

Construction Industry COVID-19 Exposure Response & Prevention Plan



revisions noted in yellow

v2.6

11/02/2020



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PURPOSE

The purpose of this plan is to outline an effective response to a potential exposure event, and to promote preventative workplace habits in order to mitigate transmission of the virus between employees, contractors, etc. This program shall provide direction to implement safety requirements of the company and achieve compliance with Centers for Disease Control and Prevention (CDC) and other federal, state and local recommendations for COVID-19 response and prevention. This plan will be updated as necessary.

The "company" will comply with all applicable and current laws and regulations including but not limited to OSHA and Cal-OSHA. If there is any conflict, difference or discrepancy between or among applicable laws and regulations and/or this Plan, the stricter standard will apply.

SCOPE

This program applies to all workplaces, employees (office and field), subcontractors, vendors and visitors. This plan shall be effective immediately, and in effect until further notice.

RESPONSIBILITY

The project Supervisor is designated as the COVID-19 Safety Compliance Officer (SCO) to the jobsite. The SCO must:

- Ensure implementation of all recommended safety and sanitation requirements regarding the COVID-19 virus at the jobsite.
- Compile daily verification that each jobsite is compliant with the components of this Plan. Each verification form must be copied, stored, and made immediately available upon request by any County official.
- Establish a daily screening protocol for arriving staff, to ensure that potentially infected staff do not enter the construction site. If workers leave the jobsite and return the same day, establish a cleaning and decontamination protocol prior to entry and exit of the jobsite.
- Post the daily screening protocol at all entrances and exit to the jobsite. More information on screening can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- Conduct daily briefings in person or by teleconference that must cover the following topics:
 - New jobsite rules and pre-job site travel restrictions for the prevention of COVID-19 community spread.
 - Review of sanitation and hygiene procedures.
 - Solicitation of worker feedback on improving safety and sanitation.
 - Coordination of construction site daily cleaning/sanitation requirements.
 - Conveying updated information regarding COVID-19.

EXPOSURE RESPONSE

The company must respond to all possible COVID-19 infections immediately and perform the following assessment procedure utilizing supervisors trained in this plan as well as the Safety Manager and Human Resources Manager (herein called "Investigators").

Emergency Protocols

In the event of an **exposure or suspected exposure to COVID-19**:

- Develop and ensure implementation of a remediation plan to address any non-compliance with this Protocol and post remediation plan at entrance and exit of jobsite during remediation period. The remediation plan must be translated, as necessary, to ensure that all non-English speaking workers are able to understand the document.

In the event of a **confirmed case of COVID-19 at any jobsite**, the following must take place:

- Immediately remove the infected individual from the jobsite with directions to seek medical care.
- Each location the infected worker was at must be decontaminated and sanitized by an outside vendor or properly-trained employees, and work in these locations must cease until decontamination and sanitization is complete.
- The SCO must not permit any construction activity to continue without bringing such activity into compliance with these requirements.

Response Investigation Procedure

In order to conduct a proper investigation, the investigator(s) will collect and verify the information by interviewing the individual(s) reporting the exposure, that is, they must speak directly to the person who is reporting a confirmed case. No assumptions will be made. Use the **Investigation Worksheet/Report** (*in the appendix*) to gather as much information as possible.

The investigation is to be limited only to the person who has self-disclosed information that indicates such person is a "potentially infected person." The Investigation team needs to make a determination on remedial measures to be taken in the workplace or the jobsite, including partial or total temporary suspension of the workplace or project.

Remember the following:

- Remain calm and objective.
- Limit the potentially infected employee's contact with other individuals while information is being gathered.
- Focus on obtaining facts, make only factual statements.

Incident Reporting

A potential exposure incident must be immediately reported.

Each essential business and reopened business shall take all of the following actions if an employer becomes aware that an employee is diagnosed with COVID-19:

- Promptly notify the Local Health Department (LHD) that there is an employee diagnosed with COVID-19, together with the name, date of birth, and contact information of the employee. [Click here for contact information for the LHD in the jurisdiction where the workplace is located.](#)

- ii. Cooperate with the County Department of Public Health's COVID-19 response team to identify and provide contact information for any persons exposed by the employee at the workplace.
- iii. County Department of Public Health and Cal/OSHA requires employers to report cases of COVID-19 to the LHD in the jurisdiction in which they are located and the LHD where the infected workers reside. Employers must use the **reporting threshold** of three or more laboratory-confirmed cases of COVID-19 among workers who live in different households within a two-week period to notify the LHDs.
- iv. Employers should be proactive and keep in mind that identification of even a single positive case among workers may quickly develop into a large outbreak. As outbreak circumstances and work practices vary, employers may need assistance from their LHD to plan and coordinate a response that meets the needs of the workplace.
- v. Communicate with the LHD on how frequently the LHD expects updates from the employer on newly identified cases and symptomatic workers in the workplace.
- vi. Determine how this information will be shared (e.g., telephone, fax directed to a specified person, secure e-mail).

If a potential exposure incident occurs while the employee is in a work setting or while working, the following steps should be taken:

- Employees shall notify their supervisor (as applicable) as soon as possible following a potential exposure incident.
 - **The supervisor shall immediately notify the Safety Manager and/or Human Resources Manager and members of the company's management team in accordance with their incident response procedure.**
- In the event of a **Confirmed** or **Symptomatic / Presumed COVID-19 case** in the work environment; environmental disinfection protocols shall be followed.
 - Employees performing clean up procedures shall either be contracted specialists, or properly-trained employees.
 - See **Sanitation Section** for further information on site cleaning.

Identify Worker Cases & Close Contacts to Control Further Spread in the Workplace

Testing all workers in a workplace should be the first strategy considered for identification of additional cases. Testing may be done at a single point in time or at repeated intervals.

Employers should seek guidance from the LHD when developing a testing strategy, including how testing can be arranged and how to prioritize testing of workers. Examples of strategies may include:

- testing close contacts of laboratory-confirmed cases first;
- prioritizing workers in parts of the workplace with higher case counts;
- or, if testing capacity is limited, sample pooled testing, also known as "group testing," should be conducted to obtain critical information about the extent of infection with fewer testing resources.

Employers should offer on-site COVID-19 testing of workers or otherwise arrange for testing through the company's occupational or general medical services provider. **The employer is responsible for ensuring all workers are offered and provided testing.** Employers should also provide information to workers who may prefer to contact their personal medical provider or visit a CA Coronavirus Testing Task Force site (testing.covid19.ca.gov) for testing. LHDs may also be able to help facilitate testing options, if needed.

When testing all workers is not available or not recommended by the LHD, consider alternative methods for controlling the outbreak, in consultation with the LHD, including but not limited to tracing all close contacts of confirmed cases and instructing those individuals to quarantine, conducting sample pooling (group testing), or temporarily closing the workplace and quarantining all workers.

Conduct Contact Tracing & Quarantining of Close Contacts of Confirmed Cases in the Workplace

Employers must provide information to the LHD on confirmed cases of COVID-19 for workers in the workplace, including job titles, work areas, close contacts in the workplace, dates of symptom onset, and shifts worked while infectious. Establish if the employer, LHD, or both will conduct interviews of the cases to determine their close contacts. The Human Resource Manager (or designated human resources staff) will conduct all contact tracing interviews should it be determined that the employer is responsible for these tasks.

- Close contacts should be instructed to quarantine at home for 14 days from their last known contact with the worker with COVID-19. Close contacts should be tested for COVID-19 when possible.
- **A close contact is someone who spent 15 minutes or more within 6 feet of an individual with COVID-19 infection during their infectious period, which includes, at a minimum, the 48 hours before the individual developed symptoms.**
- Interview workers with laboratory-confirmed COVID-19 by phone to determine when their symptoms began, the shifts they worked during their infectious period, and to identify other workers with whom they had close contact during their infectious period.
- Use employment records to verify shifts worked during the infectious period and other workers who may have worked closely with them during that time period.
- While at home, close contacts should self-monitor daily for COVID-19 symptoms (e.g., subjective or measured fever (>100.4°F or 38°C), chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea).

Consider Whether to Temporarily Suspend Operations due to COVID-19 Infection in the Workplace

Businesses may elect to voluntarily suspend operations when a case of COVID-19, exposure to COVID-19, or an outbreak has occurred in the workplace. This would allow investigation of the exposure and thorough cleaning and disinfection. Businesses may elect to do this if the

exposure is a worker, customer, or visitor of the workplace. To understand more about if this decision is right, contact your local health department (LHD) for guidance.

The LHD in the jurisdiction where the workplace is located has the authority to close business operations while an exposure is being investigated or an outbreak is being managed. Cal/OSHA also has authority to prohibit use and access of affected areas of a workplace if it identifies an imminent hazard to workers.

Criteria for making a determination for closure may include the size of the workforce, the number or percentage of the workforce impacted, the vulnerability of consumers who visit the business to severe COVID-19 infection, or many other local factors, including the epidemiology of disease spread in the community at large.

LHDs may vary in their specific requirements for workplace outbreak investigations, reporting, and suspension of operations.

Notify and Provide Instruction to Workers

Employers must maintain **confidentiality** of workers with suspected or confirmed COVID-19 infection when communicating with other workers.

- Employers should notify all workers who were potentially exposed to the individuals with COVID-19. Employers should provide any healthcare consultations needed to advise workers regarding their exposure, which may be especially important for those with high-risk medical conditions (e.g., immune compromise or pregnancy)
- Close contacts of cases should be given instructions on home quarantine, symptom monitoring, and COVID-19 testing.
- Provide any workers who are sent home before or during a shift with information about what to expect after they are sent home (e.g., instructions about testing, sick leave rights under federal, state, and local laws and company policies, return-to-work requirements, etc.).

In some outbreaks, but not all, workers who were never symptomatic and did not have close contact with any of the laboratory confirmed cases may continue to work, as long as the employer has implemented all control measures as recommended by public health authorities, Cal/OSHA, or other regulatory bodies. The LHD will make this determination based on strategies being used to control the outbreak and identify new cases.

Response for Employee(s) who think they HAVE BEEN EXPOSED to the COVID-19 virus?

If an individual has traveled to an area affected by COVID-19 with the last 14 days or had **close contact** (*within 6 feet/2 meters*) with someone who is confirmed to have, or is presumed to have COVID-19 infection they should:

1. Inform their supervisor and/or Safety Manager/Human Resources Manager immediately.
2. Self-quarantine and monitor their health starting from the last day they had close contact with the person and continue for 14 days per CDC guidance (*link in Resources*).

3. If they develop a fever or any of these symptoms, the affected person should call their healthcare provider right away.
4. Before going to a medical appointment, be sure to tell the healthcare provider about their close contact with someone who is confirmed to have or is being evaluated for COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected.
5. Ask the healthcare provider to call the local or state health department.

Response for Employee(s) who think they HAVE COVID-19?

If a person has traveled to an area affected by COVID-19 within the last 14 days or had **close contact** (*within 6 feet/2 meters*) with someone who has been laboratory confirmed to have COVID-19 **and** developed a fever and symptoms of respiratory illness, such as cough or shortness of breath, they should:

- Inform their supervisor and/or Safety Manager/Human Resources Manager immediately
- **Avoid contact with others – Do not go to work or in public while sick.**
- Self-quarantine and monitor their health for 14 days per CDC guidance and until they are symptom-free for 72 hours (*link in Resources*).
- Call a healthcare provider and seek medical advice – It is important that you call ahead before going to a doctor's office or emergency room and tell them about your recent travel or close contact and your symptoms
- Cover their mouth and nose with a tissue or their sleeve (not hands) when coughing or sneezing.
- Healthcare providers will work with the health department to determine if individuals need to be tested for the COVID-19 virus.

Proper Procedures for COVID-19 Testing

If an employee believes they may need to be tested for COVID-19, they should consult a physician or licensed medical professional. If an employee does not have a regular physician or healthcare provider, they should contact their local state or county health department for guidance on whether, and where, to go for authorized testing. Based on CDC guidance, all decisions about testing are at the discretion of state and local health departments and/or individual clinicians. A referral from a medical provider or health department should be obtained for testing.

The new Families First Coronavirus Response Act (FFCRA) mandates full coverage by health insurers, as well as federal Medicare or Medicaid coverage for COVID-19 diagnostic testing.

CLOSE CONTACT

is defined as being within approximately 6 feet (2 meters) of a person

- with a COVID-19 positive case for a prolonged period of time

CLOSE CONTACT can occur while:

- caring for,
- living with,
- visiting,
- sharing a healthcare waiting area or room with a COVID-19 case,
- or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Caution Regarding Possible Unauthorized Testing Sites:

We have received reports of workers getting COVID-19 diagnostic tests from private testing operations for which they must pay in cash for the tests. These sites may or may not be licensed to provide this service, and they may or may not be utilizing reliable COVID-19 diagnostic tests. We urge you and your employees to exercise caution before using one of these testing facilities, especially without being referred by a physician or local health department and when required to make a cash payment.

Process for Returning to Work

Consult with the LHD and most recent CDC guidance for when a confirmed case may be released from home isolation and return to work. The local health department may recommend a strategy for return to work similar to the following, although some variation may occur by jurisdiction and outbreak.

Type of Case	Minimum Criteria for Return to Work <i>as of September 18, 2020</i>	CDC Reference Page <i>The most recent CDC guidance should be consulted prior to allowing the worker to return to work.</i>
Symptomatic Positive Workers with symptoms who are laboratory confirmed to have COVID-19	At least 10 days have passed <i>since symptoms first appeared</i> ; and at least 24 hours have passed <i>since last fever without the use of fever-reducing medications</i> ; and symptoms (e.g., cough, shortness of breath) have improved.	For worker cases who did not require hospitalization: www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html For worker cases who require hospitalization: www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
Asymptomatic Positive Workers who never had symptoms and are laboratory confirmed to have COVID-19	A minimum of 10 days have passed since the date of their first positive COVID-19 test. If they develop symptoms, then the criteria for laboratory confirmed cases with symptoms apply.	Visit: www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
Symptomatic Negative Workers who had symptoms of COVID-19 but test result returned negative	Use the same criteria for return to work as laboratory confirmed cases.	

Table continued on next page

Type of Case	Minimum Criteria for Return to Work <i>as of September 18, 2020</i>	CDC Reference Page <i>The most recent CDC guidance should be consulted prior to allowing the worker to return to work.</i>
Asymptomatic Negative Workers who never had symptoms but were tested due to close contact with a laboratory-confirmed case patient and were negative	Workers should quarantine at home for 14 days after the last known close contact with the case patient. Symptoms can develop even after testing negative within 14 days after exposure. The LHD may consider allowing earlier return to work only for a worker in a critical infrastructure industry in which the essential operations of the workplace would be compromised by quarantine of the worker and no alternate staff can perform the same role.*	
Symptomatic Untested Workers who had symptoms of COVID-19 but were not tested	Testing is highly recommended. If the worker cannot be tested, use the same criteria for return to work as laboratory confirmed cases. <i>See page 9 for details</i>	
Asymptomatic Untested Workers who had close contact to a laboratory-confirmed case patient at work, home, or in the community and do not have symptoms. OR Workers who refuse or are unable to be tested after close contact with a laboratory-confirmed case, despite recommendation for testing from LHD or healthcare provider, and do not have symptoms.	Workers should be quarantined at home for 14 days after the last known close contact with the case patient. Testing is highly recommended; if testing has not occurred, the LHD may consider allowing a worker who had close contact to a confirmed case to continue to work only in a critical infrastructure industry in which the essential operations of the workplace would be compromised by quarantine of the worker and no alternate staff can perform the same role.* Workers who develop symptoms of COVID-19 while in quarantine should contact their healthcare provider. Even if they are not tested, the same criteria for return to work should be used as laboratory-confirmed cases. <i>See page 9 for details</i>	Info: www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html Safety Practices: www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html

**Critical infrastructure workplace outbreak (See Appendix- Return to Work and Testing Strategy for COVID-19 for Critical Infrastructure Workplace Outbreak)*

For:**Asymptomatic Negative Workers****Workers who were Close Contacts to Confirmed Cases**

Where 14-day quarantine would compromise essential operations, the LHD may determine that some workers in these two groups (*noted above*) may return to work sooner than 14 days by considering certain criteria specific to the workplace and worker:

- The worker is able to wear a surgical mask throughout the workday, except while eating, and comply with all infection prevention procedures. A cloth face covering may also be used in the event of mask shortage.
- The facility has implemented all best practice infection prevention procedures, as determined by the LHD.
- Pre-screening to assess worker temperature and symptoms prior to starting work has been implemented, ideally before entering the facility.
- Worker is able to self-monitor for temperature and symptoms at home and work.
- Worker is able to maintain a minimum of six feet of distance from other workers in the workplace. Of note, six feet does not prevent all transmission of SARS-CoV-2.
- Physical barriers are in place between fixed work locations to supplement distancing.
- Cleaning and disinfection of all areas and shared equipment can be performed routinely in the workplace.

Be aware that testing reflects a worker's status at a single point in time only. If a worker tests negative, they may still develop COVID-19 infection from a recent or subsequent exposure and should be instructed to quarantine at home if that occurs. Testing may be needed at repeated intervals to capture all positive cases, especially if an outbreak is ongoing.

EXPOSURE PREVENTION

Social Distancing Protocol

All businesses in San Diego County must prepare and post a **"Safe Reopening Plan"** on this [FORM](#) (link in References). The *Safe Reopening Plan* must be posted at or near the entrance of the relevant facility, and shall be easily viewable by the public and employees.

- A copy of the *Safe Reopening Plan* must also be provided to each employee performing work at the facility.
- Business to implement items that they noted on their Safe Reopening Plan
- *Guidelines for Employee Health Screenings under EXPOSURE CONTROL* on [page 14](#)

All workers must adhere to all social distancing guidelines while at work and take personal responsibility in managing themselves and reporting all violations immediately to management.

Note the following:

- Maintain minimum of six feet of distance, when practicable.
 - Contractors should identify ahead of time work activities that cannot maintain six feet of distance in their exposure prevention plans and safety briefings. In instances where work cannot be performed safely by adhering to the 6 ft. recommendation, all workers will be required to have cloth facial covering, mask, gloves and/or safely glasses/ shields as required for their task until they can return to being more than 6 ft. apart.
- Utilize respiratory protection, if necessary (*See Face Coverings, on page 13 and Appendix {page 25-27} for "Guidance for the use of Face Coverings " from California Department of Public Health*)
- Place wash stations or hand sanitizers that are effective against COVID-19 at entrances to the jobsite and in multiple locations dispersed throughout the jobsite as warranted.
- Do not make physical contact (handshaking, knuckle/elbow bumping or hugging)
- Stagger start and stop-time for shift schedules to reduce the quantity of workers at the jobsite at any one time to the extent feasible.
- Stagger trade-specific work to minimize the quantity of workers at the jobsite at any one time.
- Daily pre-work safety meetings / tailgate meetings / pre-shift meetings will still be conducted but only with proper social distancing implemented.
- Strictly control "choke points" and "high-risk areas" where workers are unable to maintain minimum six-foot social distancing and prohibit or limit use to ensure that minimum six-foot distancing can easily be maintained between workers.
- Construction site (or offices) will not conduct any meeting or gathering with 10 or more individuals present, when practicable.
 - All project meetings that call be completed via telephone, telephone conference, or video conference will shift to those platforms immediately.
 - If a meeting is required with 2 or more individuals, social distancing requires a minimum of six feet distance between all parties involved.
 - Prohibit gatherings of any size on the jobsite, except for safety meetings or as strictly necessary to carry out a task associated with the project.
- Maintain a daily attendance log of all workers and visitors that includes contact information, including name, address, phone number, and email.

Face Coverings

All persons shall wear a face covering whenever they are within six feet of another person who is not a member of their family or household. While CDC does not consider COVID-19 masks to be PPE, the California Department of Public Health and Cal-OSHA ([COVID-19 Industry Guidance: Construction - Page 3](#)) **require** employers to provide face coverings to workers or reimburse workers for reasonable cost of obtaining them.

See Appendix ([page 25-27](#)) for "Guidance for the use of Face Coverings" from California Department of Public Health. Proper use of face coverings includes:

- Face coverings do not protect the wearer and are not personal protective equipment (PPE).
- Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
- Employees should wash or sanitize hands before and after using or adjusting face coverings.
- Avoid touching eyes, nose, and mouth.
- Face coverings should be washed after each shift.

Personal Hygiene Procedures

Place posters that encourage employee(s) stay home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen (see *Resource list* for links to poster files from the CDC) and promote the following:

- Promote employee(s) practice good personal hygiene.
- Employee(s) should avoid physical contact with others (such as hand shaking).
- Employer to provide tissues and no-touch disposal receptacles for use by employees.
- Employer to provide soap and water and alcohol-based hand sanitizer and/or wipes in the workplace. Ensure that adequate supplies are maintained and place in multiple locations to encourage hand hygiene.
 - **Instruct employees in the following hand hygiene tips:**
 - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a restroom or public place, or after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% ethanol or 70% isopropanol. Cover all surfaces of your hands and rub them together until they feel dry.

Advise Employees Before Traveling to Take Certain Steps

- Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, can be found at on the [CDC website](#).
- Advise employees to check themselves for symptoms of [acute respiratory illness](#) before starting travel and notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

EXPOSURE CONTROL

General Workplace Control Measures

These field guidelines have been developed collaboratively by construction industry professional organizations, contractors, and workers' representatives in response to the need for work on construction projects to continue as they have been deemed essential.

These guidelines are not all encompassing and may need to be tailored to for certain situations and/or individual construction sites (*will be updated as the COVID-19 pandemic evolves*):

- Review documentation available from California Department of Public Health (CDPH) and CAL/OSHA (links also in RESOURCES) including:
 - [Construction Industry Guidance](#)
 - [Checklist for Construction Industry](#)
 - [CAL/OSHA COVID-19 Infection Prevention in Construction](#)

Employee(s)

- Non-essential employees should not report to work
- Essential employees who can work remotely, should

Employee(s) / Worker(s)

- Limit crew size in congested areas in compliance with established public health guidelines or orders
- Provide soap and water and alcohol-based hand sanitizer in the workplace. Hand sanitizer should contain a minimum 60% ethanol or 70% isopropanol. Ensure that adequate supplies are maintained. Place alcohol-based hand sanitizer in multiple locations or in conference rooms to encourage hand hygiene (*for additional tips see page 9*).
- **Utilize Personal Protective Equipment**
 - Medical masks, construction masks or cloth face coverings that is appropriate to tasks being performed (*see Appendix for Face Coverings Guidelines*)
 - Safety Glasses and/or face shields
 - Nitrile Gloves
 - Sharing of PPE is Prohibited
- **Do not allow the sharing of tools**, water coolers, water bottles, hand towels, disposable gloves or masks, rags, bandanas, masks, personal protection equipment (PPE), food, snacks, or cigarettes.
 - Prohibit workers from using others' phones or desks.
 - Any work tools or equipment that must be used by more than one worker must be cleaned with disinfectants that are effective against COVID-19 before use by a new worker.
- **Breaks and lunch breaks** will be staggered to limit the large groups in common break areas.
 - Workers are encouraged to remain outdoors in safe, hazard-free zones and continue to practice social distancing guidelines.
 - Workers are encouraged to bring food from home and eliminate communal food use.
- Discourage employees from using communal watering containers, encourage single use water containers and/or employees to bring clean, personal-use beverage containers from home.
 - If water coolers are used, provide hand sanitizer and/or disinfectant wipes to maintain cleanliness. Jobsites will manage scheduling to reduce and/or eliminate the best of their ability the stacking of trades.
- **Transportation of workers** to and from work zones/floors will be performed in stages;

personnel hoists and elevators must limit the number of workers and must operate in a manner that allows for proper social distancing.

- Eliminate Carpools, one worker per vehicle
 - When parking, park as close onsite as possible to your area of concentration utilizing dedicated parking areas.
- Workers should change work clothes prior to arriving at home
 - All clothing should not be shook out, keep clothing separated from other laundry, wash with sanitizing detergent and warm water.

Visitors

- No visitors are allowed on the jobsite or in the project offices at any time. This does not prohibit deliveries, but this does include sales calls, job seekers, and any personal visitors for workers/field crews.

Meetings

- In person meetings should be suspended or conducted using available technology
- If meetings or trainings are held in person, *please follow these measures*:
 - There will NOT be a sign-in sheet, pen, pencil, or any materials passed around to attendees. All attendance will be taken by the shift lead/supervisor.
 - Have employees maintain 6' of separation
 - Minimize attendees to less than 10, when practicable.
 - Hold meetings outside in a well-ventilated area
 - Have hand washing stations nearby or hand-sanitizer available
 - Utilize respiratory protection, if necessary
 - Do not make physical contact (handshaking, knuckle/elbow bumping or hugging)

Equipment

- Require that employer-owned and controlled equipment, such as hard hats and any face shields, be sanitized at the end of each shift. Clean and disinfect the inside of the equipment, then the outside, then wash hands.
- Encourage workers who own their own hard hats to follow the same cleaning protocol and provide the proper cleaning and sanitation products. Allow paid work time to complete such cleaning.

Employee Health Screening

To protect personnel seeking access to the workplace, all will need to undergo temperature screening each day before being allowed to report to work. Screening will seek to discover signs of possible COVID-19 infection by way of "fever" as defined by a temperature **greater than 100° F [37.8° C]**. The CSO or their designee shall conduct temperature screening of all employees prohibiting employees with a temperature of 100 degrees or more from entering the workplace.

- Screener must avoid close contact with others to the extent possible.
- Both screeners and employees should wear face coverings for the screening.
- The screening process includes quickly having your temperature taken by an IR(Infrared) non-contact thermometer. If an employee temperature is below **100° F [37.8° C]** they will be cleared for access to the site. Temperature screening is "Pass or Fail" and no temperature(s) resulting in a designation of "no fever" will be recorded or documented. Only in the event of a positive "fever" reading will that be documented as the reason for the denial to work.
 - *Exception: Symptom screening (prohibiting employees from entering if they have a cough, shortness of breath or trouble breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell) may be used only when a thermometer is not available.*

Temperature Screening Protocol

Temperature screening will take place at designated staff entrances that will be site specific. Those awaiting the temperature screening must continue to practice social distancing measures which maintains a distance of **6 feet** from all other personnel. Screener will be donning necessary PPE to protect themselves, as well as the personnel they are screening. PPE shall include but is not limited to the following:

- Facial Covering that covers both the nose and mouth
- Gloves
- Eye protection

Personnel who screen positive for “fever” (having a temperature of **100° F [37.8° C]** or greater) will be checked a second time after a 5-minute grace period in a separate designated isolation area in order to eliminate the possibility of a false positive. The digital IR no-touch thermometer will have a margin of error of +/- 0.1° in both Fahrenheit and Celsius.

If both 1st and 2nd temperature readings record a temperature of **100° F [37.8° C]** or greater the employee will be sent home while the *Exposure Control Plan* will begin to be implemented. The employee is also responsible for reporting their status to their managers or lead. Employee is also responsible to report positive screening to their own HR department.

- Employees who have symptoms of illness must stay home and not come to work until seven days have passed since the onset of symptoms, and they are free of fever (defined as 100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- Employees who, in the last 14 days, have had close contact with a COVID-19 patient or who have traveled to an area with an outbreak or sustained transmission must stay home and not come to work for 14 days since the last exposure and they are symptom free for 72 hours without medication.
- Employees should notify their supervisor and stay home if they are sick.
- Do not require a healthcare provider’s note for employees who are sick with illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Separate Sick Employee (s)

CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

- Employees are permitted to stay home to care for a sick family member. Be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

EXPOSURE CONTAINMENT

Sanitation Procedures

Below are suggested Sanitation procedures:

- Assign personnel to frequently (no less than twice daily) sanitize commonly touched surfaces.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, steering wheels, keyboards, remote controls, desks, tool handles, ladders and railings) can be wiped down by employees before each use.

Cleaning Crews

- Cleaning crews shall read and follow the manufacturer's instructions for all cleaning and disinfection products and shall ensure they are used in accordance with specifications for dilution ratios, application and removal methods, contact times, expiration dates, etc. Any additional PPE or ventilation requirements shall also be in place prior to clean up.

PPE– During Cleaning

- Workers will be provided training on jobsite prior to assigning cleaning tasks. Training will include when to use PPE, what PPE is necessary, how to properly don (put on), use, doff (take off), and properly dispose of PPE. Wipe down doorknobs, keyboards, counters, and other surfaces.
- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to [clean hands](#) after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. [Clean hands](#) immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- Sanitize reusable PPE per manufacturer's recommendation prior to each use
- Disinfect reusable supplies and equipment
- Ensure used PPE that is not reusable is properly disposed of

Cleaning Solutions

- Avoid cleaning techniques, such as using pressurized air or water sprays that may result in the generation of bioaerosols
- If surfaces are dirty, they will be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 60% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface.
 - Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.

CLEANING SOLUTION

Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:

- 5 tablespoons (1/3 cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water

- [Products with EPA-approved emerging viral pathogens claims](#) are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all

cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at [this link](#)) that are suitable for porous surfaces
- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- Request additional/increased sanitation (disinfecting) of portable toilets

Sanitation After Suspected Exposure Event

In the event of a **Confirmed** or **Symptomatic / Presumed COVID-19 case** in the work environment, the following environmental disinfection protocols shall be followed. Employees performing clean up procedures shall either be contracted specialists, or properly trained employees.

Clean up crews shall wear:

- Disposable nitrile gloves, or reusable rubber gloves
- Eye protection
- Disposable or elastomeric N95 respirators
- Gowns or Tyvek clothing

Clean Up Procedures

- Clean up crew shall ensure occupants are out of the area.
- Windows and doors shall be opened to allow natural ventilation.
- Waste disposal containers in the area shall be emptied prior to starting surface cleaning and disinfection.
- If surfaces are soiled or dirty, they must be cleaned using a detergent or soap and water prior to disinfection. For disinfection, products shall be applied uniformly to surfaces and allowed to rest for the required contact time according to manufacturer instructions.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, visible contamination shall be removed if present. Any soiled materials that cannot be cleaned or disinfected shall be disposed of and double bagged in plastic trash bags. Once surfaces are free of visible contamination, products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces shall be applied.
- All contaminated cleaning material and disposable PPE shall be placed in a plastic bag, double bagged and sealed prior to disposal.
- If reusable gloves are used, gloves must be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Reusable gloves must be disinfected after each use.
- Clean up crews shall thoroughly wash hands with soap and water immediately after gloves are removed.

PREVENTION TRAINING

The Employer / Workplace should establish training protocols and procedures for the COVID-19 EXPOSURE RESPONSE & PREVENTION PLAN depending on their current safety protocols.

Examples include the following:

- All employees will be trained in the use of PPE before being allowed on the project.
- The SCO will maintain and make available a log of all PPE training provided to employees and monitor all employees to ensure proper use of the PPE.
- Training records shall be kept for a minimum for 3 years.
- Training shall consist of this plan's contents and/or information from other sources such as the CDC, local public health agencies, State/Federal OSHA, medical professionals.
- Review of this topic and/or procedures as an additional weekly safety meeting topic until the situation warrants.

RESOURCES

Federal

- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- U.S. Department of Labor: <https://www.dol.gov/coronavirus>

State of California

- California Coronavirus (COVID-19) Response: <https://covid19.ca.gov/>
- California Department of Public Health: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

Cal/OSHA

- Cal/OSHA - Guidance on Requirements to Protect Workers from Coronavirus: <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>
- CDPH & Cal/OSHA:
 - Construction Industry Guidance: <https://covid19.ca.gov/pdf/guidance-construction.pdf>
 - Checklist for Construction Industry (to post at your location): <https://covid19.ca.gov/pdf/checklist-construction.pdf>
 - COVID-19 Infection Prevention in Construction: <https://www.dir.ca.gov/dosh/coronavirus/COVID-19-Infection-Prevention-in-Construction.pdf>
 - Responding to COVID-19 in the Workplace for Employers <https://files.covid19.ca.gov/pdf/responding-to-covid19-workplace--en.pdf>

Local

- San Diego Dept. of Public Health: <https://211sandiego.org/resources/health-wellness/>
- San Diego County: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV.html
- San Diego City: <https://www.sandiego.gov/coronavirus>
- AGC San Diego - COVID-19 Updates & Resources: <http://www.agcsd.org/covid19.html>

Regional

- Orange County Dept. of Public Health: https://www.ochealthinfo.com/phs/about/epidasmt/epi/dip/prevention/novel_coronavirus
- Riverside County Dept. of Public Health: <https://www.rivcoph.org/coronavirus>
- Directory of Local Health Departments: <https://www.naccho.org/membership/lhd-directory?searchType=standard&lhd-state=CA#card-filter>

Other

- AGC of America COVID-19 Info: <https://www.agc.org/coronavirus>

REFERENCES & APPENDIX

References

San Diego County

- Safe Reopening Plan Form

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/covid19/Community_Sector_Support/BusinessesandEmployers/SafeReopeningPlanTemplate.pdf

San Diego City

- COVID-19 Construction Site Safety Protocols:

<https://www.sandiego.gov/blog/covid-19-safety-protocols-construction-sites>

Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- CDC COVID-19 Symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
- Hand Washing guidelines: <https://www.cdc.gov/handwashing/when-how-handwashing.html>
- CDC's Traveler's Health Notices - <http://www.cdc.gov/travel>

Cleaning Products

- Products with EPA-approved emerging viral pathogens claims
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Other Cleaning Products - <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

Workplace Posters

- Staying Home When Sick
<https://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/educational-materials.html>
- Cough and Sneeze Etiquette
https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html
- Hand Hygiene - <https://www.cdc.gov/handwashing/materials.html>

File Updates

- v2.1 - Updates made to the following sections: Table of Contents, Exposure Prevention, Exposure Control, References.
- v2.2 - Updates made to the following sections: Table of Contents; Purpose, Scope, Responsibility; Exposure Response, Exposure Prevention, Exposure Control, Prevention Training, References & Appendix.
- v2.3 - Updates made to the following sections: Exposure Prevention, References & Appendix.
- v2.4 - Updates made to the following sections: Exposure Response, Exposure Prevention, References & Appendix.
- v2.5 - Updates made to the following sections: Exposure Response, Exposure Prevention, References & Appendix.
- v2.6 - Updates made to the following sections: Table of Contents, Exposure Response, Exposure Prevention, Resources, References & Appendix.

Appendix

COVID-19 Investigation Worksheet/Report - [Download Word Document](#) - [Download PDF](#)

Guidance for the use of Face Coverings - [Download PDF](#)

Return To Work and Testing Strategy for COVID-19 for Critical Infrastructure Workplace Outbreak
- [Download PDF](#)

Testing Work Flow Chart - [Download PDF](#)

COVID-19 Investigation Worksheet/Report

Potentially Infected Person

Name of Investigator Completing Form	Cell Phone	Date
Basic Information (Complete one per person)		
Name of Potentially Infected Person	Cell Phone	
Home Street Address	City/ State	Zip Code
Emergency Contact	Cell Phone	
Supervisor	Cell Phone	
Project Name	Project Address	
Investigation		
Was this a one-time visit or have there been multiple visits to the project site?		
When was that person last on site the jobsite?		
Do we have an understanding of when the individual may have been infected?		
How long was this person on site? Frequency (if any)?		
Duration of visit on site?		
Did the person work in a specific area of the project or on a specific trade?		
Did this person use project-based PPE? Owned or Communal PPE? If the individual used project supplied PPE, what happened to the equipment?		
Did this person touch specific equipment?		
Did the potentially infected person touch commonly hand-held services? Use facilities?		
Did the potential infected person use common facilities (e.g., bathrooms, kitchen, elevators/lifts, water cooler, microwave, etc.)		
Do we have an understanding of when the person may have become symptomatic?		
Did the individual report or did others tell us that the potentially impacted person was displaying or complaining to others regarding symptoms associated with COVID-19 (e.g., dry cough, fever, chills)?		
Actions		
<p>HR will notify, typically via email, the potentially infected person(s) with steps they should take, support and information on their return. The notification shall:</p> <ul style="list-style-type: none"> • Direct the potentially infected person(s) to immediately leave the project site or office, as applicable. • Suggest the potentially infected person(s) seek guidance from a medical professional of the individual's choice. <p>Advise on steps for return to work, noting that the potentially infected person(s) will not be allowed to return to work until cleared by a medical professional through a negative COVID-19 test or are cleared by their healthcare provider.</p>		

Response During and After Testing of Potentially Infected Person(s)

Actions

Pending receipt of the potentially infected person's test results and based on the preliminary investigation, take precautionary measures deemed appropriate under the circumstances, including:

- Targeted cleaning/sanitizing.
- Identifying and sending persons who interacted with the potentially infected person home to self-quarantine.

Allowing work to continue, to the extent feasible, in the unaffected and/or sanitized areas.

Promptly notify the customer, property manager, project owner or client (list names and contact method here)

Once test results are obtained, review the findings with COVID-19 Response Team (Investigators), and the personnel above, to determine any additional remedial measures necessary

If the potentially infected person tests positive for COVID-19:

- Promptly notify all jobsite workers, subcontractors, suppliers without disclosing the individual's name.
- Evaluate whether a partial or complete temporary suspension of work on the project is necessary.

If the individual tests negative for COVID-19:

- Promptly notify all jobsite workers, subcontractors, suppliers without disclosing the individual's name.
- Resume any work that was temporarily suspended pending test results.

Identifying Close Contact Personnel to the Potentially Infected Person(s)

Investigation

To the extent possible, identify individuals the potentially infected person was likely to have come into close contact with during work. List names and information below. Attach additional sheets if necessary. Consider the following:

- Co-workers
- Jobsite workers
- Joint venture partners
- Subcontractors and partners
- Clients
- Third-party providers (e.g., inspectors, suppliers, utility workers, consultant, designers)
- Other General Contractor's offices or projects
- Carpool or travel companion

Actions

Human Resources will notify, via email, all individuals identified above or their representative, in close contact with the potentially infected person(s) with steps they should take, support and information on their return.

The notification shall cover the following:

- Sending the personnel in close contact with a potentially infected person home for quarantine.
- Identifying that exposure may have occurred without disclosing identity of the potentially infected individual.
- Providing details on potentially infected zones and approximate time frames.
- Suggesting they seek guidance from a medical professional of the individual's choice.
- Advising on steps for return to work, noting that the individual will not be allowed to return to work until:
 - They are cleared by a medical professional through a negative COVID-19 test, or
 - After the expiration of the 14-day quarantine period with no symptoms, or
 - If the applicable potentially infected person tests negative for COVID-19.

Potentially Impacted Areas

Investigation	
Identify locations on site where the potentially infected person has been (e.g. office, trailers, job walk, etc.)	
Use a project site plan to trace the potentially infected person's path of travel and activity within the project site	
Did this person bring any materials on site? Where are the materials today?	
Actions	
Determine areas to be sanitized.	
Sanitize location, isolate identified high risk exposure areas.	
If project suspension, in whole or in part, is required, determine for how long.	
<p>Communications from project lead to the following on steps/plan:</p> <ul style="list-style-type: none"> Employees on the project, joint venture partners, client, partners, subcontractor, trades, utility workers, etc. <p>Note: Communications may require multiple communication touch points in an effort to put workers at comfort with the steps the Investigation Team has taken.</p>	



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State Public Health Officer & Director

State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM
Governor

Released June 18, 2020

- Revised on June 29, 2020 to clarify that children under two years old are exempt from wearing face coverings due to risk of suffocation

GUIDANCE FOR THE USE OF FACE COVERINGS

Because of our collective actions, California has limited the spread of COVID-19 and associated hospitalizations and deaths in our state. Still, the risk for COVID-19 remains and the increasing number of Californians who are leaving their homes for work and other needs, increases the risk for COVID-19 exposure and infection.

Over the last four months, we have learned a lot about COVID-19 transmission, most notably that people who are infected but are asymptomatic or pre-symptomatic play an important part in community spread. The use of face coverings by everyone can limit the release of infected droplets when talking, coughing, and/or sneezing, as well as reinforce physical distancing.

This document updates existing [CDPH guidance](#) for the use of cloth face coverings by the general public when outside the home. It mandates that face coverings be worn state-wide in the circumstances and with the exceptions outlined below. It does not substitute for existing guidance about social distancing and handwashing.

Guidance

People in California must wear face coverings when they are in the high-risk situations listed below:

- Inside of, or in line to enter, any indoor public space;¹
- Obtaining services from the healthcare sector in settings including, but not limited to, a hospital, pharmacy, medical clinic, laboratory, physician or dental office, veterinary clinic, or blood bank;²
- Waiting for or riding on public transportation or paratransit or while in a taxi, private car service, or ride-sharing vehicle;
- Engaged in work, whether at the workplace or performing work off-site, when:
 - Interacting in-person with any member of the public;
 - Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;

¹ Unless exempted by state guidelines for specific public settings

² Unless directed otherwise by an employee or healthcare provider



- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance.
- Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.
- While outdoors in public spaces when maintaining a physical distance of 6 feet from persons who are not members of the same household or residence is not feasible.

The following individuals are exempt from wearing a face covering:

- Persons younger than two years old. These very young children must not wear a face covering because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Persons who are seated at a restaurant or other establishment that offers food or beverage service, while they are eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.
- Persons who are engaged in outdoor work or recreation such as swimming, walking, hiking, bicycling, or running, when alone or with household members, and when they are able to maintain a distance of at least six feet from others.

- Persons who are incarcerated. Prisons and jails, as part of their mitigation plans, will have specific guidance on the wearing of face coverings or masks for both inmates and staff.

Note: Persons exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

Background

What is a cloth face covering?

A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels.

How well do cloth face coverings work to prevent spread of COVID-19?

There is scientific evidence to suggest that use of cloth face coverings by the public during a pandemic could help reduce disease transmission. Their primary role is to reduce the release of infectious particles into the air when someone speaks, coughs, or sneezes, including someone who has COVID-19 but feels well. Cloth face coverings are not a substitute for physical distancing, washing hands, and staying home when ill, but they may be helpful when combined with these primary interventions.

When should I wear a cloth face covering?

You should wear face coverings when in public places, particularly when those locations are indoors or in other areas where physical distancing is not possible

How should I care for a cloth face covering?

It's a good idea to wash your cloth face covering frequently, ideally after each use, or at least daily. Have a bag or bin to keep cloth face coverings in until they can be laundered with detergent and hot water and dried on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face. Discard cloth face coverings that:

- No longer cover the nose and mouth
- Have stretched out or damaged ties or straps
- Cannot stay on the face
- Have holes or tears in the fabric

###

Return to Work and Testing Strategy for COVID-19 for Critical Infrastructure Workplace Outbreak

Included in this document:

- Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings
- Testing Strategy for COVID-19 in Construction Workplaces after a COVID-19 Case Is Identified

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. Specifically, researchers have reported that people with mild to moderate COVID-19 remain infectious no longer than 10 days after their symptoms began, and those with more severe illness or those who are severely immunocompromised remain infectious no longer than 20 days after their symptoms began. Therefore, CDC has updated the recommendations for discontinuing home isolation as follows:

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days* have passed since symptom onset **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
- Other symptoms have improved.

*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts. See [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#).

Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Role of testing for discontinuing isolation or precautions:

RT-PCR testing for detection of SARS-CoV-2 RNA for discontinuing isolation could be considered for persons who are severely immunocompromised¹, in consultation with infectious disease experts. For all others, a test-based strategy is no longer recommended except to discontinue isolation or other precautions earlier than would occur under the symptom-based strategy outlined above.

The test-based strategy requires negative results using RT-PCR for detection of SARS-CoV-2 RNA under an FDA Emergency Use Authorization (EUA) for COVID-19 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative

specimens).[†] See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#).

[†]All test results should be final before isolation is ended. Testing guidance is based on limited information and is subject to change as more information becomes available.

Other Considerations

Note that recommendations for discontinuing isolation in persons known to be infected with SARS-CoV-2 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been *exposed* to SARS-CoV-2. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person *known* to be infected could leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.

These recommendations will prevent most, but cannot prevent all, instances of secondary spread. The best available evidence suggests that recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. Studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others.

Testing Strategy for COVID-19 in Construction Workplaces after a COVID-19 Case Is Identified

Construction workers may be permitted to work if asymptomatic after potential exposure to a confirmed case of coronavirus disease 2019 (COVID-19), provided that worker infection prevention recommendations and controls are implemented. Outbreaks of illness among workers have raised questions that identified the need for testing for COVID-19 to supplement existing guidance. This section presents different testing strategy options for exposed co-workers when public health organizations and employers determine testing is needed to help support existing disease control measures. Such strategies can aid in identifying infectious individuals with the goal of reducing transmission of SARS-CoV-2 in the workplace. These strategies augment and do not replace existing guidance.

SARS-CoV-2, the virus that causes COVID-19, is primarily spread from person to person through respiratory droplets. Workers in high-density settings in which workers are in the workplace for long time periods (e.g., for 8-12 hours per shift), and have prolonged close contact (within 6 feet for 15 minutes or more) with coworkers may be at increased risk for exposure to SARS-CoV-2.

A close contact is defined as being within 6 feet for ≥ 15 minutes of a Person with COVID-19 who has [symptoms](#) (in the period from 2 days before symptom onset until they meet criteria for [discontinuing home isolation](#); can be laboratory-confirmed or a clinically compatible illness) or

exposure to a Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any [symptoms](#) (in the 2 days before the date of specimen collection until they meet criteria for [discontinuing home isolation](#)).

Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering or whether the contact was wearing respiratory personal protective equipment (PPE).

Other distinctive factors that may increase risk for transmission among workers include: sharing transportation such as ride-share vans or shuttle vehicles, car-pools, and public transportation; frequent contact with fellow workers in community settings in areas where there is ongoing community transmission; and shared or congregate housing. Workers include, but are not limited to, all employees, contractors, and others who perform work at the facility or worksite. Early experience from COVID-19 outbreaks in a variety of settings suggests that when symptomatic workers with COVID-19 are identified, there are often asymptomatic or pre-symptomatic workers with SARS-CoV-2 present at the workplace. Testing is important to identify such individuals, as they may not know they are infected. SARS-CoV-2 transmission from asymptomatic or pre-symptomatic persons can result in additional cases and potentially outbreaks of COVID-19. Implementing screening for symptoms of COVID-19, testing, and [contact tracing](#) may be used to detect infected workers earlier and exclude them from the workplace, thus preventing disease transmission and subsequent outbreaks.

After a COVID-19 case is identified, testing strategies of exposed co-workers may be considered to help prevent disease spread, to identify the scope and magnitude of SARS-CoV-2 infection, and to inform additional prevention and control efforts that might be needed.

Viral (nucleic acid or antigen) testing should be used to diagnose acute infection.

Two kinds of tests are available for COVID-19: (1) [viral tests](#) to detect current infections, and (2) [antibody tests](#) to identify previous infections. CDC provides an [overview](#) of categories of people for SARS-CoV-2 testing with viral tests (i.e., nucleic acid or antigen tests). Viral testing can be used to inform actions necessary to keep SARS-CoV-2 out of the workplace, detect COVID-19 cases quickly, and stop transmission. Testing practices should aim for rapid turnaround times in order to facilitate effective action. Viral testing detects infection at the time the sample is collected; very early infection at the time of sample collection or exposure (e.g., workplace or community) after sample collection can result in undetected infection. Testing at different points in time, also referred to as serial testing, may be more likely to detect acute infection among workers with repeat exposures than testing done at a single point in time.

At the current time, [antibody test](#) results should not be used to diagnose someone with an active SARS-CoV-2 infection. Refer to the CDC website for additional information regarding [testing for COVID-19](#) and [specimen collection](#).

Considerations for use of a testing strategy for COVID-19 infection:

1. A testing strategy should only be implemented if results will lead to specific actions.
 - When a confirmed case of COVID-19 is identified, interviewing and testing potentially exposed co-workers should occur as soon as possible to reduce the risk of further workplace transmission.

2. A comprehensive approach to reducing transmission is recommended. Positive test results indicate the need for exclusion from work and [isolation](#) at [home](#).
 - When workers are [living in close quarters](#), such as people who share a small apartment, or people who live in the same household with large or extended families with ongoing risk of close contact exposures to COVID-19, alternative housing may be considered.
 - Decisions about whether workers with COVID-19 should be directed to alternate housing sites should be made in coordination with local or state public health authorities.
 - [Discontinuation of isolation](#) for persons with COVID-19 and work exclusions may follow either a [symptom-based strategy](#) or test-based strategy in consultation with a healthcare provider.
3. A risk-based approach to testing co-workers of a person with confirmed COVID-19 may be applied. Such an approach should take into consideration the likelihood of exposure, which is affected by the characteristics of the workplace and the results of contact investigations (see Testing Strategies Flow Chart). Examining facility and operations work records, conducting walk-throughs, and employee interviews may aid in categorizing co-workers into the three tiers of testing priority. Prioritization should be done quickly so that testing of co-workers is not delayed. Additionally, if ongoing screening for symptomatic workers or contact tracing identifies additional workers who test positive, the algorithm outlined below should be applied to their situation.
 - Tier 1 is the highest priority for testing of exposed co-workers. Because individuals with COVID-19 may be infectious prior to symptom onset, contact tracing and baseline testing should include co-workers who were exposed to a worker with confirmed COVID-19, beginning 2 days before the individual with COVID-19 became symptomatic (or, for asymptomatic workers, 2 days prior to specimen collection) until the time of isolation. Exposure includes:
 - Those who are identified as close contacts through case investigation and contact tracing evaluating proximity and length of contact of co-workers with the individual with COVID-19. If the decision is made to test all co-workers in the same area on the same shift, then contact tracing can just focus on other potential close contacts, for example those who specifically mention eating lunch together, coworkers who carpool, or reside in the same home.
 - Co-workers who work during the same shift or overlapping shifts, in the same area, for example on the same line and same room, as one or more of the workers with COVID-19 based on the employer's assessment of risk in the workplace, such as the layout and size of the room, the design and implementation of engineering controls, adherence to administrative controls, and movement of workers within the area.
 - Tier 2 is the next highest priority tier for testing. Tier 2 includes workers on the same shift, but in a different area of the facility or operation who may have had an exposure to a worker with confirmed COVID-19. Testing may be extended to workers in Tier 2 based on results from contact tracing or based on the employer's assessment of risk in the workplace. If additional COVID-19 cases are identified, then reassessment of the tier and testing would be indicated. Some facilities and workplaces may simultaneously implement Tier 1 and Tier 2 testing. This would include testing all exposed workers on the same shift as the worker(s) with confirmed COVID-19, regardless of area of the facility.
 - Tier 3 includes workers not in Tiers 1 or 2. Tier 3 includes workers who shared a common space (e.g. a rest room, break room) and therefore exposure to worker(s) with confirmed COVID-19 cannot be definitively ruled out. Tier 3 also includes workers who

generally work a different shift than the worker(s) with confirmed COVID-19 but exposure cannot be excluded based on the potential for overlap in work time from back-to-back shifts. Testing may be extended to workers in Tier 3 based on contact tracing or on the employer's concern about overall risk of COVID-19 in the workplace. Some facilities and workplaces may elect to include testing of co-workers in Tier 3 from the outset. For example, high rates of COVID-19 transmission in the surrounding community may prompt employers to test more broadly. Note that if test results from Tier 1 or Tier 2 testing indicate infection among workers in multiple areas of the facility, including some cases among workers who worked on multiple shifts, then testing may need to be expanded accordingly.

4. Implementation of testing strategies can supplement measures to reduce transmission in the workplace, [provided other protections](#) are in place to protect worker health while keeping the workplace open. If employers elect to conduct company or project-wide testing, multiple asymptomatic workers with SARS-CoV-2 infection may be identified. Employers should have a plan for meeting staffing needs while these persons are out of the workplace [per COVID-19 Critical Infrastructure Sector Response Planning](#). Of note, [CDC's critical infrastructure guidance](#) provides exceptions to current home quarantine practices after an exposure to COVID-19. Current guidance advises that employers may permit workers who have had an exposure to COVID-19, but who do not have symptoms, to continue to work, provided they adhere to additional safety precautions, such as measuring the employee's temperature and assessing for symptoms of COVID-19 before each work shift ("pre-screening"), asking the employee to self-monitor for symptoms during their work shift, and asking the employee to wear a cloth face covering while they are in the workplace. A testing strategy should enhance existing disease prevention measures by augmenting ability to detect infection among asymptomatic or pre-symptomatic workers. For all these strategies, waiting for test results prior to returning to work is preferred to keep infected workers out of the workplace.
 - **Workers in Tier 1**, who have close contact with or exposure to a co-worker with confirmed COVID-19 should be tested and quarantined as soon as possible to reduce the risk of further workplace transmission. Workers should follow existing [guidance](#) regarding self-monitoring by checking their temperature twice daily and watching for symptoms. Strategies with differing levels of risk of workplace transmission may be considered for exposed but asymptomatic critical infrastructure workers in Tier 1 to return to work with appropriate workplace protections. Strategies involving serial testing (e.g., testing at baseline and Day 3 vs. testing only at baseline) are more likely to identify infected workers than testing at a single point in time. In selecting a strategy, employers should consider which strategy appropriately balances maintaining operations with worker safety. Strategy 3 should only be considered during critical staffing shortages.
 - Strategy 1: The strategy is for exposed workers in Tier 1 to follow existing recommendations regarding exclusion from work. These workers are excluded from work and quarantined for 14 days, based upon the incubation period, even if their baseline test results are negative. This strategy reliably excludes workers who are exposed and may become infected, limiting infection of others in the workplace.
 - Strategy 2: The strategy is a test-based option for returning to work earlier than 14 days after an exposure for workers in Tier 1. This includes baseline testing and serial testing (i.e. re-testing) every 3 days until there are no more new cases detected in the Tier 1 cohort. Individual workers in Tier 1 who remain asymptomatic and have negative tests at baseline and Day 3 can return to work and should continue to be tested every 3 days after returning to work until there are no more

new cases in the worker cohort. With this strategy some workers who are infected and return to work may begin to shed virus after Day 3. Infection in these workers could be missed without serial testing resulting in potential workplace transmission. Workers who test positive or become symptomatic during quarantine or after returning from work should be excluded from the workplace, as discussed above.

- Strategy 3: During critical staffing shortages, another strategy to facilitate early return to work is to allow asymptomatic workers in Tier 1 to return to work after a baseline test is obtained. Under this strategy, it is recommended that return to work would follow a negative test result, but could occur while results were pending, provided other [protections](#) are in place. In this case, this worker cohort should continue to be tested every 3 days after returning to work until there are no more new cases. Workers who test positive or become symptomatic should be excluded from the workplace, as discussed above.
 - **Workers in Tier 2 and Tier 3:** Screening for symptoms should continue for workers in Tiers 2 and 3. Baseline testing may be considered for these workers based on the employer's assessment of exposure risk in the workplace or a positive symptom screen. They can continue to work provided they remain asymptomatic and, if tested, their test is negative.
5. Which organizations perform the testing may vary among jurisdictions and may include the public health department, an employee health clinic, a healthcare provider engaged by the employer, or local health care facilities.
- Symptom screening, testing, and contact tracing must be carried out in a way that protects confidentiality and privacy, to the extent possible, and is consistent with applicable laws and regulations. To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Follow guidance from the [Equal Employment Opportunity Commission](#) regarding confidentiality of medical records from health checks.
 - Symptom screening upon entry to the workplace should be designed so that the screening process is conducted in as private a manner as possible, without a worker's personal information being overheard or communicated inappropriately at any time. Because OSHA's Access to Employee Exposure and Medical Records standard ([29 CFR § 1910.1020](#)) requires that covered employers retain medical records for the duration of employment plus 30 years, consider the burdens and benefits of documenting individually identifiable results of entry screenings. Healthcare providers that are [covered entities](#) under the Health Insurance Portability and Accountability Act (HIPAA) must abide by HIPAA rules. Due to the "[direct threat](#)" posed by COVID-19 to co-workers, healthcare providers who test workers for COVID-19 as described in this guidance should notify employers of tested workers' fitness for duty, workplace restrictions (e.g., restrictions on ability to enter the worksite, limitation to telework, etc.), and the need for contact tracing of other workers deemed to be in close contact, even if this might allow employers to surmise that employees might have COVID-19. However, providers should not share employees' test results or diagnoses with employers without employees' permission, even though at entry screening, [employers may ask all employees who will be physically entering the workplace if they have COVID-19](#), or symptoms associated with COVID-19, or ask if they have been tested for SARS-CoV-2.
 - Providers should report and explain test results to workers and notify the state, territorial, tribal, or local health department of cases in a timely fashion. When employers become aware of cases, the Recording and Reporting Occupational Injuries and Illnesses standard ([29 CFR part 1904](#)), may require certain employers to keep a [record of serious work related injuries and illnesses](#) including [work related COVID-19](#).

- Contact tracing, whether performed by a health department or a healthcare provider engaged by the employer, should be carried out in a way that protects the confidentiality and privacy of an employee with COVID-19, or a SARS-CoV-2 positive test, to the degree possible.
- 6. Ensure that sick leave policies are flexible and consistent with [public health guidance](#) and that employees are aware of and understand these policies. Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other. Employers that do not currently offer sick leave to some or all of their employees should consider drafting non-punitive “emergency sick leave” policies.

Note: This document is intended to provide guidance on the appropriate use of testing and does not dictate the determination of payment decisions or insurance coverage of such testing, except as may be otherwise referenced (or prescribed) by another entity or federal or state agency.

Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified
The testing strategy outlined above is an optional one designed to augment existing guidance and measures to reduce transmission in the workplace

Testing and contact tracing should only be implemented if results will lead to specific actions. When symptom screening and subsequent testing identify a confirmed case of COVID-19, interviewing and testing potentially exposed co-workers should occur as soon as possible. Based on the likelihood of exposure, characteristics of the workplace, and results of contact investigations, a progressive tiered approach to testing these co-workers may be applied. In selecting a strategy, employers should consider which strategy appropriately balances maintaining operations with worker safety.

