



**Public Health
Department**
Alameda County Health

COVID-19 Outbreak Control Recommendations for Non-Healthcare Congregate Living Facilities 5/31/24

This guidance should be used by managers and operators of congregate living facilities (e.g. residential and congregate care facilities licensed by CDSS, unlicensed congregate living facilities, homeless shelters, and transitional housing facilities.) It provides guidance to prevent or control a COVID-19 outbreak. Some of the prevention practices will also help control the spread of other communicable diseases. Please also see the Alameda County Public Health Department (ACPHD) [COVID-19 Webpage here](#) for more resources. If your facility is licensed by California Department of Public Health (CDPH) or California Department of Social Services (CDSS), please refer to the [Alameda County COVID-19 Long-Term Care Facility and Adult Day Program web page](#) for additional resources.

Following Cal/OSHA is a requirement. [May 22, 2024, UDPATE: COVID-19 Prevention - Non-Emergency Regulation What Employers Need to Know Executive Summary \(ca.gov\)](#)

If you have identified an infectious disease other than COVID-19 in your facility, please reach out to Acute Communicable Diseases at AcuteCD@acgov.org.

If you run a residential program for behavioral/mental health clients, email aaron.chapman@acgov.org with Alameda County Behavioral Health for additional health guidance.

Facilities affiliated with Alameda County Health Care for the Homeless (ACHCH) should pay special attention to the sections highlighted in aqua. Please also refer to your funder(s) for contract guidance and requirements.

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Reporting Requirements

CDSS licensed care facilities must report the following within one (1) working day to the Alameda County Public Health Department per [CDSS Title 22, section 80061](#).

- ≥2 cases of probable or confirmed COVID-19 among residents identified within 7 days.

OR

- ≥2 cases of suspect, probable or confirmed COVID-19 among HCP AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage.

OR

- ≥3 cases of acute illness compatible with COVID19 among residents with onset within a 72h period.

Please report new outbreaks here: [How to Report an Outbreak](#).

To learn more, please refer to the [LTCF Reporting Guide](#) contact the LTCF Data Team at COVIDOB@acgov.org for any SPOT questions or concerns.

Adult and Senior Care (ASC) licensees should also report outbreaks to Community Care Licensing and Certification Regional Office: (510) 286-4201 & CCLASCPOaklandRO@dss.ca.gov.

Unlicensed congregate settings should report the following to Alameda County Public Health Department via [Shared Portal for Outbreak Tracking \(SPOT\) Intake Form](#).

- 5 or more COVID-19 cases within a 7-day period in residents and/or staff.

Reporting to Cal/OSHA

Employers must report major outbreaks (20 or more employee COVID-19 cases in an exposed group, as defined by subsection 3205(b)(7), who visited the worksite during their infectious period within a 30-day period) to Cal/OSHA. Employers must immediately report to Cal/OSHA any work-related death or serious injury or illness. Search for the nearest [Ca/OSHA district office](#) to report your major outbreak

Surveillance

Conduct daily active surveillance for respiratory illness among all residents, staff, health care personnel (HCP) and visitors during the outbreak.

- Actively screen all staff and essential visitors for signs and symptoms of COVID-19 daily.
- Check on all residents frequently for new or worsening symptoms of COVID-19.
- Consider checking residents in Isolation every 4 hours.
- Observe for signs of illness that are not being reported and ask about any NEW symptoms

<input type="checkbox"/> Fever	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Nausea
<input type="checkbox"/> Chills	<input type="checkbox"/> Cough	<input type="checkbox"/> Stuffy nose	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Muscle/body aches	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Loss of smell	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Fatigue/Tiredness	<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of taste	<input type="checkbox"/> Abdominal pain

Non-standard symptoms common in older adults:

- delirium, falls, fatigue, lethargy, low blood pressure, painful swallowing, fainting, diarrhea, abdominal pain.
- observe for behavior changes like being more unsettled, expressing new delusions, wandering more than normal, eating/drinking less than usual, appearing sleepy

Instruct residents, staff, and visitors to report any signs and symptoms of respiratory illness to a facility designee

Testing

For testing employees, see [May 22, 2024, UDPATE: COVID-19 Prevention - Non-Emergency Regulation What Employers Need to Know Executive Summary \(ca.gov\)](#) (attached below) [Ca/OSHA COVID-19 Prevention Non-Emergency Regulations](#)

- Staff with symptoms should test immediately. If negative, repeat the test a minimum of 48 hours following the negative test result.
- Staff should stay home and away from others (including people you live with who are not sick) if they have respiratory virus symptoms that aren't better explained by another cause. These symptoms can include fever, chills, fatigue, cough, runny nose, and headache, among others. They can return to work when, for at least 24 hours, both are true:
 - Symptoms are getting better overall, and
 - They have not had a fever (and are not using fever-reducing medication).

<https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

- Staff who were exposed to someone who has COVID-19 and do not have symptoms should wait at least 5 full days after exposure before testing. If you test too early, you may have an inaccurate result

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/understanding-home-otc-covid-19-antigen-diagnostic-test-results>

For testing Residents:

- Test residents with symptoms immediately. If negative, repeat the test a minimum of 48 hours following the negative test result. A negative result using a COVID-19 antigen test means the test did not detect the virus that causes COVID-19, but it does not rule out COVID-19 because some tests may not detect the virus early in an infection.
- Consider testing residents who were close contacts with someone who tested positive for COVID-19 (e.g. roommates, dining partners, caregivers) 5 days after the exposure.

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/understanding-home-otc-covid-19-antigen-diagnostic-test-results>

Infectious Period: a minimum of 24 hours from the day of symptom onset until 24 hours have passed with no fever, without the use of fever-reducing medications, and their symptoms are mild and improving.

Close Contact: sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during a confirmed case's infectious period.

[CDPH COVID-19 Disease Control & Prevention](#)

If unable to control outbreak (>20 cases), test all staff and consider facility-wide testing twice a week until there are no new cases over a 14 day period.

Communication

As soon as a COVID-19 Outbreak is identified, in addition to notifying ACPHD and licensing, notify key stakeholders including the Infection Control Lead, Facility Administrator, Primary Care Providers of residents and the residents, family and visitors.

Place [visual alerts](#) at facility entrance on when to use source control, wash hands and cover your cough. Also, provide visual alerts instructing residents, staff, visitors and volunteers to report symptoms of respiratory infection to a designated person.

Staff Illness, Resident Isolation and using Personal Protective Equipment (PPE)

Residents with signs or symptoms of COVID-19 should be isolated in a single room and tested for COVID-19 immediately, and for influenza when influenza is circulating (typically November – April). Do not delay testing anyone (residents or staff) with symptoms.

Anyone who tests positive should Isolate from others immediately and for at least 24 hours, until the following are true:

- Symptoms are getting better overall, and
- No fever (and are not using fever-reducing medication).
- Return to Isolation if symptoms worsen or fever returns until the above are true.
- Encourage residents to wear a mask around others for 5 days. Wearing a mask can help lower the risk of respiratory virus transmission. When worn by a person with an infection, masks reduce the spread of the virus to others.
- Staff who return to work **must** wear a face covering indoors for 10 days from the start of symptoms or if the person did not have COVID-19 symptoms, 10 days from the date of their first positive COVID-19 test. This is a Ca/OSHA requirement.

<https://www.dir.ca.gov/DOSH/Coronavirus/Covid-19-NE-Reg-FAQs.html#controls>

<https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

Staff should wear protective eyewear, N95 respirator, gown, and gloves when caring for, or exposed to, COVID 19 positive residents or symptomatic residents while results are pending. Remove all protective eyewear, mask, gown, and gloves before leaving the room and/or prior to caring for another resident. Staff should wash their hands before and after attending to any resident. **Do Not Re-Use PPE!** [CDC Use Personal Protective Equipment \(PPE\) When Caring for Patients with Confirmed or Suspected COVID-19](#)

Ensure that HCP who care for residents with COVID-19 are fit-tested for an N-95 respirator.

- Ca/OSHA enforces [CCR, Title 8, Section 5144](#).

- Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program which includes a requirement for an employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use, including, but not limited to, respirator fit testing.

Infection Control Measures

Promote cough etiquette and hand hygiene for all residents and staff. [CDC Cover your Cough and Hand Hygiene Poster](#)

Consider source control (wear a high-quality, well-fitting mask) for all staff in all areas and for residents in common areas. [CDC Facemasks Do's and Don'ts](#) [CDC Respirator On and Off](#) [Respirator On and Off \(Spanish\)](#)

Activities and Dining

- Consider cohorting groups of residents who consistently participate in communal dining or group activities together to minimize the number of people exposed if one or more of the residents is later identified as COVID-19 positive. “Cohorting” means a stable group that stays together for all activities
- Consider pausing group dining and activities until a source of infection spread has been identified or if outbreak is not controlled

Ventilation

- Place portable air cleaners (not fans) in the COVID-19 positive resident rooms and areas with poor air flow. Consider using air cleaners in dining and break rooms. Portable air cleaners are designed to take in “dirty air,” filter contaminants, and release fresh air back into the room. Employers must review CDPH and Cal/OSHA guidance regarding ventilation, including [Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk](#).
- Per the [Ca/OSHA COVID-19 Non-Emergency Regulations](#), implement ventilation changes to mechanical ventilation systems including increasing filtration efficiency to at least MERV-13, or the highest efficiency compatible with the ventilation system. Evaluate whether HEPA air filtration units are needed. See CDPH [Interim Guidance For Ventilation, Filtration, and Air Quality in Indoor Environments](#).
- **Homeless Services Providers:** Please see the [ACHCH Environmental Health Page](#) for a Ventilation Toolkit and information about their Clean Air Program.

Cleaning and Disinfection

- When a resident or staff tests positive for COVID-19, carefully clean and disinfect all areas that they touched using EPA approved disinfectant.
 - See [List of EPA approved disinfectants](#).
 - **Follow dilution instructions and contact time on the product label.**
 - Make sure that staff who are doing the cleaning wear the proper PPE and follow [safety instructions](#).
 - Close off areas visited by the ill person(s) until carefully disinfected.
- Increase frequency of environmental cleaning to at least twice per shift with a focus on high touch surfaces and common areas (e.g., dining rooms, break rooms, activity rooms)
- For break rooms, shared bathrooms, kitchens, and dining areas, consider keeping disinfecting wipes available for individual(s) to wipe surfaces after each use
- Put hand sanitizer in multiple locations around the facility, especially:

- Near entrances
- Dining and kitchen areas
- All bedrooms
- All bathrooms
- Put up [signs](#) in key locations to remind staff and residents about prevention measures

Monitor adherence to hand hygiene, source control masking, and other infection control measures using standardized [adherence monitoring tools](#). Correct deficiencies with individual staff, as needed, and present de-identified adherence monitoring data to staff and facility administrators/leaders.

Facility Layout and Other Considerations

Shared Bedrooms:

- Place beds as far apart as possible, when one resident is positive for COVID-19 and cannot be placed in a single room.

Shared kitchen and dining rooms during an outbreak:

- Consider having residents eat meals in their rooms or outside, weather permitting.
- Have people eat as far apart as possible. Infectious droplets and particles build up closer to the person who is releasing them. The closer you are to someone who has COVID-19, the more likely you are to catch it.
- Residents may eat in shifts to limit the number of people eating together.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items should be handled with gloves and washed with dish soap and hot water or in a dishwasher prior to re-use.

Shared bathrooms:

- Make sure bathrooms are stocked with soap and paper towels or automated hand dryers.
- Make sure trash cans are emptied regularly.
- Provide information on how to wash hands properly. Hang signs in bathrooms.
<https://www.cdc.gov/clean-hands/communication-resources/index.html>
- Residents should be instructed that sinks/counters could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes could also be used for personal items to limit their contact with other surfaces in the bathroom.

Shared living areas:

- During an outbreak, consider closing TV rooms and other shared spaces.
- Encourage physical distancing and post signs where people gather.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.

Staff Areas and Considerations:

- If there is a shared office, consider staggering use or set up workstations as far apart as possible. Infectious droplets and particles build up closer to the person who is releasing them. The closer you are to someone who has COVID-19, the more likely you are to catch it.
- Staff should avoid sharing equipment; if equipment must be shared, disinfect it between use. Staff should not share objects (like phones) that may come into contact with their face, mouth, or nose.
- Consider creating stable work groups (by shifts, locations, and/or work duties) so that the same staff stay together without mixing across groups, especially following an exposure or during an outbreak.

When staff remove masks to eat, drink, or smoke, they are at higher risk for spreading or being infected by COVID-19. The following prevention measures may help decrease risk, especially during outbreaks:

- Stagger break times
- Use outside space for breaks if the weather permits.
- Limit the number of people in any space at one time and arrange seating of chairs and tables to be as far apart as possible. Infectious droplets and particles build up closer to the person who is releasing them. The closer you are to someone who has COVID-19, the more likely you are to catch it **6 feet apart**.
- Put EPA approved disinfectant wipes and hand sanitizers in break rooms and shared offices so that staff can clean surfaces, such as keyboards and telephones, between uses.

Vaccinations for Residents and Staff

Encourage all facility staff and residents to stay up to date with COVID-19 and Flu vaccinations as this remains the most important strategy to prevent serious illness and death from COVID-19.

- [Stay Up to Date with COVID-19 Vaccines | CDC](#)
 - People aged 5-64 years: You are up to date when you get 1 updated COVID-19 vaccine.
 - Children aged 6 months-4 years: You are up to date when you get all recommended doses, including at least 1 dose of updated COVID-19 vaccine.
 - Everyone aged 65 years and older: You are up to date when you have received 2 updated 2023–2024 COVID-19 vaccine doses.

**People aged 65 years and older who have not previously received any COVID-19 vaccine doses and choose to get Novavax should get 2 doses of updated Novavax vaccine 3 to 8 weeks apart plus an additional dose 4 months later*

- COVID-19 vaccines are safe and effective at preventing severe illness, hospitalization, and death from COVID-19. See [CDC Overview of COVID-19 Vaccines](#). See [Selected Adverse Events Reported after COVID-19 Vaccination](#) for more information.
- See [CDC COVID-19 Vaccine FAQ](#) for information about safety, what to expect, and more

For Vaccine Clinic assistance: [Long Term Care Facility Vaccine Clinic Requests](#)

For Vaccination Location and Resources in the community, see: <https://covid-19.acgov.org/vaccines.page?>

Encourage all residents and staff to stay up-to-date with vaccinations for influenza, pneumococcal disease, RSV, and other recommended vaccines according to [current CDC recommendations](#).

Antiviral Treatment

Treat all symptomatic residents who test positive for COVID-19 with antiviral medication as soon as possible, ideally within 48 hours of symptom onset, for maximum benefit. For more information about current recommended COVID-19 antiviral treatment, see the [ACPHD Treatment Page](#).

Share the [CDPH COVID-19 Treatment Page](#) with your staff and residents so that they can learn more about available COVID-19 treatments.

The U.S. Government Patient Assistance Program (USG PAP) is operated by Pfizer to help people without commercial insurance get PAXLOVID for free. For more information visit: <https://www.paxlovid.com/paccess>

To qualify for free PAXLOVID through the program until December 31, 2024, patients must be:

- Medicare beneficiaries

<ul style="list-style-type: none"> • Medicaid beneficiaries • Uninsured and do not have a prescription drug benefit at the time they fill their prescription
<p>Have a protocol in place for when residents test positive, for example:</p> <ul style="list-style-type: none"> • Assign a team member to manage treatment access • Contact resident or family member for consent as soon as resident tests positive • Contact Primary Care Physician or Nurse Practitioner if resident has symptoms • If medication ordered, complete voucher (if indicated) and access medication through pharmacy.
<p>Admissions, Re-admissions and Transferring Residents</p>
<p>Only accept COVID-19 positive residents if they can complete their isolation safely at your site. If you have questions, email ACPHD at COVIDOB@acgov.org</p>
<p>Consider testing new residents upon intake with an antigen test. Monitor new residents for symptoms of COVID-19 and encourage them to report any new symptoms, even if they are mild. If symptomatic, test immediately and isolate the resident.</p>
<p>Do not place new admissions on units or in areas with symptomatic residents</p>
<p>Do not move asymptomatic residents to areas with residents who have COVID-19</p>
<p>If a resident transfers to a different facility after an exposure or outbreak, it is recommended to tell the other facility that the person may have been exposed. Use the ACPHD Infection Control Transfer Form to assist with communication between facilities.</p>
<p>Managing Family and Visitors</p>
<p>During an Outbreak:</p> <ul style="list-style-type: none"> • All visitors should be made aware of the potential risk of visiting during an outbreak investigation. • Ideally, designate a facility staff member to conduct initial screening; if a visitor has had COVID-19 symptoms in the last 24 hours or has been in close contact with a confirmed positive case or someone with symptoms, they should reschedule their visit. • All visitors should wear a well-fitting face mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) and perform hand hygiene upon entry and visits should ideally occur in the resident's room. • Encourage outdoor visitation if feasible. Avoid visitation in common areas. • When visiting a resident in COVID-19 isolation, personal protective equipment (PPE) must be worn. PPE must be worn and removed according to instruction by facility staff
<p>Assess Outbreak Control Measures</p>
<p>If there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period, it is reasonable to consider the COVID-19 outbreak resolved and discontinue outbreak control measures. §3205.1. COVID-19 Outbreaks</p>
<p>Resources</p>
<p>Employers are required to do what they can to keep staff safe from COVID-19 in the workplace. Please review the CAL/OSHA COVID-19 Prevention Non-Emergency Regulations. These regulations have replaced the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) and apply to most employers & staff in California.</p>

<p>Cal/OSHA's COVID-19 Non-Emergency Regulations FAQ includes a helpful summary and a COVID-19 Model Prevention Procedures fillable document</p>
<p>The Cal/OSHA COVID-19 Prevention Non-Emergency Regulations requires that employers provide thorough staff training. See Cal/OSHA's training requirements for more information</p>
<p>Homeless shelters, drug treatment programs, and facilities that house inmates/detainees may need to follow California Code of Regulations, title 8, section 5199. See the Cal/OSHA Guide to Aerosol Transmissible Diseases for more information.</p>
<p>For on-site or phone consultations with Cal/OSHA: https://www.dir.ca.gov/dosh/consultation.html Consultations are free, information is not shared with enforcement, and there are no penalties or citations. See site for more information.</p>
<p>See Equal Employment Opportunities Commission's (EEOC) info on staff protection laws.</p>
<p>Alameda County Public Health Department (ACPHD) MAIN COVID-19 website https://covid-19.acgov.org/index.page - Bookmark this one!</p>
<p>Alameda County COVID-19 Reporting Requirements & Instructions https://covid-19.acgov.org/reporting-requirements.page</p>
<p>Alameda County Health Care for the Homeless Shelter Health Guidance: https://www.achch.org/shelter-health-guidance.html</p>
<p>CDSS Provider Information Notices (PINs)</p> <ul style="list-style-type: none"> • PIN-24-01-ASC UPDATED COVID-19 GUIDANCE ON VACCINATIONS, MASKING, SCREENING, TESTING, ISOLATION, VISITATION, AND INFECTION CONTROL • PIN 22-04-CCLD: END OF CORONAVIRUS DISEASE 2019 (COVID-19) STATE OF EMERGENCY: RESUMING REGULAR REPORTING REQUIREMENTS (ca.gov)
<p>State Guidance:</p> <ul style="list-style-type: none"> • Respiratory Virus Prevention (ca.gov) • When and Why to Wear a Mask • CDPH How to Get Tested for COVID-19 • Cal/OSHA COVID-19 Prevention Non-Emergency Regulations
<p>Federal Guidance:</p> <ul style="list-style-type: none"> • CDC Respiratory Illness Guidance https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html • CDC Ventilation Page https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

UPDATE: COVID-19 Prevention – Non-Emergency Regulation **What Employers Need to Know**

May 22, 2024

On January 9, 2024, the California Department of Public Health updated its **State Public Health Officer Order**. This change impacted Cal/OSHA's COVID-19 Prevention Non-Emergency Standards, in particular with respect to isolation of COVID-19 cases. Cal/OSHA's regulations took effect on February 3, 2023, and will remain in effect for two years after the effective date, except for the recordkeeping subsections that will remain in effect for three years.

Effective May 22, 2024, CDPH retired its COVID-19 Isolation and COVID-19 Testing Guidance. This change does not impact Cal/OSHA's COVID-19 Prevention Non-Emergency Standards, although we have updated our FAQs to reflect that the CDPH guidance is no longer in effect. **The State Public Health Officer Order remains in place** and is unchanged from January 9, 2024.

Note: These regulations apply to most workers in California who are not covered by the **Aerosol Transmissible Diseases standard**.

No change to definition of “infectious period”

- “Infectious period” for the purpose of cases in the Cal/OSHA COVID-19 Prevention Non-Emergency Standards, is still defined as:
 - For COVID-19 cases with symptoms, it is a minimum of 24 hours from the day of symptom onset:
 - COVID-19 cases may return if 24 hours have passed with no fever, without the use of fever-reducing medications, AND
 - Their symptoms are mild and improving.
 - For COVID-19 cases with no symptoms, there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria above will apply.

Important requirements in the COVID-19 Prevention regulations that remain the same:

- Employers must address COVID-19 as a workplace hazard under the requirements found in **section 3203 (Injury and Illness Prevention Program, IIPP)**, and include their COVID-19 procedures to prevent this health hazard in their written IIPP or in a separate document.
- Employers must take measures to prevent COVID-19 transmission and to identify and correct COVID-19 hazards in the workplace, including but not limited to remote work, physical distancing, reducing the density of people indoors, moving indoor tasks outdoors, implementing separate shifts and/or break times, and restricting access to the work area.
- Employers must continue to make COVID-19 testing available at no cost and during paid time to all employees with a close contact, except for asymptomatic employees who recently recovered from COVID-19.

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- In workplace outbreaks or major outbreaks the COVID-19 Prevention regulations still require testing of all close contacts in outbreaks, and everyone in the exposed group in major outbreaks. Employees who refuse to test and have symptoms must be excluded for at least 24 hours from symptom onset, and can return to work only when they have been fever-free for at least 24 hours without the use of fever-reducing medications, and symptoms are mild and improving.
 - Employers must exclude COVID-19 cases from the workplace during the infectious period.
 - COVID cases who return to work must wear a face covering indoors for 10 days from the start of symptoms or if the person did not have COVID-19 symptoms, 10 days from the date of their first positive COVID-19 test. Employees have the right to wear face coverings at work and to request and receive respirators from the employer when working indoors and during outbreaks. Employers must provide face coverings and ensure they are worn by employees when required by the Cal/OSHA COVID-19 Prevention Standard or CDPH.
 - Employers must report information about employee deaths, serious injuries, and serious occupational illnesses to Cal/OSHA, consistent with existing regulations.
 - Employers must notify all employees, independent contractors, and employers with an employee who had close contact with a COVID-19 case.
 - Employers must review CDPH and Cal/OSHA guidance regarding ventilation, including **CDPH and Cal/OSHA Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments**. Employers must also develop, implement, and maintain effective methods to prevent COVID-19 transmission by improving ventilation.

This guidance is an overview, for full requirements see Title 8 sections **3205**, **3205.1**, **3205.2**, and **3205.3**



For assistance with developing a COVID-19 Prevention Program, employers may contact Cal/OSHA Consultation Services at 1 800 963 9424 or InfoCons@dir.ca.gov
For Consultation information or publications, access the following link or copy the site address: www.dir.ca.gov/dosh/consultation.html
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