

**CITY OF LOS ANGELES
COVID-19
WORKPLACE SAFETY
STANDARDS**

Revised February 17, 2023

INTRODUCTION

The City's COVID-19 Workplace Safety Standards are established for the health and safety of its employees, contractors, and the public against the novel Coronavirus of 2019 (COVID-19).

These Standards will be periodically revised, if needed, to reflect applicable COVID-19 requirements and/or guidance from sources such as:

- State Executive Orders (Governor's Executive Orders)
- California Division of Occupational Safety and Health (Cal/OSHA)*
- California Labor Code
- California Public Health Officer Orders and guidance (California DPH)
- Los Angeles County Department of Public Health (LA County DPH)
- City ordinances
- City memoranda
- Centers for Disease Control and Prevention (CDC)

*For COVID-19 prevention, City departments are subject to the requirements set forth by the Cal/OSHA [COVID-19 Prevention Non-Emergency Regulations](#) unless the department's operation is covered by [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#) and the department provides their employees with protections under its ATD Exposure Control Plan. Such departments/operations must also consult those regulations for additional applicable requirements that are not covered herein.

Status.

The City of Los Angeles' COVID-19 Declaration of Local Emergency ended on February 1, 2023. The State of California is anticipating a termination of the State emergency on February 28, 2023.

On February 3, 2023, the Office of Administrative Law (OAL) approved the Cal/OSHA's semi-permanent COVID-19 Prevention Non-Emergency Regulations, which became effective immediately. The State's emergency ending does not change employers' COVID-19 obligations under Cal/OSHA's regulation. The new regulations will remain in effect through February 3, 2025, with recordkeeping requirements in effect through February 3, 2026. These new regulations include some of the same requirements found in the previously issued Cal/OSHA's COVID-19 Prevention Emergency Temporary Standards, as well as some new provisions.

Cal/OSHA may require departments to take additional actions to protect employees against COVID-19 hazards through the issuance of an Order to Take Special Action. Also per Cal/OSHA,

state and local health departments with jurisdiction over the workplace may implement additional protective and stringent measures.

With the lifting of the local COVID-19 emergency and the adoption of Cal/OSHA COVID-19 Prevention - Non-Emergency Regulations, the City is revising its safety standards.

For department questions about COVID-19 Workplace Safety Standards, you may email:

per-covid-safetystandards@lacity.org

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1. COVID-19 VACCINATION

Proof of Vaccination. Upon the lifting of the COVID-19 Declaration of Local Emergency on February 1, 2023, Proof of Vaccination will no longer be required for members of the public to enter indoor portions of City facilities, per the sunset provision of Municipal Code Section 200.127.

The requirement for City Employees to be vaccinated for COVID-19 remains in place until further notice.

High-Risk Healthcare Settings. LA County DPH requires employees who work in High-Risk Settings and who are currently eligible for a COVID-19 booster vaccination, receive their booster dose no later than March 1, 2022. (This includes emergency medical technicians (EMTs), EMT-paramedics.) Employees not yet eligible for a booster must receive a booster within 15 days of becoming eligible for receiving one.

As of February 25, 2022, LA County DPH aligned with State Health Officer's Health Care Worker Vaccine Requirement Order which allows for workers with completed primary series vaccination and recent infection to defer booster dose by up to 90 days from date of first positive test or clinical diagnosis, which may extend the booster dose requirement beyond March 1st. Workers with a deferral due to a proven COVID-19 infection must receive their booster dose no later than 15 days after the expiration of their deferral.

For a detailed list of “workers” under this Order, see: [Health Care Worker Vaccination Requirement \(LA County DPH Health Officer Order\).pdf](#)

- 1.1 **COVID-19 Vaccination.** All employees must be fully vaccinated for COVID-19, or have an approved medical or religious exemption.
- 1.2 **Boosters.** Booster shots for the COVID-19 vaccines may be required in accordance with guidance provided by the CDC, federal Food and Drug Administration (FDA), California DPH, LA County DPH and/or any other medical entity that provides health and safety guidance.
- 1.3 **Tracking and Verification.** The City will treat all vaccination tracking data and verification records as confidential. Each City department will have its employees upload vaccination records to a secured and confidential database maintained by a third party administrator selected by the City. Designated Human Resources and confidential staff (e.g., Medical Services Division Administrator) may review vaccination records, mobile vaccination

verifications, and/or medical provider documentation and attest through a secured database entry, to the status of an employee as fully vaccinated.

- 1.4 **Disclosure.** All employees, including employees who have been granted an exemption or deferment, must report their vaccination status.
- 1.5 **Non-Discrimination.** Departments will not discriminate against or harass employees or job applicants on the basis of a protected characteristic; the department in working with designated Human Resources will provide reasonable accommodations related to disability or sincerely-held religious beliefs or practices; and will not retaliate against anyone for engaging in protected activity (such as requesting a reasonable accommodation).

2. FACE COVERINGS

LA County DPH Health Officer Order (HOO) entitled, “*Responding Together At Work and in the Community*,” dated September 22, 2022 highlighted the following changes:

- “Revised to strongly recommend, but no longer require, masking for all persons using public transit or at indoor transportation hubs. Transit agencies may elect to continue requiring masking.
- Revised to align with the State Public Health Officer’s September 20, 2022 guidance regarding masking in the following high-risk settings: correctional facilities, homeless shelters, emergency shelters, and cooling and heating centers.
- Continues to require masking at all indoor healthcare settings.”

“Regardless of the CDC’s COVID-19 Community Level, employers are required to offer well-fitting medical masks and respirators, such as an N95, KN95 or KF94, at no cost to their employees who work indoors and have contact with other workers, customers, or members of the public, or in vehicles with more than one person. Respirators must be offered at no cost to workers in indoor settings where customers may spend time unmasked.”

In most workplace settings including indoor public transit and transportation hubs face coverings are no longer required by the City and are optional with few exceptions listed below. In settings where face coverings are no longer required or optional, to protect those persons at elevated risk for severe health outcomes due to COVID-19 infection, the City strongly recommends using face coverings. This face covering requirement may be changed or be updated as regulations change or as conditions warrant.

2.1 **Face coverings are still required in the following workplace settings and conditions.**

All employees, regardless of vaccination status, previous infection, or lack of symptoms, are **required** to wear clean and undamaged face coverings (any of the following are acceptable: a well-fitting medical grade mask, surgical mask, or higher level respirator such as N95, KN95, KF94 - for more information see *Definitions* section) that fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face in the following workplace settings and conditions:

(a) **Specific Higher Risk Settings.**

(i) Healthcare and congregate care (such as long-term care & adult/senior care facilities) indoor settings. A well-fitting medical mask or respirator that covers their mouth and nose are **required** for all individuals regardless of vaccination status while working indoors with others and in vehicles with more than one person in the following settings:

- Healthcare settings (applies to all healthcare settings including those that are not covered by the [State Health Officer Order issued on July 26, 2021](#))
- Long Term Care Settings & Adult and Senior Care Facilities

(ii) Other specified non-healthcare high-risk indoor settings (see list below). The CDC Community Levels shall be used to determine the masking requirements:

- Homeless shelters, emergency shelters and cooling centers;
- Local correctional facilities and detention centers

The CDC Community Levels masking requirements are as follows:

- When the CDC COVID-19 Community Level is **low**:
 - face coverings are optional and not required in non-clinical settings and when there have been no outbreaks (defined as three suspected, probable, or confirmed COVID-19 cases within a 14-day period among epidemiologically linked residents and/or staff) in the entire facility or within separated, closed sub units that do not allow for mixing of those residents with the general population.
- When the COVID-19 Community Level is **medium or high**:
 - Facilities must maintain or reinstate universal masking for all staff and residents, regardless of if there are no outbreaks within the facility.

Clinical Areas. **Universal masking** of all staff and residents, regardless of vaccination status and Community Level, is **required** in all clinical areas (or

when any healthcare is being delivered), including isolation and quarantine areas, or any other areas that are covered by other specified high-risk settings.

(b) **During Outbreaks.**

- *Outbreaks* - all employees, regardless of vaccination status, in the exposed group when indoors, or when outdoors and less than six feet from another person shall wear face coverings unless an exception applies;
- *Major outbreaks* - in addition to the face coverings, all employees, in the exposed group, regardless of vaccination status, must be offered respirators to use on a voluntary basis; where respirators are not worn, employees in the exposed group must be separated from other persons by at least six feet where feasible and except for momentary exposure while persons are in movement (see more details in section 2.5);

(c) **Early Exit of Isolation, Quarantine (both indoor and outdoor), or close contacts without symptoms** - employees in these categories including recently returned cases must wear face coverings while around people for 10 days after

- symptom on-set
- positive test if no symptoms
- the last exposure;

(d) **COVID-19 Rebound Case** - employees who ended their isolation period and begin to have symptoms again 2-8 days after the isolation period ended or after testing positive again must wear a mask both indoors and outdoors while around people for 10 days following the start of rebound. Per LA County DPH, COVID-19 rebound is when people with COVID-19 get better, then begin to have symptoms 2-8 days after they have recovered; they may also test positive again;

(e) **Other** - In any other location where masking/face covering is the policy of the facility, business or venue; and

(f) **Agency Orders** - when the California DPH and LA County DPH require more stringent measures than these Standards listed above in this section (a-e).

2.2 **When a face covering is required** (per section 2.1 *Face Coverings*) to be worn in the workplace, in settings and conditions listed above (see sub-sections 2.1 (a-f) above), employees are allowed to take off face covering when:

- (a) **Alone in a room and vehicles.** While alone in a separate room, office or interior space and in vehicles where a face covering is required;
- (b) **Actively eating/drinking indoors.** While actively eating or drinking indoors, provided a physical distance of six (6) or more feet from other individuals is maintained in locations and situations where a face covering is required;
- (c) **Specific Tasks.** When specific tasks as determined by local, state, or federal regulators or workplace safety guidelines that cannot be feasibly performed with a face covering (or alternative) and **are** required to be worn as outlined above (in

section 2.1.) This exception is limited to the period of time in which such tasks are actually being performed;

- (d) **Accommodation.** If employees qualify for an accommodation related to a medical or a mental health condition, or a documented religious exemption, or if a particular disability, or who are hearing-impaired or communicating with a hearing-impaired person prevents them from wearing a face covering when face coverings **are** required to be worn as outlined above (in Section 2.1).
- (i) Employees who qualify for such exemptions as listed above must wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom or a clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask for people who interact with: people who are deaf or hard of hearing, children or students learning to read, people learning a new language, and people with disabilities, so long as their condition or disability permits it.
- (ii) Employees whose medical condition prevents them from wearing a mask or an alternative type of face covering, as it could obstruct breathing or who could be unconscious, incapacitated, or otherwise unable to remove a mask without assistance, will be engaged in an interactive accommodation discussion with Human Resources.

2.3 **Enhanced Face Coverings.** Departments must provide high quality and well-fitting masks and respirators to employees when required as outlined above in section 2.1.

2.4 **Voluntary Use of Face Coverings.** Regardless of vaccination status, employees have the option of voluntarily wearing a face covering that is acceptable in the workplace, when not required by these safety Standards or by an applicable Public Health Order. Upon request by an employee, in workplace indoor settings where masking is recommended, but not required, departments must provide, for voluntary use, well-fitting medical masks and respirators, such as an N95, KN95 or KF94, at no cost to their employees who work indoors and have contact with other workers, customers, or members of the public, or in vehicles with more than one person. Employees can request face coverings from their employing department at no cost to the employee and without fear of retaliation. No one can be prevented from wearing a mask to participate in an activity or enter a business.

2.5 **Respirators**¹. Upon request, regardless of vaccination status departments must provide a **National Institute for Occupational Safety and Health (NIOSH)**-approved respirator (such as an N95) to employees who are working indoors or in vehicles with more than one

¹ Per Cal/OSHA respirator filters should be replaced if they get damaged, deformed, dirty, or difficult to breathe through. Filtering Facepiece Respirators (FFRs) such as N95s are disposable respirators that cannot be cleaned or disinfected. Disposable FFRs are mainly for one-time use only. Ideally, such respirators should not be used once they are soiled or the inner lining gets moist. The minimum number of FFRs would be 2 per/person/work-shift (1 plus 1 replacement). Additional N95 replacement may be needed depending on the nature and/or condition of work (e.g., when working outdoors in a hot humid weather, dusty environment, job requiring physical exertions, etc.)

person for voluntary use in compliance with Cal/OSHA's Respiratory Protection Standard, Title 8 [California Code of Regulations](#) (CCR), §5144(c)(2) at no cost. Such requests can be made by employees without fear of retaliation. Departments may also permit workers to voluntarily use their own respirators, such as N95, as long as the respirator used will not create a hazard.

Outbreaks:

- (a) During an outbreak, departments must provide notice to employees in the exposed group of their right to request and receive a respirator for voluntary use.
- (b) During a major outbreak, departments must provide and encourage use of a respirator for voluntary use in compliance with Cal/OSHA's Respiratory Protection Program to employees in the exposed group. Employees who are not wearing respirators required by the department and used in compliance with Cal/OSHA's Respiratory Protection Program shall be separated from other persons by at least six feet, except where a department can demonstrate that six (6) feet of separation is not feasible, and except for momentary exposure while persons are in movement.

Note 1. Department operations that fall under [Cal/OSHA's Aerosol Transmissible Diseases \(ATD\) Standard](#) (Title 8 CCR, §5199) or who are already covered by [Cal/OSHA's Respiratory Protection Standard](#) (Title 8 CCR, §5144) where employees are required to wear tight fitting respirators to protect themselves from breathing in harmful substances, including chemical, biological, and radiological agents, will continue to follow all the required elements of Cal/OSHA Title 8 CCR, §5144.

Note 2. Other than the categories under Note 1 above, departments issuing N95 respirators as an upgraded face covering for protection against the spread of COVID-19 are not required to have a written respiratory protection program or medically evaluate and fit test employees. Department must ensure that employees' use of a respirator will not create a hazard e.g. if the employee is engaged in strenuous physical activity like continuous heavy lifting. When respirators are provided for voluntary use to employees, the department shall encourage their use and ensure the respirator is the correct size for the employee. Departments shall train affected employees on how to properly wear the N95, provide manufacturer's respirator use instruction, on how to do a user seal check each time a respirator is worn, the fact that facial hair interferes with a seal, and provide information contained in Title 8 CCR, §5144, Appendix D.

Note 3. Consult the Department Safety Engineer or the Personnel Department's Occupational Safety and Health Division for further guidance on applicable respirator standards, if needed.

Note 4. Department must implement measures to clearly communicate to non-employees the masking requirements on their respective premises. Persons younger than two years old and very young children must not wear a mask because of the risk of suffocation. No one can be prevented from wearing a mask to participate in an activity or enter a business.

Note 5. For employees in work settings that are exempt from Cal/OSHA Title 8 CCR, §5199 ATD standard in accordance with the conditions in subsections §5199(a)(2)(A) or §5199(a)(2)(B), who

are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids, the department shall evaluate the need for respiratory protection to prevent COVID-19 transmission under Cal/OSHA Title 8 CCR, §5144 and shall comply with that section. Examples of work covered by Cal/OSHA Title 8 CCR, §3205(i) include, but are not limited to, certain dental procedures and outpatient medical specialties not covered by Cal/OSHA Title 8 CCR, §5199.

Note 6. In instances where face coverings are required (see section 2.1) while indoors, this also includes spaces within vehicles.

3. PERSONAL PROTECTIVE EQUIPMENT (PPE) AND BARRIERS

- (a) **PPE.** Departments must continue to evaluate the need for PPE, such as respirators, gloves, goggles, and face shields to prevent COVID-19 related exposure and provide PPE as necessary. Departments shall provide and ensure use of eye and respiratory protection for employees exposed to procedures that aerosolizes saliva or other potentially infectious materials.
- (b) **Barriers.** All protective barriers that were installed in response to the COVID-19 pandemic may remain in place. (Departments may choose to include additional barriers.)

4. PHYSICAL DISTANCING

Physical distancing (of six or more feet) is required in indoor and outdoor settings under the following situations:

- (a) **In settings where a face covering is required.** When employees, are actively eating or drinking² (See section 2.1) while indoors;
- (b) **During Outbreaks.**
 - In the event of an outbreak, all employees in the exposed group, who are not wearing face coverings while outdoors must maintain a physical distance of six feet or more. When it is not feasible to maintain a distance of six feet, individuals must be far apart as feasible. Note that all employees in the exposed group must wear face coverings while indoors during an outbreak.
 - In the event of a major outbreak, all employees in the exposed group, who are not wearing **voluntary use respirators** in compliance with Cal/OSHA's Respiratory Protection Program (See *Definitions* section, Respirator), must be separated from other persons by at least six feet, except where an employer [department] can demonstrate that at least six

² "Actively eating or drinking" refers to the limited time during which the face covering can be briefly removed to eat or drink, after which it must be immediately put back on.

feet of separation is not feasible, and except for momentary exposure while persons are in movement.

Note 1. Where not otherwise required under these Standards, physical distancing is encouraged where possible.

Note 2. Methods to achieve physical distancing may include: telework or other remote work arrangements; reducing the number of persons in an area at one time, including the public; 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; and adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.

5. CLEANING AND DISINFECTION

5.1 **Personal Work Stations and Vehicles:** Employees should be encouraged to regularly sanitize their personal work stations and equipment including assigned vehicles, during their shifts. Departments shall provide cleaning materials and gloves (or other appropriate personal protective equipment per manufacturer's instruction) to employees for these purposes. Hand sanitizers with methyl alcohol are prohibited.

5.2 **Cleaning and disinfecting of rooms or areas or vehicles when someone is sick or diagnosed with COVID-19 in the space.** COVID-19 as an airborne infectious disease. Per [LA County DPH](#), the principal mode by which people are infected with SARS-CoV-2 (the virus that causes COVID-19) is through exposure to respiratory droplets carrying infectious virus. It is possible for people to be infected through contact with contaminated surfaces or objects (fomites), but the risk is generally considered to be low. Per the CDC, during certain disease outbreaks, local health authorities might recommend specific disinfection procedures to reduce the risk of spreading disease within the facility. For any COVID-19 disinfection questions or need, the Personnel Department's Medical Services Division (MSD) must be contacted. MSD will provide further guidance to the department's Human Resources and/or the General Services Department (GSD) Custodial Services regarding the sanitary (cleaning and disinfection) measures that should be taken.

Note 1. Leased buildings will also follow the cleaning/disinfection procedures; GSD will request the necessary service to the leased facility building management per MSD's guidance.

Note 2. Custodial staff will have the necessary knowledge and training, and be provided with appropriate PPE, and supplies required to conduct COVID-19 disinfection.

Note 3. Once the required COVID-19 cleaning and disinfection per MSD's instructions have been completed by the custodial staff, the affected space(s) which were secured can be reoccupied.

6. VENTILATION

Regardless of community risk level, proper ventilation throughout indoor spaces should be maintained.

- 6.1 **Buildings:** Review the *Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments*³ including any California DPH and Cal/OSHA issued guidance regarding ventilation. Evaluate how to maximize ventilation with outdoor air -- the highest level of filtration efficiency compatible with the existing ventilation system -- and evaluate the use of additional 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.

For buildings with mechanical or natural ventilation, or both, the City shall maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing in outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.

In buildings and structures with mechanical ventilation, filter circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system.

During an outbreak, use filters with the highest compatible filtering efficiency and evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and implement their use to the degree feasible.

Note 1. Leased facilities and their building operator are also subject to the same interim guidance to provide a safe workplace, whether they have employees on site or not. GSD has and will continue to request that building landlords comply with the interim guidance.

Note 2. Facilities/operations subject to Title 8 CCR, §5142 or §5143 shall review and comply with those sections, as applicable. Title 8 CCR, §5142 requires heating, ventilating, and air conditioning (HVAC) systems to be operated continuously during working hours, with limited exceptions.

³ Issued by California DPH:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx>

Note 3. After February 3, 2023, building/facilities subject to outbreak shall continue to comply with the ventilation requirements of subsection Title 8 CCR, §3205.1(f) even after the outbreak has passed and Title 8 CCR, §3205.1 is no longer applicable.

- 6.2 **Vehicles:** When riding in vehicles with others, 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.

7. SIGNAGE

Departments must maintain signage at the site/facility consistent with Cal/OSHA and/or any Public Health Orders, when and where applicable for infection control.

8. SYMPTOM MONITORING

Employees should routinely self-monitor for symptoms of COVID-19. Employees who have COVID-19 symptoms, or become sick or who are under isolation or quarantine orders, shall inform their supervisor and/or Human Resources as soon as possible and stay home and/or seek medical care, if needed. Employees who have had a close contact outside of work must inform their supervisor and/or Human Resources and follow applicable requirements.

9. COVID-19 TESTING

UPDATE. COVID-19 surveillance testing requirements implemented pursuant to Ordinance No. 187134 will no longer be required.

Departments **must either offer** COVID-19 testing to **or require** COVID-19 testing of employees depending on the situation as listed below. COVID-19 testing (See *Definitions* section, COVID-19 test) must be provided in a manner that ensures employee confidentiality. When testing is required, or recommended, employees may obtain a COVID-19 test from either their healthcare provider or from a Los Angeles County COVID-19 free testing site using the link: <https://covid19.lacounty.gov/testing/>. Additionally, departments may have COVID-19 tests on site or arrange for COVID-19 testing.

When a test is required or offered, the department must make testing available during “paid time⁴” and “at no cost to employees⁵.”

COVID-19 Testing Requirements:

<p>Scenario #1 COVID-19 Cases or Employees showing COVID-19 Symptoms</p>
<p>Require COVID-19 Testing: A COVID-19 case without symptoms. A negative test is required to exit early isolation. The test cannot be taken earlier than Day 5.</p>
<p>Offer COVID-19 Testing to:</p> <ul style="list-style-type: none"> All employees regardless of vaccination status, showing COVID-19 Symptoms.

<p>Scenario #2 After a Close Contact in the Workplace</p>
<p>Require COVID-19 Testing:</p> <ul style="list-style-type: none"> When required by a regulatory agency (a department will receive an order to comply or citation from a regulatory agency mandating COVID-19 testing); For close contacts without symptoms who remain at work (no quarantine), a negative test is required between days 3-5; or For close contacts with symptoms, a negative test is required to exit early quarantine. The test cannot be taken earlier than Day 5.
<p>Offer COVID-19 Testing to: All employees regardless of vaccination status. See additional requirements under <i>COVID-19 Outbreaks</i> section.</p>
<p>Offer of COVID-19 Testing Not Necessary for: Returned cases - Employees returned to work after recovering from COVID-19 infection, and have remained free of COVID-19 symptoms, and it is within 30 days after:</p> <ul style="list-style-type: none"> the initial onset of COVID-19 symptoms; or the first positive test if employees never developed symptoms. <p>If California or LA County Public Health may require a period of other than 30 days by regulation or order that period shall apply.</p>

⁴ Per Cal/OSHA, “paid time” means that the employer must make testing available during paid time. While the employee must be compensated for their time and travel expenses, the employer is not obligated to provide the test during the employee's normal working hours.

⁵ Per Cal/OSHA, ensuring that an employee does not incur costs would include paying employees' wages for their time to get tested, as well as travel time to and from the testing site. It would also include reimbursing employees for travel costs to the testing site (for example, mileage or public transportation costs).

Scenario #3 Employees part of an Exposed Group during an Outbreak or a Major Outbreak
<p>Require COVID-19 Testing to:</p> <p>All employees within the exposed group regardless of vaccination status -</p> <ul style="list-style-type: none">• twice a week during a major outbreak or more frequently or additional testing when recommended by Public Health Department or exclude them from the workplace starting from the date the outbreak begins; and• continue testing those who remain at the workplace until the outbreak ends; <p>All employees who had close contacts during an outbreak must have a negative test taken within 3-5 days after close contact or be excluded from the workplace.</p>
<p>Offer COVID-19 Testing to:</p> <p>All employees within the exposed group during an outbreak regardless of vaccination status -</p> <ul style="list-style-type: none">• Immediately at the onset of an outbreak; and• continue at least weekly to those who remain at the workplace until the outbreak ends.
<p>Offer of COVID-19 Testing Not Necessary for:</p> <p>Employees who were not present at the workplace during the infectious period at any time within the relevant 14-day period(s) of the outbreak and the returned cases who were symptom-free.</p> <ul style="list-style-type: none">• Returned cases - Employees returned to work after recovering from COVID-19 infection, and have remained free of COVID-19 symptoms, and is within 30 days<ul style="list-style-type: none">○ after the initial onset of COVID-19 symptoms; or○ the first positive test if employees never developed symptoms.

10. PROCEDURES FOR ADDRESSING COVID-19 CASE(S), COVID-19 SYMPTOMS OR CLOSE CONTACT IN THE WORKPLACE

10.1 COVID-19 Case.

Upon knowledge that an employee or contracted workers has a positive diagnosis, regardless of vaccination status, previous infection, or lack of symptoms of COVID-19, the department shall ensure the following occurs:

- (a) Separate the COVID-19 case (employee or contracted workers) from other employees and individuals (if applicable), and send home immediately (if employee is still within the infectious period) to self-isolate per the *Exclusion from the Workplace Due to COVID-19 Cases or Close Contact* section.
- (b) Secure the affected work spaces and vehicles (if applicable, follow the *Cleaning and Disinfection* section.)
- (c) Notify Human Resources immediately and provide the following:
 - (i) a timeline (the day and time) of when the employee (COVID-19 case) was last at work;
 - (ii) a list of names (such as coworkers, other City employees, contractors, facility residents, or building tenants) the sick/diagnosed employee had close contact with during the infectious period (with up to 2 days before symptoms appeared or 2 days prior to the test date for COVID-19 asymptomatic employees); and
 - (iii) the date of the positive COVID-19 test(s) and/or diagnosis, and the date the employee (COVID-19 case) first had one or more COVID-19 symptoms, if any were experienced.
- (d) **Notifications.** Human Resources will:
 - (i) Contact MSD for next steps including any questions/guidance on COVID-19 disinfection (if any) using [COVID-19 Case Referral Form](#).
 - (ii) **Potential Exposure Notification.** Send written potential exposure notification within one (1) business day to all employees, their authorized representatives, independent contractors, and other departments and vendors whose employees were present on the premises at the same worksite with information as required by the California Labor Code §6409.6 or any successor law in effect. **Note:** MSD will provide recommendations to Human Resources regarding which individuals need to be notified about close contact.
 - **Manner of Notice.** The notice in accordance with the applicable law shall be written in a way that does not reveal any personal identifying information of the COVID-19 case, and in the manner the City department normally uses to communicate employment-related information. Notice can be provided via email, personal service, or text. Additionally, oral notification is required where the department

has reason to believe that the employee did not receive or did not understand the written notification.

- (iii) **Close Contact Notification (Employee).** Notify all identified close contacts and require that they quarantine in accordance with the *Exclusion from the Workplace Due to COVID-19 Cases or Close Contact* section including any other safety measures (such as face coverings) to reduce transmission and provide them with the information on benefits. This notice shall be provided as soon as possible, and in no case longer than the time required per the *Exclusion from the Workplace Due to COVID-19 Cases or Close Contact* section.
 - All potentially exposed employees with close contacts must be offered testing (see exceptions under, *COVID-19 Testing* section) at no cost during paid time and be provided with information about benefits.
- (iv) **COVID-19 Case and Close Contact Notification (Labor).** Send written notification in accordance with the applicable law within one (1) business day to the authorized labor representative, if any, of the COVID-19 case, of any employee who had a close contact, and of all employees on the premises at the same worksite as the COVID-19 case within the infectious period with information as required by the California Labor Code §6409.6 or any successor law in effect.
- (e) Department must take any reports of COVID-19 cases, close contacts, and exposures seriously and investigate all evidence to determine and document work-relatedness. If COVID-19 case is determined to be work-related, the department must follow the injury and illness reporting and investigation protocols (e.g., provide employees with workers' compensation claims form, investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure, what could be done to reduce exposure to COVID-19 hazards, etc.) including recording in Cal/OSHA Form 300 log, etc., and as outlined in the Department's Injury and Illness Prevention Plan (IIPP) and/or their written COVID-19 Prevention Program (CPP).

10.2 **COVID-19 Symptoms.**

Department must encourage employees to report COVID-19 symptoms and to stay home when ill.

- (a) Upon knowledge that an employee or contracted workers is developing COVID-19 symptoms when they arrive at work or who becomes sick during the day while at work, the department should immediately separate the employees from other employees, customers, and the public and contact Human Resources/or MSD for advice and next steps.
- (b) If the employee developed symptoms after a reported close contact, the department shall ensure exclusion, and other requirements are followed per

these Standards and relevant information provided to affected employees, as appropriate.

- (c) All employees who have COVID-19 symptoms must be offered testing at no cost during paid time.

Note. Employees who have had a close contact outside of work must inform their supervisor and/or Human Resources Section and follow guidance provided by Human Resources.

11. EXCLUSION FROM THE WORKPLACE DUE TO COVID-19 CASES OR CLOSE CONTACT

Exclusion from the Workplace. To limit the transmission of COVID-19 in the workplace, in non-high-risk settings, departments shall ensure that both: COVID-19 cases and employees who are experiencing symptoms after a close contact are excluded from the workplace until the following return to work requirements are met. See section 11.2.2 below for high-risk settings. Upon excluding an employee from the workplace based on COVID-19 or a close contact, the department shall give the employee information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick leave, if applicable, workers' compensation law, local governmental requirements, the City's own leave policies, and leave guaranteed by contract.

- 11.1 **COVID-19 CASES.** The following isolation requirements apply to all employees, regardless of vaccination status, previous infection, or lack of symptoms (Persons are considered to have COVID-19 if they have a positive viral test and/or their healthcare provider has reason to believe they have COVID-19 [presumptive clinical diagnosis]). The requirements of this subsection apply regardless of whether an employee has previously been excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group.

If an employee has severe COVID-19 or an immune disease, the employee may need to isolate for longer and follow the guidance of a licensed healthcare provider.

(a) TABLE 1. COVID-19 CASES - WITHOUT SYMPTOMS

COVID-19 CASES - <u>WITHOUT</u> SYMPTOMS	
✓	Must self-isolate immediately;
Option 1	
✓	obtain a COVID-19 viral test on Day 5 after the last known exposure (Employees may choose to obtain a COVID-19 viral test.);
✓	if COVID-19 symptoms do not develop; and
✓	if the COVID-19 viral test collected on Day 5 (or later) is negative, the employee may return to work.
✓	If an employee tests positive, on or after Day 5 the employee may return to the workplace after Day 10.
Option 2	
✓	If no test was obtained, isolation must continue for at least 10 days from the last known close contact.
Follow masking requirements. (See <i>Face Coverings</i> section.)	

(b) TABLE 2. COVID-19 CASES - WITH SYMPTOMS

COVID-19 CASES - <u>WITH</u> SYMPTOMS
<ul style="list-style-type: none">✓ Must self-isolate immediately;
<p>Option 1</p>
<ul style="list-style-type: none">✓ at least 10 days have must passed since COVID-19 symptoms first appeared; and✓ at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medications before the employee can return to work.
<p>Option 2</p>
<ul style="list-style-type: none">✓ obtain a COVID-19 viral test on Day 5 after the last known exposure (Employees may choose to obtain a COVID-19 viral test, an antigen test preferred);✓ at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medications;✓ symptoms are improving; and✓ if the COVID-19 viral test collected on Day 5 (or later) is negative, the employee may return to work.
<p style="text-align: center;">Follow masking requirements. (See Face Coverings section.)</p>

(c) TABLE 3. PRESUMPTIVE CLINICAL DIAGNOSIS (HEALTHCARE PROVIDER TELLS EMPLOYEE TO ISOLATE)

PRESUMPTIVE⁶ CLINICAL DIAGNOSIS (HEALTHCARE PROVIDER TELLS EMPLOYEE TO ISOLATE)	
✓	must self-isolate immediately and remain removed from the workplace until the COVID-19 case isolation requirements are met.
✓	if the healthcare provider reassesses the initial diagnosis and concludes that the patient is not infected with SARS-CoV-2 (patient never tested positive), the patient can leave isolation if:
✓	fever-free for 24 hours; and
✓	symptoms have improved.
If employees are close contacts to a confirmed case that are required to quarantine, they must continue to follow quarantine requirements (outlined below) and other instructions provided by the healthcare provider.	
Follow masking requirements. (See <i>Face Coverings</i> section.)	

⁶ Per LA County DPH, presumed COVID-19 means a patient with clinically compatible symptoms of COVID-19 and no clear alternate diagnosis with/without exposure history. This presumptive clinical diagnosis is used when the provider has a high index of suspicion that a patient has COVID-19 despite a negative COVID-19 test.

- (d) TABLE 4. REBOUND COVID-19 CASES - WITH SYMPTOMS RECURRING, WORSENING OR TESTING POSITIVE AGAIN AFTER ENDING ISOLATION

REBOUND COVID-19 CASES - WITH SYMPTOMS RECURRING, WORSENING OR TESTING POSITIVE AGAIN AFTER ENDING ISOLATION
<ul style="list-style-type: none">✓ must re-isolate immediately; <p>Before returning to work, the following criteria must be met:</p> <ul style="list-style-type: none">✓ at least 5 days must have passed since rebound began;✓ at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medications before the employee can return to work; and✓ other COVID-19 symptoms are not present or have improved. <p>Follow masking requirements. (See <i>Face Coverings</i> section.)</p>

- 11.2 **CLOSE CONTACTS.** The following applicable steps must be met before an employee who had close contact with a COVID-19 case can return to work. Employees who were close contacts during an outbreak must have a negative test taken within three (3) to five (5) days after the close contact or shall be excluded from the workplace starting from the date of the last known contact (see *COVID-19 Outbreaks* section). The following requirement applies regardless of vaccination status.
- 11.2.1 The following requirements apply regardless of vaccination status except those who work in high-risk and outbreak settings.

(a) TABLE 5. CLOSE CONTACT - WITHOUT SYMPTOMS

CLOSE CONTACT - <u>WITHOUT</u> SYMPTOMS	
✓	No quarantine occurs - employees remain in the workplace and monitor symptoms ⁷ for 10 days; Exception. Quarantine or work exclusion is required for certain workers in specific high-risk settings (see Table 7 below)
✓	must wear face covering for a total of 10 days after the last contact according to <i>Face Coverings</i> sub-section 2.1 (c); and
✓	must obtain a COVID-19 viral test on three (3) to five (5) days after the last known exposure
✓	If an employee tests positive, the employee must be isolated and removed from the workplace until the COVID-19 case isolation requirements are met.
	Recently returned cases. Recently returned cases. An antigen test is preferred for employees who have tested positive within the previous 30 days of close contact. In order to not be subject to the 3-5 day testing, employees must provide HR with proof of a COVID-19 positive test within the previous 30 days of close contact.

⁷ Per California CDPH, symptom self-monitoring should include checking temperature twice a day and watching for fever, cough, shortness of breath, or any other symptoms that can be attributed to COVID-19 for 10 days following the last date of exposure.

(b) TABLE 6. CLOSE CONTACT - WITH SYMPTOMS

CLOSE CONTACT - <u>WITH</u> SYMPTOMS	
✓	Quarantine immediately (monitor symptoms for 10 days).
Option 1	
✓	obtain a COVID-19 viral test five (5) days after the last known exposure. Employees may choose to obtain a COVID-19 viral test. An antigen test is preferred for employees who have tested positive within the previous 90 days of close contact;
✓	if COVID-19 symptoms are not present; and
✓	if the COVID-19 viral test collected on Day 5 (or later) is negative, the employee may return to work.
✓	If an employee tests positive, the employee must remain removed from the workplace until the COVID-19 case isolation requirements are met.
(If the employee or anyone who lives with the employee is at an increased risk for severe illness ⁸ obtaining a test as soon as possible is recommended by LA County DPH. California DPH recommends <u>retesting</u> if tested during the first 1-2 days of symptoms and tested negative with an antigen test.)	
Option 2	
✓	If no test was obtained, quarantine must continue for at least 10 days from the last known close contact.
Follow masking requirements. (See <i>Face Coverings</i> section.)	

⁸ Severe illness means that a person with COVID-19 may need: hospitalization, intensive care, a ventilator to help them breathe or they may even die.

11.2.2 **High-Risk Settings.** Employees who work in the following settings listed below have high transmission risk and populations served and/or residing are at risk of more serious COVID-19 disease consequences including hospitalization, severe illness, and death:

- Long Term Care Settings & Adult and Senior Care Facilities*
- Healthcare settings*

* Note that some employees in these high risk settings are covered by the Aerosol Transmissible Diseases standard (Title 8 CCR, §5199) and are subject to different requirements.

Employees who work in a healthcare setting and are exposed to COVID-19, are required to be excluded from work depending on exposure, vaccination status, and staffing levels at the facility and follow appropriate LA County Public Health guidance:

- [Work Restrictions for Asymptomatic Healthcare Personnel with Exposures](#)
- [Work Restrictions for Asymptomatic EMS Personnel with Exposures](#)

11.3 Use the following table to count days, where the tables above refer to action to be taken on a specified day e.g. “day 5” or “day 10.”

TABLE 8. COUNTING THE DAYS

COUNTING THE DAYS
<p>COVID Case - With Symptoms</p> <ul style="list-style-type: none"> ● Day 0 is the first day of symptoms. ● Day 1 is the first full day after symptoms develop. <p>COVID Case - Without Symptoms</p> <ul style="list-style-type: none"> ● Day 0 is the day the positive test (specimen) was taken. ● Day 1 is the first full day after the positive test was taken. <p>Close Contacts</p> <ul style="list-style-type: none"> ● Day 0 is the day of last contact (exposure) with the infected person (COVID-19 Case). ● Day 1 is the first full day after last exposure.

Note 1. In establishments and settings with active outbreaks, quarantine and isolation may be extended for additional days by County Public Health outbreak investigators to help lower the risk of ongoing transmission at the site.

Note 2. If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted.

Note 3. Per Cal/OSHA, “if no violations of local or state health officer orders for isolation, quarantine, or exclusion would result, Cal/OSHA may, upon request, allow employees to return

to work on the basis that the removal of an employee would create undue risk to a community's health and safety. In such cases, the employer [department] shall develop, implement, and maintain effective control measures to prevent transmission in the workplace including providing isolation for the employee at the workplace and, if isolation is not feasible, the use of respirators in the workplace."

Note 4. Per LA County DPH, EMS Provider Agencies & Healthcare facilities should have a plan to evaluate personnel with symptoms of possible COVID-19 illness. It is recommended that symptomatic personnel be evaluated by a clinician.

Note 5. The requirements in sections 11.1 and 11.2 will apply regardless of whether an employee has previously been excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group.

12. COVID-19 OUTBREAKS

12.1 **Outbreak.** Following an outbreak (when there are at least three (3) COVID-19 cases within an exposed group that visited the worksite during their infectious exposure period during a 14-day period, unless a California DPH regulation or order defines outbreak using a different number of COVID-19 cases and/or a different time period), the department must ensure the following until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period:

- (a) Immediately make testing available at no cost during paid time to all employees (regardless of vaccination status) in the exposed group. Exclude positive cases and close contacts from work in accordance with the *Exclusion from the Workplace Due to COVID-19 Cases or Close Contact* section; employees who were close contacts during an outbreak must have a negative test taken within three (3) to five (5) days after the close contact or shall be excluded from the workplace starting from the date of the last known contact following the requirements per the *Exclusion from the Workplace Due to COVID-19 Cases or Close Contact* section; and
- (b) Continue to make tests available to employees in the exposed group who remain at the workplace at least weekly until the workplace no longer qualifies as an outbreak, i.e., there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period, per Title 8 CCR, §3205.1(a)(2).
- (c) Departments do not need to make testing available to the following employees:
 - (i) those who were absent at the workplace during the relevant 14-day period; or
 - (ii) recently returned COVID-19 cases (employees returned to work after recovering from COVID-19 infection) and have remained free of COVID-19 symptoms. The exception for returned COVID-19 cases lasts for 30 days after the employee's original onset of symptoms or, if the recovered

COVID-19 case never developed symptoms, 30 days following the first positive test.

- (d) Perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19 following an outbreak and periodically thereafter. The investigation, review, and changes shall be documented and shall include:
 - (i) Investigation of new or unabated COVID-19 hazards including the department's leave policies and practices and whether employees are discouraged from remaining home when sick; the department's COVID-19 testing policies; insufficient supply of outdoor air to indoor workplaces; insufficient air filtration; and insufficient lack of physical distancing.
 - (ii) The review shall be updated every 30 days that the outbreak continues, in response to new information or to new or previously unrecognized COVID-19 hazards, or when otherwise necessary.
 - (iii) 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 Title 8 CCR, §5144; and other applicable controls.
- (e) In buildings or structures with mechanical ventilation, employers [City] shall filter recirculated air with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, employers [City] shall use filters with the highest compatible filtering efficiency. The department shall use High Efficiency Particulate Air (HEPA) air 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.
- (f) Provide notice to employees in the exposed group of their right to request a respirator for voluntary use.
- (g) Ensure all employees in the exposed group, regardless of vaccination status, wear face coverings when indoors, or when outdoors and less than six (6) feet from another person, unless an exception applies.

12.2 **Major Outbreak.** When it becomes a major outbreak (when there are at least twenty (20) COVID-19 cases within an exposed group that visited the worksite during their infectious period within a 30-day period), the department must ensure the following additional requirements are in place until there are fewer than three new COVID-19 cases detected within the exposed group for a 14-day period (see section 12.1 for requirements to follow during an outbreak):

- (a) Make testing available to all employees in the exposed group and require they be tested at least twice weekly (more frequently if recommended by the local health department) until there are fewer than three (3) cases detected for a 14-day period in the exposed group, per T8 CCR, §3205.1(g)(1). Then make testing available to employees within the exposed group (who remain at the workplace) at least weekly, as required per T8 CCR, §3205.1(b), until until the outbreak is over (there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period). Exclude positive cases and close contacts from work in accordance with the *Exclusion from the Workplace Due to COVID-19 Cases or Close Contact* section. Employees in the exposed group must be tested or shall be excluded starting from the date the outbreak began;
- (b) Provide respirators to all employees in the exposed group, regardless of vaccination status, and encourage them to use on a voluntary basis; train employees who are provided with voluntary use respirators as required by Cal/OSHA [Title 8 CCR, §5144, Respiratory Protection](#);
- (c) Separate any employees in the exposed group who are not wearing respirators required in compliance with [Title 8 CCR, §5144](#) from other persons by at least six (6) feet, except where the department can demonstrate that six (6) feet of separation is not feasible, and except for momentary exposure while employees/persons are in movement.

Note. 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; and 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 (6) feet, individuals shall be as far apart as feasible.

- 12.3 Department shall report an outbreak and/or a major outbreak immediately and within 48 hours to MSD in accordance with the *Regulatory Reporting and Recordkeeping* section. The City will follow the COVID-19 related regulatory reportings as required and outlined in the *Regulatory Reporting and Recordkeeping* section.

13. COVID-19 RELATED BENEFITS

Contact Human Resources regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick leave, if applicable, workers' compensation law, local governmental requirements, the City's own leave policies, and leave guaranteed by contract.

14. REGULATORY REPORTING AND RECORDKEEPING

14.1 Outbreak Reporting.

- (a) The City is required to report an outbreak within 48 hours or one business day, whichever is later to the local public health agency in the jurisdiction of the worksite. In the event that three (3) or more cases are identified within the workplace (employees, assigned or contracted workers or volunteers) within a span of 14 calendar days, the department shall report the outbreak to MSD at (213) 473-7037 or by email at joanne.obrien@lacity.org immediately and within 48 hours. MSD will report such outbreaks to the Department of Public Health at (888) 397-3993 or (213) 240-7821, or online at www.redcap.link/covidreport.
- (b) In the event of Major Outbreak, where 20 or more COVID-19 cases are identified in an exposed group, within a span of 30 calendar days, the department shall report the major outbreak immediately to MSD. MSD will report the Major Outbreak to the nearest Cal/OSHA district office. This does not limit the department's obligation to report employee deaths, serious injuries, or serious illnesses when required as described below.

14.2 **Cal/OSHA Serious Illness and Fatality Reporting.** Department are required to report any the COVID-19 related serious illness (e.g., COVID-19 illness requiring inpatient hospitalization) or death immediately (defined as soon as practically possible but not longer than 8 hours after the departments knows or with diligent inquiry would have known of the death or serious injury or illness) to the nearest Cal/OSHA district office. If the department can demonstrate that exigent circumstances exist, the time frame for the report may be extended however be made no longer than 24 hours after the department is made aware of the employee's death, and/or inpatient hospitalization. For full details on the information to be reported, see:

- [Report a Work-Related Accident - Employers](#),
- [Cal/OSHA Enforcement Branch - Regional and District Offices](#)
- [Title 8 CCR, §342. Reporting Work-Connected Fatalities and Serious Injuries](#).

14.3 **Recordkeeping.** The Human Resources Section shall keep a record of and track all COVID-19 cases with the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of the positive COVID-19 test and/or COVID-19 diagnosis.

These records shall be retained through February 3, 2026.

The Human Resources Section shall retain the exposure notices in accordance with California Labor Code §6409.6 or any successor law.

Personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee medical records, shall be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases shall be provided to the local health department with jurisdiction over the workplace, California DPH, Cal/OSHA, and NIOSH immediately upon request, and when required by law.

15. ANTI-COVID-19 DISCRIMINATION, HARASSMENT & RETALIATION

- 15.1 Employees regardless of vaccination status must be allowed to wear face coverings and request N95 type respirators without fear of retaliation.
- 15.2 The City will not retaliate against an employee for disclosing a positive COVID-19 test or diagnosis or order to quarantine or isolate.
- 15.3 The City will not discriminate, retaliate, or otherwise take any adverse action against any employee who makes COVID-19 hazard report in good faith.
- 15.4 The City will not discriminate against or harass employees or job applicants on the basis of a protected characteristic.

16. CONTRACTORS

- 16.1 Effective October 20, 2021, any new contract executed by the City shall include a clause requiring employees of the contractor and/or persons working on their behalf who interact with City employees, are assigned to work on City property, and/or come into contact with the public during the course of work on behalf of the City to be fully vaccinated. Standard contract language will include a clause that the contractor shall grant medical or religious exemptions to contractor personnel as required by law.
- 16.2 Contractors are covered under City Ordinance, “*COVID-19 Vaccination Requirement For All Current and Future City Employees.*”
- 16.3 City departments must ensure Contractors are provided with a copy of these Standards and that contractors working on-site at any building, structure, or premises belonging to or under the control of the City follow these Standards at a minimum.

17. MEMBERS OF THE PUBLIC

Members of the public, regardless of vaccination status, are required to follow all posted signage and safety protocols instituted by the site/facility.

18. WRITTEN COVID-19 PREVENTION PROGRAM

Cal/OSHA Title 8 CCR, §3203 Injury and Illness Prevention Program (IIPP), requires employers to establish, implement, and maintain an effective IIPP. Per Cal/OSHA, COVID-19 is a workplace hazard and COVID-19 procedures shall either be addressed in the written IIPP or maintained in a separate document.

- 18.1 All departments must have a written COVID-19 Prevention Program (CPP) which shall be maintained either separately, or as part of the department's IIPP.
- 18.2 Each department shall maintain records of the steps taken to implement the written CPP and/or IIPP.
- 18.3 Each department shall make the written CPP and/or IIPP available at the workplace to employees, authorized employee representatives, and to representatives of the Cal/OSHA immediately upon request.
- 18.4 When determining measures to prevent COVID-19 transmission and to identify and correct COVID-19 hazards, the department shall consider all persons to be potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.
- 18.5 When determining measures to prevent COVID-19 transmission and to identify and correct COVID-19 hazards, the department shall review applicable orders and guidance related to COVID-19 from California and LA County DPH and shall treat COVID-19 as an airborne infectious disease. COVID-19 prevention controls include remote work, physical distancing, reducing the density of people indoors, moving indoor tasks outdoors, implementing separate shifts and/or break times, restricting access to the work area, and other prevention measures, in addition to the requirements of Title 8 CCR, §3205.

19. TRAINING

- 19.1 Departments must provide training to all employees regarding COVID-19 in accordance with the department's written CPP and/or IIPP. COVID-19 training course administered by the Personnel Department is available for department use. Departments can supplement this COVID-19 training with any respective worksite-specific procedures developed for COVID-19 prevention by the department.
- 19.2 Any employee who is not fully vaccinated shall be required to complete an online COVID-19 vaccination training course administered by the Personnel Department.

20. DEFINITIONS

“City building or facility” means the Indoor Portion of any building, structure, or premises belonging to or under the control of the City.

“Close contact” means the following, unless otherwise defined by regulation or order of the California DPH, in which case the California DPH definition shall apply.

- In indoor spaces of 400,000 or fewer cubic feet per floor, a close contact is defined as sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case’s infectious period, as defined by this section, regardless of the use of face coverings.
- In indoor spaces of greater than 400,000 cubic feet per floor, a close contact is defined as being within six feet of the COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case’s infectious period, as defined by this section, regardless of the use of face coverings.
- Offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls shall be considered distinct indoor spaces.

EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer [department] and used in compliance with Title 8 CCR, §5144, whenever they otherwise have had a close contact listed in bullets above.

Note. The definition of close contact depends on the size of the indoor space, the distance between the case and the contact, and the arrangement within the indoor environment. The above definition stays unless close contact is again re-defined by regulation or order of the California DPH.

“COVID-19” (Coronavirus Disease 2019) means the disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2).

“COVID-19 case” means an employee who:

- Has a positive “COVID-19 test;” or
- Has a positive COVID-19 diagnosis from a licensed healthcare provider; or
- Is subject to a COVID-19-related order to isolate issued by a local or state health official; or
- 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.

“COVID-19 hazard” means 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, or coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.

“COVID-19 symptoms” means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person's symptoms were caused by a known condition other than COVID-19.

“COVID-19 test” means a test for SARS-CoV-2 that is:

- 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 (e.g., a viral test); and
- Administered in accordance with the authorized instructions (FDA approval or FDA EUA, as applicable).
- Per Cal/OSHA, to meet the return to work criteria, a COVID-19 test maybe both self-administered and self-read over-the-counter (OTC) tests only if another means of independent verification of the results, such as a time and date stamped photograph of the result or an OTC test that uses digital reporting with time and date stamped results, is provided.
- Per California DPH, FDA-authorized viral tests for SARS-CoV-2 (NAATs or antigen) can be used for both diagnostic and screening purposes. Antigen tests directly detect fragments of SARS-CoV-2 viral protein (as opposed to viral RNA detected by nucleic acid amplification tests [NAAT aka PCR tests]). The main drawbacks of antigen tests are lower sensitivity (more false negatives). Sometimes people with COVID-19 have a negative antigen test in the first few days of symptoms.
 - Symptomatic high-risk people may consider a PCR (or other molecular tests) to detect the virus earlier than an antigen test.
 - Symptomatic low-risk person, repeat an antigen test in 24-48 hours. Individuals may consider repeat testing every 24-48 hours for several days until a positive test or until symptoms improve.

Per LA County DPH, if an employee had COVID-19 within the last 90 days, they should test if they have symptoms of COVID-19. Employees should also test if they are a close contact to someone with COVID-19 and it has been 31-90 days since your first positive test. Otherwise, testing is not usually recommended. If an employee does a test within 90 days of the first positive COVID-19 test, use an antigen test rather than a NAAT.

"Employees" means full, part-time and as-needed City employees regardless of appointment type, volunteers, interns, hiring hall, appointed officers, board members and commissioners, 120-day retired employees, elected officials and at-will appointees of elected officials.

"Employer [City] provided transportation" means employer-provided [department-provided/arranged] motor vehicle transportation to and from work, during the course and scope of employment, which is provided, arranged for, or secured by the employer [department], regardless of the travel distance or duration involved, with the following exceptions:

- Employees alone in a vehicle, employees taking public transportation, or vehicles in which the driver and all passengers are from the same household outside of work, not subject to Title 8 CCR, §3205.2.
- Employer-provided [department-provided/arranged] transportation necessary for emergency response, including firefighting, rescue, and evacuation, and support activities directly aiding response such as utilities, communications, and medical operations.
- Employees with occupational exposure as defined by Title 8 CCR, §5199 [ATD standards], when covered by that section.

"Exposed group" means all employees at a work location, working area, or a common area at work, within employer-provided transportation covered by Title 8 CCR, §3205.3, or residing within housing covered by Title 8 CCR, §3205.2, 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:

- For the purpose of determining the exposed group, a place where persons momentarily pass through, without congregating, is not a work location, working area, or a common area at work.
- 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.
- 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.

Note. An exposed group may include the employees of more than one employer. (See California Labor Code §6303 and §6304.1.)

“Face coverings” means a well fitting medical grade mask, surgical mask, or higher level respirator-such as N95, KN95, KF94.

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 well-fitted mask does not include a scarf, ski mask, balaclava, bandana, gaiter, turtleneck, collar, or single layer of fabric or any mask that has an unfiltered one-way exhaust valve. Cloth masks are not acceptable.

For medical grade masks, per LA County DPH, masks with an adjustable nose bridge that are made of at least three layers of non-woven material (melt-blown fabric and/or polypropylene) will provide increased protection and meet the requirements for a “medical mask.” These masks are often sold as disposable, protective, medical, or surgical masks.

Special considerations are made for people with communication difficulties or certain disabilities. Clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask for people who interact with: people who are deaf or hard of hearing, children or students learning to read, people learning a new language, and people with disabilities.

Note. Face shields are not a replacement for face coverings, although they may be worn together for additional protection. Surgical masks and medical procedure masks that meet the FDA requirements for fluid barrier protection and particulate filtration would not be single-layered. Masks with a single layer of fabric that look like a surgical mask or medical procedure mask will likely not provide the protection intended for wearing face coverings.

“Fully vaccinated” means per LA County DPH of having received all the recommended doses in the primary series only. It does not include a booster dose.

Currently, four COVID-19 vaccines are approved or authorized in the US to prevent COVID-19. They are made by Pfizer-BioNTech (brand name Comirnaty), Moderna (brand name Spikevax), Novavax, and Johnson & Johnson. More information is available on the CDC webpage: [Stay Up to Date with Your COVID-19 Vaccines](#).

“High-Risk Healthcare Settings” per the LA County DPH February 25, 2022 Health Officer Order entitled, “*Health Care Worker Vaccination Requirements*,” means “health care facilities within County of Los Angeles public health jurisdiction, including every licensed acute care hospital, skilled nursing facility (SNF), intermediate care facility, dental office, other health or direct care facility types, and emergency medical services provider agency, adult or senior care facilities or home care residential settings or

individual homes where vulnerable individuals receive care or reside. Patients and residents receiving care at these facilities or in their homes are at an increased risk for severe illness and death from COVID-19 due to age, underlying health conditions, or both.”

“Infectious period” means the following time period, unless defined by CDPH [California DPH] regulation or order, in which case the CDPH [California DPH] definition shall apply:

- For COVID-19 cases who develop COVID-19 symptoms [symptomatic infected persons], from two [2] days before the date of symptom onset until
 - Ten [10] days have passed after symptoms first appeared, or through day five [5] if testing negative on day five or later; and
 - Twenty-four [24] hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved.
- For COVID-19 cases who never develop COVID-19 symptoms [asymptomatic infected persons], from two [2] days before the positive specimen collection date through 10 days (or through day five [5] if testing negative on day five [5] or later) after the date on which the specimen for their first positive COVID-19 test was collected.

“Isolation” means separating those infected with a contagious disease from people who are not infected.

“Major Outbreak” means 20 or more COVID-19 cases among workers at the same worksite within a 30-day period. This may include volunteers, employees of contractors, subcontractors, or other businesses or agencies.

“Outbreak” means at least three (3) COVID-19 cases among workers at the same worksite within a 14-day period. This may include volunteers, employees of contractors, subcontractors, or other businesses or agencies.

“Quarantine” means to restrict the movement of persons who were exposed to COVID-19 in case they become infected.

“Returned case” means a COVID-19 case who was excluded from work but returned pursuant to Cal/OSHA Title CCR, §3205(c)((5)(A) and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 30 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 30 days after the first positive test. If a period of other than 30 days is required by a CDPH [California DPH] regulation or order, that period shall apply.

“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.

“Unvaccinated” means employees who have not received any doses of COVID-19 vaccine or whose status is unknown.

“Worksite” (for the limited purpose of Title 8 CCR, §3205 and §3205.1) 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.

“Work Exclusion” prevents a person from working as an employee or entering a specific work facility.

“Work Restriction” prevents a person from working as an employee performing certain types of work (e.g., direct contact with clients or others), or restriction from contact with specific populations.