough or sneeze into your sleeve not your hands and wash hands immediately after.
5. Signage will be posted throughout MCOE facilities to raise awareness.
6. Employees shall ensure routine cleaning of frequently touched surfaces.

Face Coverings

1. “Face covering” means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers. A face covering may have no visible holes or openings and must cover the nose and mouth. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.
2. Each site will provide clean, undamaged face coverings and ensure they are properly worn by employees that are not fully vaccinated when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH).
3. All employees, whether vaccinated or not, must wear face coverings when working with students in classrooms, cafeterias, libraries, and other locations where students may be present indoors.
4. Employees required to wear face coverings in the workplace may remove them under the following conditions:
   - When an employee is alone in a room or a vehicle.
   - When an employee is outside.
   - 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 choose to wear a respirator, must do so in accordance with section 5144.
   - 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. Alternatives will be considered on a case by case basis in accordance with the Americans With Disability Act.
   - 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.
5. Face coverings will be provided to any employee that requests one, regardless of their vaccination status.

Engineering Controls

To the extent feasible, MCOE will maximize the quantity of outside air for buildings with mechanical or natural ventilation systems by:

1. For indoor locations, MCOE will evaluate how to maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system.
2. If the amount of outside air needs to be minimized due to other hazards, such as heat and wildfire smoke, outside air vents and windows will be closed.
3. For buildings with mechanical or natural ventilation, or both, MCOE will 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 letting in outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.

4. The HVAC system will be properly maintained and adjusted by MCOE Maintenance staff and HVAC Technician(s).

5. The highest MERV filters will be utilized to insure adequate air filtration.

6. Employees are encouraged to open windows or doors when outside conditions are favorable.


Cleaning and Disinfecting

The following cleaning and disinfecting measures for frequently touched surfaces will be implemented:

1. The site supervisor shall ensure adequate supplies and adequate time is provided for proper disinfecting/cleaning.

2. If applicable, employees should review the Safety Data Sheet (SDS) for the chemical to be used.

3. Employees shall follow all label directions for cleaning and disinfecting products.

4. Facilities administration will direct custodians in the frequency and scope of cleaning and disinfecting.

When a COVID-19 case is identified at a school site or workplace, the following procedures shall be implemented:

1. In accordance with label directions and MCOE procedures, PPE shall be worn by employees performing disinfecting tasks.
   - Disposable gloves- Ex: Latex or Nitrile
   - Mask- Ex: Disposable face mask
   - Eye covering- Ex: Safety glasses, Safety goggles, Face shield

2. Procedures:
   - Clean the surface first, and then disinfect.
   - Body fluids must be thoroughly cleaned from surfaces/objects, using MCOE approved cleaning products to clean surface first.
   - Apply MCOE approved disinfecting product. The employees should review the Safety Data Sheet (SDS) for the chemicals(s) to be used and follow all label directions.
   - The surface must stay wet for the appropriate dwell time listed on the product. If the surface dries before label listed dwell time, reapply.
   - Dispose into the trash any paper towels, gloves, and other materials that came in contact with the surfaces during the cleaning and disinfecting process.

3. Shared tools, equipment and personal protective equipment (PPE)
   - PPE shall not be shared, e.g., gloves, goggles and face masks.
   - Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools should also not be shared, to the extent feasible.
• Where there must be sharing, the items shall be disinfected between uses by the affected employee with MCOE approved disinfecting product.
• Sharing of vehicles shall be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) should be disinfected between users.

4. Hand sanitizing
• To protect employees from COVID-19 hazards, MCOE will evaluate its handwashing facilities, determine the need for additional facilities, encourage and allow time for employee handwashing, and provide employees with an effective hand sanitizer. The employer shall encourage employees to wash their hands for at least 20 seconds each time.
• Hand sanitizer will be provided for use. Hand sanitizers identified by the FDA contaminated with Methanol will not be used.

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

1. MCOE shall evaluate the need for personal protective equipment to prevent exposure to COVID-19 hazards, such as gloves, goggles, and face shields, and provide such personal protective equipment as needed.
2. Upon request and in accordance with CalOSHA Standards, MCOE shall provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person. Employees must request a respirator by contacting Human Resources which includes undergoing a medical evaluation and fit testing.
3. MCOE shall provide and ensure use of eye protection and respiratory protection in compliance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

**Testing of symptomatic employees**

MCOE shall make COVID-19 testing available at no cost to employees with COVID-19 symptoms who are not fully vaccinated, during employees’ paid time.
V. Investigating and Responding to COVID-19 Cases

MCOE has developed effective procedures to investigate COVID-19 cases that includes seeking information from employees regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This will be accomplished by using the Appendix D: Contact Tracing Form (Investigating COVID-19 Cases)

MCOE will also ensure the following is implemented:
1. COVID-19 testing
   MCOE shall make COVID-19 testing available to all employees within the exposed group at no cost during employees’ paid time, except:
   a. Employees who were not present at the workplace during the relevant infectious period(s)
   b. Employees who are fully vaccinated and who do not have COVID-19 symptoms.
   c. Employees who tested positive for COVID-19 within 90 days of the close contact and who do not have COVID-19 symptoms.
2. The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases will be provided to employees.
3. Provide written notice within 1 day of knowledge of a COVID-19 case to individuals at the worksite that may have been exposed to COVID-19. This notice shall 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).
4. Investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.
5. All personally identifying information regarding COVID-19 cases or persons with COVID-19 symptoms shall be kept confidential. All COVID-19 testing or related medical services provided by the employer under this section and sections 3205.1 through 3205.4 shall be provided in a manner that ensures the confidentiality of employees.

VI. System for Communicating

MCOE’s goal is to ensure that effective two-way communication with employees is performed and includes the following:
1. Employees should report COVID-19 symptoms and possible hazards to their Supervisor.
2. Employees can report symptoms and hazards without fear of reprisal.
3. Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness should contact Human Resources to initiate the Reasonable Accommodations process.
4. Employees may access voluntary Covid-19 testing through health plans or local testing centers to reduce the likelihood of transmitting the virus at work.
5. If testing is required due to an outbreak or a major outbreak, MCOE will communicate the plan for providing testing and inform effected employees of the reason for the testing and the possible consequences of a positive test.
6. MCOE will inform employees and other individuals at the workplace about Covid-19 hazards, what is being done to control those hazards, and MCOE Covid-19 policies and procedures.
VII. Training and Instruction

MCOE will provide effective employee training and instruction that includes:

1. COVID-19 policies and procedures to protect employees from COVID-19 hazards including how to participate in the identification and evaluation of COVID-19 hazards.

2. Information regarding COVID-19-related benefits which includes supplemental sick and vaccination leave to which the employee may be entitled under applicable federal, state, or local laws.

3. 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.

4. The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation while indoors, and respiratory protection decrease the spread of COVID-19 and are most effective when used in combination.

5. The right of employees that are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation, and 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.

6. 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. Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
   - The conditions where face coverings must be worn at the workplace.
   - That face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance cannot be maintained.
   - Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.

8. COVID-19 symptoms including the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.

9. Information on COVID-19 policies including how to access COVID-19 testing and vaccination. The fact that vaccination is effective at preventing COVID-19 and protecting against transmission, serious illness, or death.

Documentation of Training: Any training confirmation form may be used. Training may be documented and maintained electronically so long as it contains the employee’s signature.
VIII. Exclusion of COVID-19 Cases
When a COVID-19 case is identified in the workplace, MCOE will limit transmission by:
1. Ensuring that COVID-19 cases are excluded from the workplace until return-to-work requirements are met.
2. Excluding employees that had a Covid-19 close contact from the workplace until return to work requirements have been met with the following exceptions:
   • Employees who were fully vaccinated before the close contact and who do not develop Covid-19 symptoms
   • Employees who tested positive for COVID-19 within 90 days of the close contact and who do not have COVID-19 symptoms.
   • Employees wearing an MCOE approved respirator (e.g N95) while in close contact.
3. Continuing and maintaining an employee’s earnings, seniority, and all other employee rights and benefits when demonstrated that the COVID-19 exposure occurred in the workplace.
4. Providing employees with information on available benefits.

IX. Reporting, Recordkeeping, and Access
MCOE will:
1. Report information about COVID-19 cases to the local health department whenever required by law including any related information requested.
2. Report immediately to Cal/OSHA any COVID-19-employee related serious illnesses or death (as defined under CCR Title 8 section 330(h)) occurring in the workplace or in connection with employment.
3. Maintain records of steps taken to implement the written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
4. Make the written COVID-19 Prevention Program (CPP) available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
5. Use the Appendix D: Contact Tracing Form to keep a record of and track all COVID-19 cases.
X. Return-to-Work Criteria

1. COVID-19 cases with symptoms shall not return to work until:
   • At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications;
   • COVID-19 symptoms have improved; and
   • At least 10 days have passed since COVID-19 symptoms first appeared.

2. COVID-19 cases who tested positive but never developed symptoms shall 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.

3. A negative COVID-19 test will not be required for an employee to return to work once the requirements for 1 and 2 above have been met.

4. Persons who had a close contact may return to work as follows:
   • Close contact but never developed symptoms: when 10 days have passed since the last known close contact.
   • Close contact with symptoms: when criteria #1 (above) have been met unless the following are true:
     o 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
     o At least 10 days have passed since the last known close contact, and
     o The person has been symptom-free for at least 24 hours, without using fever-reducing medications.

5. If an order to isolate or quarantine an employee is issued by a local or state health official the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted per 3205(c)(10)(E) and (F).
XI. Multiple COVID-19 Infections and COVID-19 Outbreaks

If a school site or workplace is identified by a local health department as the location of a COVID-19 outbreak or there are three or more COVID-19 cases in a workplace within a 14-day period, this section of the CPP will stay in effect until there are no new COVID-19 cases detected in the location for a 14-day period.

1. COVID-19 testing
   A. MCOE will provide COVID-19 testing at no cost to all employees, during paid time, in an exposed group except for:
      o Employees who were not present during the relevant exposure period.
      o Employees who were fully vaccinated before the multiple infections or outbreak and who do not have symptoms.
      o Employees who tested positive for COVID-19 within 90 days of the outbreak and who do not have COVID-19 symptoms.
   B. COVID-19 testing consists of the following:
      o All employees in an exposed group are immediately tested and then tested again one week later. Negative COVID-19 test results will not impact the duration of any quarantine, isolation, or exclusion period.
      o After the first two COVID-19 tests, MCOE will continue to provide COVID-19 testing once a week of employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in the workplace for a 14-day period.
      o MCOE will provide additional testing when deemed necessary by Cal/OSHA.

2. During an outbreak, MCOE will continue to comply with the applicable elements of the CPP, as well as the following:
   A. Employees in the exposed group will wear face coverings when indoors, or when outdoors and less than six feet apart (unless one of the face-covering exceptions indicated in the CPP apply).
   B. MCOE 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.
   C. MCOE 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 need for use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.

3. COVID-19 Investigation, Review, and Hazard Correction
   MCOE will immediately perform a review of potentially relevant COVID-19 policies, procedures, controls, and implement changes as needed to prevent further spread of COVID-19. This investigation and review will be documented and include:
   A. Investigation of new or unabated COVID-19 hazards including:
      o Leave policies and practices and whether employees are discouraged from remaining home when sick
      o COVID-19 testing policies
      o Insufficient outdoor air
      o Insufficient air filtration
      o Lack of physical distancing
B. Updating the review:
   o Every thirty days that the outbreak continues
   o In response to new information or to new or previously unrecognized COVID-19 hazards
   o When otherwise necessary
C. Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. MCOE will consider:
   o Moving indoor tasks outdoors or having them performed remotely.
   o Increasing outdoor air supply when work is done indoors.
   o Improving air filtration.
   o Increasing physical distancing as much as feasible.
   o Requiring respiratory protection in compliance with section 5144.

4. Buildings or structures with mechanical ventilation
MCOE 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, MCOE will use filters with the highest compatible filtering efficiency. MCOE will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, implement their use to the degree feasible.

XII. Major COVID-19 Outbreaks
If a school site or workplace experiences 20 or more COVID-19 cases within a 30-day period, this section of CPP will stay in effect until there are no new COVID-19 cases detected in the workplace for a 14-day period.

   During a Major Outbreak, MCOE will continue to comply with the Multiple COVID-19 Infections and COVID-19 Outbreaks (Section XI), except that the COVID-19 testing, regardless of vaccination status, is made available to all employees in the exposed group twice a week, or more frequently if recommended by the local health department.

In addition MCOE will:
1. Provide employees in the exposed group with respirators for voluntary use in compliance with section 5144(c)(2) and determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards.
2. Separate by six feet (except where MCOE can demonstrate that six feet of separation is not feasible and there is momentary exposure while persons are in movement) any employees in the exposed group who are not wearing respirators required by and used in compliance with section 5144. When it is not feasible to maintain a distance of at least six feet, individuals are as far apart as feasible.
3. Install cleanable solid partitions that effectively reduce transmission between the employee and other persons at workstations where an employee in the exposed group is assigned to work for an extended period, such as cash registers, desks, and production line stations, and where the physical distancing requirement (described above) is not always maintained.
4. Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
5. Implement any other control measures deemed necessary by Cal/OSHA
Appendix A: Identification of COVID-19 Hazards

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

Evaluation of potential workplace exposure pertains 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.

<table>
<thead>
<tr>
<th>Person conducting the evaluation:<strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>Date:</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong>_____</th>
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<tbody>
<tr>
<td>Location:__________________________________________</td>
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<tr>
<td>Name(s) of employee and authorized employee representative that participated:</td>
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<table>
<thead>
<tr>
<th>Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards</th>
<th>Places and times</th>
<th>Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers</th>
<th>Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation</th>
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## Appendix B: COVID-19 Inspections

Work location evaluated: ________________________________

<table>
<thead>
<tr>
<th>EXPOSURE CONTROLS</th>
<th>STATUS</th>
<th>PERSON ASSIGNED TO CORRECT</th>
<th>DATE CORRECTED</th>
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<tbody>
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<td>Engineering</td>
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<tr>
<td>Barriers/partitions</td>
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<tr>
<td>Ventilation</td>
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<td>(amount of fresh air and filtration maximized)</td>
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<tr>
<td>Additional room air filtration</td>
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<td>Other</td>
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<tr>
<td>Administrative</td>
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<tr>
<td>Physical distancing</td>
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<tr>
<td>Surface cleaning and disinfection</td>
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<td>(frequently enough and adequate supplies)</td>
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<td>Hand washing facilities</td>
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<td>(adequate numbers and supplies)</td>
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<tr>
<td>Disinfecting and hand sanitizing solutions being used according to manufacturer instructions</td>
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<tr>
<td>PPE (not shared, available and being worn)</td>
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<td>Face masks</td>
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<td>Gloves</td>
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<tr>
<td>Goggles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: ____________________________________________

Name of person conducting the inspection: ________________________________
Appendix C: MCOE Notice and Acknowledgement Regarding Daily Health Self-Assessment

Merced County Office of Education Notice and Acknowledgement Regarding Daily Health Self-Assessment

As an employee of the Merced County Office of Education you are required to complete a daily health self-assessment prior to reporting to work. This requires that you assess the following before coming to work:

1. **Self-assessment based upon symptoms**
   In the last 48 hours, have you experienced any of the following symptoms? (not related to allergies or known medical issues):
   - Temperature of 100.4 degrees Fahrenheit or higher when taken by mouth or possible fever symptoms like alternating chills and sweating
   - Sore throat
   - Congestion or runny nose
   - **NEW** uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a change in their cough from baseline)
   - Nausea, diarrhea, vomiting, or abdominal pain
   - **NEW** onset of severe headache, especially with a fever
   - Shortness of breath
   - Muscle aches
   - **NEW** loss of taste or smell

2. **Self-assessment based on close contact** (applicable only to the unvaccinated or those who contracted COVID-19 more than 90 days since the date of close contact)

   In the last 14 days, have you had close contact (within 6 feet for a total of 15 minutes) with someone who is confirmed to have COVID-19, during their infectious period (this period begins 2 days prior to onset of symptoms for symptomatic cases or 2 days prior to the date of specimen collection for asymptomatic).

If you have any of the symptoms or close contact as described in #1 and #2 above, you should report this to your supervisor and remain home. Furthermore, you are encouraged to get tested for COVID-19 and consult with your healthcare professional.

Each day you report to work, you are certifying that you conducted and passed a COVID-19 health screening self-assessment.

**DO NOT PRINT**

_____________________________  ____________________________
Signature                                      Dated:

_____________________________
Printed Name

*Acknowledgement will be obtained digitally on the last page of this document*
**DUE TO THE NEED FOR CONTINUOUS UPDATES OF THIS FORM, SUPERVISORS SHOULD CONTACT MARIA LOPEZ/HR TO ENSURE YOU ARE USING THE MOST RECENT VERSION**

* For Positive Cases Only *

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**This document contains sensitive medical information and should ONLY BE EMAILED TO MARIA LOPEZ/HR**

Date: _______________ Supervisor Completing Form: _______________

1. All personal identifying information of COVID-19 cases or symptoms will be kept confidential.
2. All COVID-19 testing or related medical services provided 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, CalOSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.
3. 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, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, CalOSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

POSITIVE CASE INFORMATION (The following is to be obtained through interview with positive employee)

Name of Employee: _______________ Employee ID#: _______________
County of Residence: _______________ Phone contact: _______________
Job Title: _______________ Last date at work location: _______________
Work location /Address (incl bldg, portable, or classroom number): _______________
Work location city: _______________ Name of Supervisor: _______________

Do you know where or how you were exposed to COVID-19? [ ] YES [ ] NO Date exposed: _______________
(If you had close contact with an individual who previously tested positive? A family member in your household? A family Gathering? Community?)

Please explain:

Are you experiencing or have you experienced any symptoms? [ ] YES [ ] NO
(Symptoms include: Fever, chills, cough, shortness of breath, fatigue, body ache, headache, loss taste/smell, sore throat, congestion, nausea, vomit, or diarrhea.)

[ ] Morning [ ] Noon [ ] Evening

If yes, first date of symptoms (include time of day): _______________

Date COVID-19 test was administered: _______________

Date positive result was received: _______________

*Please have employee provide proof of positive test result via email

Date Supervisor was informed of positive test results from employee: _______________

Were you admitted to hospital as a result of COVID-19? [ ] YES [ ] NO Duration of hospital stay: _______________
WORKSITE EXPOSURE
At which MCOE locations have you worked, starting two days prior to the onset of your symptoms (if any*) until now?

Since 2 days (or 48 hours) prior to the onset of symptoms (if any*), with which colleagues have you had close contact (within 6 feet for at least 15 minutes cumulative over a 24-hour period) regardless of face coverings? Include any close contact with work colleagues that may have occurred outside of work. List all.

*for Asymptomatic Positive Cases use 2 days prior to the date test was administered (date specimen collected).

List the name and address(es) of locations the employee worked or visited during the 14-day period preceding the date of the positive test (date specimen collected). Be as specific as possible about work location(s), listing the program, building, portable, or classroom number, as applicable and indicate last date at that location. Do NOT include employee’s home/residence.

1. _____________________________ Date: ______________
2. _____________________________ Date: ______________
3. _____________________________ Date: ______________
4. _____________________________ Date: ______________
5. _____________________________ Date: ______________
6. _____________________________ Date: ______________
7. _____________________________ Date: ______________
8. _____________________________ Date: ______________

FOR SUPERVISOR: Please review before concluding interview

When an employee tests positive, stay in contact with them regularly throughout the isolation. If MCPHD has not contacted them, encourage them to seek healthcare provider support.

Return to Work Information
* Individuals who test positive and are symptomatic must remain home (isolate) for at least 10 days from the first date of symptoms and symptoms improving and no fever without use of medicine for at least 24 hours.

*Individuals who test positive and are asymptomatic must remain home (isolate) for at least 10 days from the date of the positive test.

Tentative Return to Work date: ______________

THIS CONCLUDES INTERVIEW WITH POSITIVE EMPLOYEE

SUPERVISOR: Please be certain to review pertinent info on next page and respond to remaining questions.
**ADDITIONAL SUPPORT**

Any other known cases on site? □ YES □ NO  List names here: __________________________

Notice of COVID-19 Exposure in the Workplace Notice #1 or #2 sent to staff? □ YES □ NO

If NO, please state reason:

Date email sent: __________________________

Recipients (cut and paste from BCC email line): __________________________

Date disinfection work order placed with Facilities via School Dude: __________________________

(Please be certain to include last date positive employee was on site AND the pdf Notice of Exposure #2 that was sent to employees)

If the location is another School District, please provide date the other School District was notified of positive case:

__________________________

Were there workplace conditions that could have contributed to the risk of COVID-19 exposure? □ YES □ NO

If YES, what could be done to reduce the exposure to COVID-19?

If there are corrections noted, please be sure to complete APPENDIX B: COVID-19 Inspections form.

**EMAIL ALL INFORMATION AND SUPPORTING DOCUMENTS/FORMS TO MARIA LOPEZ/HR:**

**(TO INCLUDE:** Employee’s COVID-19 positive test result, Appendix C- MCOE COVID-19 Contact Tracing Form, Notice of Exposure Notice #1 and/or #2; and if applicable, Appendix B- COVID-19 Inspection form)

**FOR HEAD START USE ONLY:**

Was Community Care Licensing contacted? □ YES □ NO  Date contacted: __________________________

Licensing guidance/recommendation:
<table>
<thead>
<tr>
<th>Was Public Health contacted by HR?</th>
<th>YES</th>
<th>NO</th>
<th>Date contacted: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Public Health Department representative: ____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health guidance/recommendation: ______________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth: ___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location and type of COVID-19 test: ________________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W/C Claim?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Is this location considered an outbreak?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

Indicate the highest number of employees who reported to work at each of the employee’s specific place(s) of employment listed above in the 45-day period preceding the last day the employee worked at each specific place of employment. Do not include non-MCOE employees if the specific place of employment is housed at a non-MCOE location:

| 1. | 2. | 3. | 4. |
| 5. | 6. | 7. | 8. |
Face Covering Infographic
MCOE Staff shall wear face coverings as outlined in the chart below:

<table>
<thead>
<tr>
<th></th>
<th>Fully Vaccinated</th>
<th>Not Fully Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Setting</td>
<td>👩‍💻</td>
<td>😞</td>
</tr>
<tr>
<td>Alone In a Room or Vehicle</td>
<td>😚</td>
<td>😞</td>
</tr>
<tr>
<td>Outdoors</td>
<td>😊</td>
<td>🚧 6 ft</td>
</tr>
<tr>
<td>While Eating or Drinking at the Workplace</td>
<td>😊</td>
<td>🚧 6 ft</td>
</tr>
<tr>
<td>Employees who cannot wear a face covering due to medical or mental health condition or disability</td>
<td>😊</td>
<td>🚧 HR approval required. Face shield with drape shall be worn if the employee’s condition permits.</td>
</tr>
<tr>
<td>Specific tasks that cannot be performed feasibly with a mask on</td>
<td>😊</td>
<td>😞</td>
</tr>
<tr>
<td>School setting with children present</td>
<td>😞</td>
<td>😞</td>
</tr>
</tbody>
</table>

Employee COVID-19 Prevention Program Acknowledgment(s)

Please certify that you have read the updated MCOE COVID-19 Prevention Program including the one-time Daily Health Self-Assessment Attestation Form by clicking the link below and completing the acknowledgment form.

Link to survey

Acknowledgement(s) Quick Guide:
1. Click on link above
2. Complete Acknowledgment(s)
3. Completed & Signed Acknowledgment(s) will be saved/stored by HR