

## **Appendix A: Identification of COVID-19 Hazards**

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

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

**Hazard is defined as the type of risk from SARS-CoV2 for workers in the workplace. The risk depends on how extensively the virus spreads between people; the severity of resulting illness; pre-existing medical conditions workers may have; and the medical or other measures available to control the impact of the virus and the relative success of these measures.**

### ***Lower Exposure Risk (Caution)***

Jobs that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.

### ***Medium Exposure Risk***

Jobs that require frequent/close contact with people who may be infected, but who are not known to have or suspected of having COVID-19. Workers in this category include:

- Those who may have frequent contact with travelers who return from international locations with widespread COVID-19 transmission.
- Those who may have contact with the general public (e.g., in schools, high population density work environments, and some high-volume retail settings).

### ***High Exposure Risk***

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Workers in this category include are mainly workers in the Healthcare industry.

### ***Very High Exposure Risk***

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures.

**For more information regarding Hazards go to <https://www.osha.gov/SLTC/hazardoustoxicsubstances/>**

**Evaluation form for potential hazards**

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

## Appendix B: COVID-19 Inspections

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
<b>Facilities</b>			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
<b>[add any additional controls your workplace is using]</b>			
<b>[add any additional controls your workplace is using]</b>			
<b>Administrative</b>			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
<b>[add any additional controls your workplace is using]</b>			
<b>[add any additional controls your workplace is using]</b>			
<b>PPE (not shared, available and being worn)</b>			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
<b>[add any additional controls your workplace is using]</b>			

## 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 Pitzer 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, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, 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.

**Date:** [enter date]

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

<b>Employee</b> (or non-employee*) name:		<b>Occupation</b> (if non-employee, why they were in the workplace):	
<b>Location where employee worked</b> (or non-employee was present in the workplace):		<b>Date investigation was initiated:</b>	
<b>Was COVID-19 test offered?</b>		<b>Name(s) of staff involved in the investigation:</b>	
<b>Date and time the COVID-19 case was last present in the workplace:</b>		<b>Date of the positive or negative test and/or diagnosis:</b>	
<b>Date the case first had one or more COVID-19 symptoms:</b>		<b>Information received regarding COVID-19 test results and onset of symptoms (attach documentation):</b>	

<p><b>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</b> (attach additional information):</p>	
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<p><b>Notice given</b> (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) <b>of the potential COVID-19 exposure to:</b></p>		
<p><b>All employees who may have had COVID-19 exposure and their authorized representatives.</b></p>	<p><b>Date:</b></p>	
	<p><b>Names of employees that were notified:</b></p>	
<p><b>Independent contractors and other employers present at the workplace during the high-risk exposure period.</b></p>	<p><b>Date:</b></p>	
	<p><b>Names of individuals that were notified:</b></p>	

<b>Notice given</b> (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) <b>of the potential COVID-19 exposure to:</b>			
<b>What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?</b>		<b>What could be done to reduce exposure to COVID-19?</b>	
<b>Was local health department notified?</b>		<b>Date:</b>	

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