

Overview

On December 15, 2022, the Occupational Safety and Health Standards Board voted to adopt non-emergency COVID-19 prevention regulations. This COVID-19 Prevention Program (CPP) was developed as an adjunct to the [UCI Health Aerosol Transmissible Diseases Exposure Control Plan](#) (ATD Plan). This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Scope

The COVID-19 Prevention Program (CPP) applies to all UCI Health employees except for:

- Work locations where there is only one employee who does not have contact with other people.
- Employees working from home.
- Employees teleworking from a location of the employee's choice, which is not under the control of the employer.
- Employees who are covered by the Aerosol Transmissible Disease regulation ([Cal. Code Regs., tit. 8, § 5199](#)) (section 5199).

Date: April 2023

Authority and Responsibility

The following facilities and locations are covered by this plan and the responsible persons have overall authority and responsibility for implementing the provisions of this CPP in our workplace.

FACILITIES AND LOCATION		RESPONSIBLE PERSONS	
Department/Unit:	UCI Health	Name:	Joe Brothman / Yvonne Ybarra
Building(s):	ALL	Email:	jbrothma@hs.uci.edu / ybarray@hs.uci.edu
Location(s):	ALL	Phone:	(714) 456- 6738 / (714) 227-2098

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. Department Heads are responsible for the following:

- Ensure compliance with the CPP which are applicable to areas and service under their authority.
- Ensure that employees understand the CPP protocols and procedures.

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

Questions regarding this plan should be sent to UCIHealthsafety@hs.uci.edu

COVID-19 Vaccine

The University of California Office of the President has issued a [policy](#) regarding required COVID-19 vaccinations, which requires all UC students and employees, including healthcare personnel, to receive a COVID-19 vaccine in order to be physically present at any UC location. To request a medical exemption, religious exception, disability exception or deferral during pregnancy, visit the [UCI's Future of Work COVID policy](#) page.

Identification, Evaluation, and Correction of COVID-19 Hazards

COVID-19 is a recognized hazard in our workplace that is addressed through this document, which will be effectively implemented and maintained to ensure the following:

- 1) When determining measures to prevent COVID-19 transmission and identifying and correcting COVID-19 hazards in our workplace:
 - a) All persons in our workplace are treated as potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.
 - b) COVID-19 is treated as an airborne infectious disease. Applicable State of California and Orange County Healthcare Agency (HCA) orders and guidance will be reviewed when determining measures to prevent transmission and identifying and correcting COVID-19 hazards. COVID-19 prevention controls may include:
 - i) Remote work.
 - ii) Wearing a mask.
 - iii) Hand hygiene.
 - iv) Physical distancing.
 - v) Reducing population density indoors.
 - vi) Moving indoor tasks outside.
 - vii) Implementing separate shifts and/or break times.
 - viii) Restricting access to work areas.
- 2) The Epidemiology and Infection Prevention (EIP) department will conduct contact tracing for COVID-19 cases in UCI faculty and staff, in accordance with the following:
 - a) Confidential investigation into acquisition sources and any post-acquisition exposure of others (patients and staff).
 - b) Information is private and not shared with coworkers.
 - c) Affected employees will be notified of potential workplace exposure to COVID-19.
 - d) Coworkers who have been exposed by CDC criteria are notified by email or other form that is readily understandable by the employee. For more information, see [Potential Workplace Exposures – What Employees Need to Know](#) document.
- 3) Effective procedures for responding to COVID-19 cases at the workplace include:
 - a) Immediately excluding COVID-19 cases (including employees excluded under CCR, Title 8, section 3205.1) according to the following requirements:
 - i) See document – [Working Well – The End of the COVID-19 Emergency](#).
 - b) Reviewing current [California Department of Public Health \(CDPH\)](#) guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.
 - c) 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.
 - d) Upon excluding an employee from the workplace based on COVID-19 or a close contact, information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws will be provided. This includes any benefits available under legally mandated sick leave, workers' compensation law, local governmental requirements, and leave policies and leave guaranteed by contract.

Testing of Close Contacts

COVID-19 tests are available at no cost, during paid time, to all of our employees who had a close contact in the workplace. These employees will be provided with the information outlined in paragraph (3)(d), above.

Exceptions are returned cases as defined in CCR, Title 8, section 3205(b)(11).

For more information, see document – [COVID-19 Testing for UCI Health Employees](#).

Notice of COVID-19 cases

Employees and independent contractors who had a close contact, as well as any employer with an employee

who had a close contact, will be notified as soon as possible, and in no case longer than the time required to ensure that the exclusion requirements are met.

When Labor Code section 6409.6 or any successor law is in effect, we will:

- Provide notice of a COVID-19 case, in a form readily understandable to employees. The notice will be given to all employees, employers, and independent contractors at the worksite.
- Provide the notice to the authorized representative, if any of the:
 - The COVID-19 case and of any employee who had a close contact.
 - All employees were on the premises at the same worksite as the COVID-19 case within the infectious period.

Control of COVID-19 Hazards

Face Coverings

All employees may wear face coverings at work, regardless of vaccination status, without fear of retaliation. The Centers for Disease Control and Prevention (CDC) determines masking and distancing requirements for healthcare settings based on community transmission risk levels, which are indicated as High, Substantial, Moderate or Low, based on specific community indicators. Employees will be provided face coverings and required to wear them when required by a CDPH regulation or order. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors. For more information, see the UCI Health document [Masking, Distancing, Meetings and Gathering Guidance](#). Face coverings will be clean, undamaged, and worn over the nose and mouth.

The following exceptions apply:

1. When an employee is alone in a room or vehicle.
2. While eating or drinking at the workplace, provided employees are at least six feet apart and, if indoors, the supply of outside or filtered air has been maximized to the extent feasible.
3. While employees are wearing respirators required by the employer and used in compliance with CCR, Title 8 section 5144.
4. Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it.
5. During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.

If an employee is not wearing a face covering due to exceptions (4) and (5), above, the COVID-19 hazards will be assessed, and action taken as necessary.

Employees will not be prevented from wearing a face covering, including a respirator, when not required by this section, unless it creates a safety hazard.

Respirators

Respirators will be provided for voluntary use to employees who request them and who are working indoors or in vehicles with more than one person. Employees covered under the UCI Health [Aerosol Transmissible Diseases Exposure Control Plan](#) should only wear the respirator they have been fit-tested for through Occupational Health. Employees who request respirators for voluntary use will be:

- Encouraged to use them.
- Provided with a respirator of the correct size.
- N95 Respirator Voluntary Use training available through the UCLC. Training includes:
 - How to properly wear the respirator provided.
 - How to perform a user seal check according to the manufacturer's instructions each time a respirator is worn.
 - The fact that facial hair interferes with a seal.

- Access the [UCLC](#) and sign-in using UCI Health credentials.
 - Search for course: N95 Respirator Voluntary Use.
- Management may order BYD respirators through Premier or Expeditor line (714) 719-5271.
 - Employee may request from supervisor/manager.

Ventilation

For our indoor workplaces we will:

- Review CDPH and Cal/OSHA guidance regarding ventilation, including the CDPH [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#). We will develop, implement, and maintain effective methods to prevent transmission of COVID-19, including one or more of the following actions to improve ventilation:
 - Maximize the supply of outside air to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.
 - Use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
 - When appropriate, provide department/location with portable High Efficiency Particulate Air (HEPA) filtration units.
 - Contact Facilities Management: (714) 456-5700
 - Optimizing the cleanliness and safety of the air through several means. See the [COVID-19: Hospital Air Handling](#) document.

In vehicles, we will maximize the supply of outside air to the extent feasible, except when doing so would cause a hazard to employees or expose them to inclement weather.

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

N95 respirators will be used for the routine care of all confirmed or suspect COVID-19 patients in inpatient and ambulatory sites. This applies to all healthcare workers entering a patient's room for any reason during the infectious period. For more information, review the following documents:

- [COVID-19 Guidance: Aerosol Generating Procedures Guidance](#)
- [Safe and Appropriate Personal Protective Equipment \(PPE\) Use](#)
- [COVID-19 N95 – Masking Protocol for Surgical and Procedural Areas](#)

N95 respirators and eye protection will be used for the care of COVID-19 patients during aerosol generating procedures.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases 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 [Appendix B: COVID-19 HCW Call Worksheet](#) form 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.

Training

- a) Initial training will be documented in the UC Learning Center.
- b) Training will be provided:
 - To new employees.
 - To employees given a new job assignment involving COVID-19 hazards and they have not been previously trained.
 - Whenever new COVID-19 hazards are introduced.
 - When we are made aware of new or previously unrecognized COVID-19 hazards.
 - For supervisors to familiarize themselves with the COVID-19 hazards to which employees under their immediate direction and control may be exposed.

Appendix A - Definitions

For the purpose of the CPP, the following definitions shall apply:

- 1) **“COVID-19”** means coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- 2) **“COVID-19 case”** means a person who either: (A) Has a positive “COVID-19 test”; or (B) Has a positive COVID-19 diagnosis from a licensed health care provider; or (C) Is subject to COVID-19- related order to isolate issued by a local or state health official; or (D) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.
- 3) **“Close contact”**
 - In indoor spaces 400,000 or fewer cubic feet per floor (such as home, clinic waiting room, airplane), a close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures) during an infected person’s infectious period.
 - In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), a close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person’s infectious period.
 - Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor-to-ceiling walls) are considered distinct indoor airspaces.
- 4) **“COVID-19 hazard”** means exposure to potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons which may aerosolize saliva or respiratory tract fluids.
- 5) **“COVID-19 symptoms”** means one of the following, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19: (1) fever of 100.4 degrees Fahrenheit or higher taken orally or on forehead; (2) chills; (3) cough; (4) shortness of breath or difficulty breathing; (5) fatigue; (6) muscle or body aches; (7) headache; (8) new loss of taste or smell; (9) sore throat; (10) congestion or runny nose; (11) nausea or vomiting; or (12) diarrhea.
- 6) **“COVID-19 test”** means a test for SARS-CoV-2 that is: (A) Cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus; (B) Administered in accordance with the authorized instructions; and (C) A COVID-19 test may be self-administered and self-read only if another means of independent verification of the results can be provided (e.g., time-stamped photograph of the results).
- 7) **“Exposed group”** means all employees at a work location, working area, or a common area at work, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply: (A) For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work. (B) If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group. (C) If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common

area are not part of the exposed group.

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

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

- 9) **“Infectious period”** means the following time period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply: (A) For persons who develop COVID- 19 symptoms: from two days before they first develop symptoms until ten days since symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or (B) For persons who test positive who never develop COVID-19 symptoms: from two days before until ten days after the specimen for their first positive test for COVID- 19 was collected.
- 10) **“Respirator”** means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.
- 11) **“Returned case”** means a COVID-19 case who returned to work and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 90 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 90 days after the first positive test. If a period of other than 90 days is required by a CDPH regulation or order, that period shall apply.
- 12) **“Worksite,”** for the limited purposes of sections 3205 through 3205.4 only, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter, locations where the worker worked by themselves without exposure to other employees, or to a worker’s personal residence or alternative work location chosen by the worker when working remotely.

COMPLETE BELOW ONLY IF EXPOSURE SOURCE IS NOT KNOWN.

GATHERINGS/ACTIVITIES IN PAST 10 DAYS

WORK RELATED	DATE(S)	LOCATION(S)/COMMETNS
<input type="checkbox"/> Potluck/Party		
<input type="checkbox"/> Celebrations/Gatherings		
<input type="checkbox"/> Meetings/Conferences		
<input type="checkbox"/> Other		

EXPOSURE SOURCE IF NO KNOWN CLOSE CONTACTS IN PAST 10 DAYS

PERSONAL	DATE(S)	LOCATION(S)/COMMETNS
<input type="checkbox"/> Travel – local/non-local		
<input type="checkbox"/> Family Gatherings/Celebrations		
<input type="checkbox"/> Entertainment (Concerts/Event)		
<input type="checkbox"/> Indoor Dining/Bars		
<input type="checkbox"/> Indoor Activity (Gym, Church)		
<input type="checkbox"/> Essentials		
<input type="checkbox"/> Other		

SUMMARY/ADDITIONAL COMMENTS

PRELIMINARY SOURCE ASSESSMENT – TO BE COMPLETED BY INFECTION PREVENTIONIST

- Community Pt to HCW (e.g. PPE Breach) HCW to HCW Unknown Additional Follow-up needed

Additional Consideration #1 – COVID-19 Outbreaks

This addendum will stay in effect until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.

COVID-19 testing

We immediately provide COVID-19 testing available at no cost to our employees within the exposed group, regardless of vaccination status, during employees' paid time, except for returned cases and employees who were not present at the workplace during the relevant 14-day period(s).

Additional testing is made available on a weekly basis to all employees in the exposed group who remain at the workplace.

Employees who had close contacts will have a negative COVID-19 test taken within three to five days after the close contact or will be excluded and follow our return-to-work requirements starting from the date of the last known close contact.

Face Coverings

Employees in the exposed group, regardless of vaccination status, will wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions in our CPP applies.

Respirators

Employees will be notified of their right to request and receive a respirator for voluntary use, as stipulated in our CPP.

COVID-19 investigation, review, and hazard correction

A review of potentially relevant COVID-19 policies, procedures and controls will be assessed to prevent further spread of COVID-19 when this addendum initially applies and periodically thereafter. The investigation, review, and changes 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 supply of outdoor air to indoor workplaces.
 - Insufficient air filtration.
 - Insufficient physical distancing.
- Review updated every 30 days that CCR, Title 8 section 3205.1 continues to apply:
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Any changes implemented to reduce the transmission of COVID-19 based on the investigation and review, which may include:
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing the outdoor air supply when work is done indoors.
 - Improving air filtration.
 - Increasing physical distancing to the extent feasible.
 - Requiring respiratory protection in compliance with CCR, Title 8 section 5144.
 - Other applicable controls.

Ventilation

Buildings or structures with mechanical ventilation will have recirculated air filtered 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, filters with the highest compatible filtering

efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

These ventilation requirements will continue to be implemented after the outbreak has passed and CCR, Title 8 section 3205.1 is no longer applicable.

Major Outbreaks

The following will be done while CCR, Title 8 section 3205.1 applies if 20 or more employee COVID-19 cases in an exposed group visited the worksite during their infectious period within a 30-day period:

- The COVID-19 testing will be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by the Orange County Healthcare Agency. Employees in the exposed group will be tested or excluded and follow our CPP return to work requirements. The twice a week testing requirement ends when there are fewer than three new COVID-19 cases in the exposed group for a 14-day period. We will then follow weekly testing requirement until there are one or fewer new COVID-19 cases in the exposed group for a 14-day period.
- Report the outbreak to Cal/OSHA.
- Provide respirators for voluntary use to employees in the exposed group, encourage their use, and train employees according to CCR, Title 8 section 5144(c)(2) requirements.
- Any employees in the exposed group who are not wearing respirators as required will be separated from other persons by at least six feet, except where it can be demonstrated that at least six feet of separation is not feasible, and except for momentary exposure while persons are in movement. Methods of physical distancing include:
 - 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.

When it is not feasible to maintain a distance of at least six feet, individuals will be as far apart as feasible.

Additional Consideration #2 – COVID-19 Prevention in Employer-Provided Transportation

The requirements of our CPP will be complied with within a vehicle, including how a COVID-19 case will be responded to.

Assignment of transportation

To the extent feasible:

- Transportation will be assigned such that cohorts travel and work together, separate from other workers.
- Employees who usually maintain a household together shall travel together.