

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

Revised February 8, 2024

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's 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.

Timeline of 2023 major government actions regarding COVID-19:

February 1, 2023	The City of Los Angeles' COVID-19 Declaration of Local Emergency ended.
February 3, 2023	Cal/OSHA's new COVID-19 Prevention Non-Emergency Regulations became effective and previously issued COVID-19 Emergency Temporary Standards expired.
February 28, 2023	The State of California's-COVID-19 State of Emergency ended.
March 31, 2023	The Los Angeles County declaration of a local public health emergency for COVID-19 ended.
May 11, 2023	The federal Public Health Emergency (PHE) for COVID-19 ended. (CDC's COVID Data Tracker no longer calculates COVID-19 Community Levels data.)
June 20, 2023	Based on the shortened disease incubation period with more recent SARS-CoV-2 variants, California DPH changed the timeframe for COVID-19 outbreaks from 14 to 7 days. Per Cal/OSHA, effective June 23, 2023 this definition of outbreak applies to its COVID-19 Prevention Non-Emergency Regulations.

August 4, 2023	The LA County Health Officer Order COVID-19 Vaccination Requirement for Health Care Workers was rescinded.
August 11, 2023	The LA County Health Officer Order Masking in Healthcare and Direct Care Settings was rescinded.
September 27, 2023	The LA County Health Officer Order (HOO # 2023-04-01) Annual Influenza Immunization or Masking for Healthcare Personnel issued September 11, 2023, was updated to add Updated COVID-19 Immunizations or Masking for Healthcare Personnel.
January 1, 2024	The Labor Code §6409.6 was repealed as of January 1, 2024 by its own provisions. This Labor Code section required employers among others, to provide potential COVID-19 exposure notification to employees, the employer of subcontracted workers, and any labor representative upon identifying a COVID-19 case in the workplace.
January 9, 2024	California DPH updated its COVID-19 Isolation Guidance, COVID-19 Testing Guidance, and State Public Health Officer Order. These changes impact Cal/OSHA's COVID-19 Prevention Non-Emergency Standards, particularly with respect to isolation of COVID-19 cases, testing of close contacts, and outbreak protocols.
January 11, 2024	LA County DPH issued Instructions for COVID-19 Cases and Close Contact and aligned some of the requirements with California DPH and Cal/OSHA January 9, 2024 guidance for general public and non-healthcare workplace settings.

With the end of the California COVID-19 State of Emergency, LA County DPH issued various updated guidance outlining precautions to be taken by persons with COVID-19 and persons who are a close contact of a person with COVID-19 to prevent the spread of COVID-19 to others. Both California and LA County DPH noted that in the workplace, employers are subject to the Cal/OSHA COVID-19 Non-Emergency Regulations or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard.

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

UPDATE.

Proof of Vaccination.

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

Licensed Healthcare Facilities.

Per LA County DPH ([HOO # 2023-04-01](#)), effective September 29, 2023, all employees of a licensed healthcare facility who meet the definition of healthcare personnel (HCP) must receive an updated COVID-19 vaccine (2023-2024 Formula) prior to or during respiratory virus season, annually defined as November 1 - April 30, or wear a respiratory mask¹ while in contact with patients or working in Patient-Care Areas.

By November 1, 2023, HCP who decline the updated COVID-19 vaccination must provide their employer, on a form provided by their employer, a written declaration that they have declined the updated COVID-19 vaccination. HCP who decline or have not yet obtained the updated COVID-19 vaccine must wear a respiratory mask while in contact with patients or working in Patient-Care Areas for the duration of the respiratory virus season.

- 1.1 **COVID-19 Vaccination.** All employees must be vaccinated for COVID-19 under City requirements, or have an approved medical or religious exemption. Additionally, by November 1, 2023, employees subject to the updated vaccine requirement under the LA County DPH HOO ([HOO # 2023-04-01](#)) who decline the updated COVID-19 vaccination must provide their department Human Resources section a written declaration that they have declined the updated COVID-19 vaccination. A declination form can be obtained from Human Resources staff. Per LA County DPH, HCP who decline or have not yet obtained the updated COVID-19 vaccine must wear a respiratory mask while in contact with patients or working in Patient-Care Areas for the duration of the respiratory virus season.
- 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

¹ Per LA County DPH, a “Respiratory Mask” can be a surgical, procedure, or N-95 mask also designated by some manufacturers as isolation, dental, or medical procedure facemasks.

records to a secured and confidential database maintained 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 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

UPDATE.

Per LA County DPH (HOO # [2023-04-03](#)), since the new COVID-19 Hospital Admission in Los Angeles County has receded and is likely to remain below the Medium Level as defined by the federal Centers for Disease Control and Prevention (CDC), the requirement that **all healthcare personnel (HCP)**, regardless of COVID-19 and influenza vaccination status, working in and visitors to Licenced Healthcare Facilities that provide Inpatient Care wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas was rescinded as of February 2, 2024. The amended Order informs that while not currently in effect, wearing a Respiratory Mask would remain a requirement should the new COVID-19 Hospital Admission Level in Los Angeles County meet or exceed the Medium Level.

To provide increased respiratory infection control and protection, Public Health continues to strongly recommend that HCP (regardless of COVID-19 and influenza vaccination status) working in and visitors to Licenced Healthcare Facilities wear a Respiratory Mask while in contact or working in Patient Care Areas.

This amended Order, HOO # [2023-04-03](#) continues to require that HCP in Licenced Healthcare Facilities receive both an influenza immunization for the current respiratory virus season and the updated COVID-19 vaccine (2023-2024 formula) or wear a Respiratory Mask while in contact with patient or working in Patient-Care Areas for the duration of the the respiratory virus season.

In most workplace settings, face coverings are no longer required. 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 conditions:**

(a) **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.* All employees, in the exposed group, regardless of vaccination status, must be offered respirators to use on a voluntary basis; employees who do not wear a respirator voluntarily must continue to use a face covering. 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 subsection 2.5);
- Excluded employees (see *COVID-19 Outbreak* section for details) upon return to the workplace, must continue to wear a well-fitting high-quality respiratory mask while working indoors and in vehicles with others for 10 days from symptom onset, even if the outbreak/major outbreak is over.

(b) **COVID-19 Cases and Close Contacts, When Returning Back To the Workplace.**

- *COVID-19 cases.* COVID-19 cases must wear a well-fitting, high-quality respiratory mask in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person (COVID-19 case) did not have COVID-19 symptoms, from the date of their first positive COVID-19 test. This includes employees who test positive and have no symptoms or only mild symptoms. Masks can be removed sooner only if employees have two sequential negative tests taken at least one day apart.
- *Close Contacts.* While not required by either California and LA County DPH, the City strongly recommends close contacts wear a well-fitting mask while working indoors and in vehicles with others through Day 10. Day 0 is the day of last contact (exposure) with the infected person (COVID-19 Case). This is especially important when near those at higher risk for severe COVID-19 disease;

(c) **COVID-19 Rebound Case.** Employees who begin to have symptoms again 2-8 days after their isolation period ended and after taking an antigen test, have tested positive for COVID-19 again, must re-isolate and wear a mask both indoors and outdoors while around people for 10 days following the start of rebound symptoms. 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;

- (d) **Other.** In any other location where masking/face covering is the policy of the facility, business or venue; and
- (e) **Agency Orders.** When the California DPH and LA County DPH require more stringent measures than these Standards listed above in this subsection (a-d).

2.2 **When a face covering is required** (per subsection 2.1 *Face Coverings*) to be worn in the workplace, in settings and conditions listed above (see subsections 2.1 (a-e) 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 subsection 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 subsection 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 **respiratory** masks and respirators to employees when required as outlined above in subsection 2.1.

2.4 **Voluntary Use of Face Coverings.** As long as a face covering would not create a safety hazard, 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 respiratory 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**². 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 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. When respirators are provided for voluntary use, departments must provide instructions, encourage their use, and ensure the respirator is the correct size for the employee.

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

² 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.)

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 provide and ensure the use respiratory protection to prevent COVID-19 transmission under Cal/OSHA Title 8 CCR, §5144 and shall comply with that section, unless patients test negative for COVID-19 (at work/home), and/or self-reports. 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 subsection 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/or outdoor settings under the following situations:

- (a) **In settings where a face covering is required.** When employees, are actively eating or drinking³, while indoors (See subsection 2.1, where face coverings are required);
- (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 **respirators** required by the department 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 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

³ "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.

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 is an airborne infectious disease. Per the [CDC](#), regularly cleaning surfaces helps prevent the spread of germs that make people sick. In addition to cleaning, disinfect areas where people have obviously been ill (for example, vomiting on facility surfaces). If the space is a high-traffic area, the facility may choose to clean more frequently or disinfect in addition to cleaning. 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

One of the most important ways to control aerosol transmission is effective ventilation as COVID-19 is an airborne infectious disease. For indoor workplaces and vehicles:

- 6.1 **Buildings.** Review the *Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments*⁴ 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

⁴ 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>

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.

Note 3. Building/facilities subject to outbreak shall continue to comply with the ventilation requirements of 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 (regardless of vaccination status or previous infection) who have COVID-19 symptoms are encouraged to inform their supervisor and/or Human Resources as soon as possible for guidance and/or seek medical care, if needed. Per CDC, Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. One cannot tell the difference between flu and COVID-19 by symptoms alone because some of the symptoms are the same and

recommends talking to a healthcare provider about getting tested for both flu and COVID-19 if one has symptoms.

9. COVID-19 TESTING

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 use the following Los Angeles County link: <http://publichealth.lacounty.gov/acd/ncorona2019/covidtests/how/>. 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 time⁵” and “at no cost to employees⁶.”

⁵ 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.

⁶ 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).

COVID-19 Testing Requirements:

Scenario #1 After a Close Contact in the Workplace
Require COVID-19 Testing: <ul style="list-style-type: none">• When/if required by a regulatory agency (a department will receive an order to comply or citation from a regulatory agency mandating COVID-19 testing).
Offer COVID-19 Testing to: All employees who had a close contact in the workplace regardless of vaccination status except for recently recovered ⁷ COVID-19 cases who remained symptom-free in the last 30 days or less (returned cases) .
In alignment with LA County DPH, City recommends for employee who is a close contact to a confirmed case to test: <ul style="list-style-type: none">➤ Immediately, if having symptoms and➤ Within 3- 5 days of their last exposure date if they are not symptomatic
Close contacts who were previously infected with COVID-19 in the past 31 - 90 days should use an antigen test to lower the risk of false positives.
See additional requirements for Close Contacts under <i>COVID-19 Outbreaks</i> section.

⁷ Recently recovered from COVID-19 means a period of 30 days after the initial onset of COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, for a period of 30 days after the first positive test.

Scenario #2
**Close Contacts and Employees part of an Exposed Group during an
Outbreak or a Major Outbreak**

Require COVID-19 Testing of:

- Close contacts who have COVID-19 symptoms during Outbreaks and Major Outbreak.

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.

Note. Upon return to the workplace, if those excluded employees become close contact and develop symptoms, they must test negative or be excluded again.

Offer COVID-19 Testing to:

All employees within the **exposed group** including close contacts during an outbreak regardless of vaccination status -

- Immediately at the onset of an outbreak and major outbreak; and
- During an outbreak, continue at least weekly to those who remain at the workplace until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.
- During a major outbreak, continue twice per week to those who remain at the workplace until the major outbreak ends.

Note.

1. This testing does not apply to employees who were not at work during the relevant period and to symptom-free employees who recently recovered from COVID-19 (returned cases).
2. Employees who refuse to test **and** have symptoms, with or without a fever, must be excluded from the workplace until at least 24 hours have passed from the onset of symptoms. Employees may return when 24 hours have passed with no fever, without the use of fever reducing medications, and symptoms are mild and improving.
3. Excluded employees upon return to the workplace must follow face-covering requirements listed under *Face Coverings* section.

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, during their potential infectious period) from other employees and individuals (if applicable), and send home immediately those who are experiencing symptoms to self-isolate per the *Exclusion from the Workplace Due to COVID-19 Cases or Close Contact* section. COVID-19 cases must wear a well-fitting, high-quality respiratory mask in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person (COVID-19 case) did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.
- (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 employee (COVID-19 case) had close contact with during their [potential] infectious period (see *Definition* section); 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) **Close Contact Notification.** Notify employees and independent contractors who may have had close contact with a COVID-19 case as soon as possible within one business day in a manner that does not reveal the COVID-19 case's personal identifying information. In no case, time to notify close contacts cannot be longer than the applicable exclusion requirements.
- (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 and Close Contact.**

Department must encourage employees to report COVID-19 symptoms and to stay home when ill. Per LA County DPH, people with symptoms of a POSSIBLE respiratory infection, should stay home and away from others and test for COVID-19, regardless of vaccination status or previous infection. Those at high risk for severe illness from other respiratory viruses should consult with their healthcare provider about getting tested for flu and/or RSV

- (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 contact Human Resources/or MSD for advice and next steps.
- (b) If the employee developed symptoms after a reported close contact, to reduce COVID-19 transmission at the workplace, the department shall ensure appropriate safety measures are followed per these Standards. While not required by either California and LA County DPH, the City strongly recommends close contacts wear a well-fitting respiratory mask while working indoors and in vehicles with others through Day 10.
- (c) Any employee who is a close contact that occurred in the workplace must be offered testing at no cost during paid time, except for recently recovered COVID-19 cases who remain symptom-free (returned cases).

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, departments shall ensure that (a) during non-outbreak, symptomatic COVID-19 cases and (b) during outbreak/major outbreak symptomatic COVID-19 (during their infectious period) cases, as well as employees who had close contact and have COVID-19 symptoms and do not take a COVID-19 test. Healthcare Facilities must follow the most recent State All Facilities Letter (AFL) related to Quarantine and Isolation for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19. See subsection 11.3 below for healthcare settings. When 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 even if the order exceeds the specified exclusion requirements in the Cal/OSHA COVID-19 Prevention regulations or California/LA County DPH recommendation. Upon excluding an employee from the workplace, 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, or previous infection. 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 the confirmed [COVID-19] case has severe symptoms or is at high risk of serious disease or has questions concerning care, they should contact their healthcare provider for available treatments.

TABLE 1. COVID-19 CASES

CONFIRMED COVID-19 CASES
<p>These requirements apply to all employees, regardless of vaccination status, or previous infection.</p> <p><i>COVID-19 cases with symptoms (with or without fever):</i></p> <ul style="list-style-type: none">➤ Must self-isolate immediately, from the day of symptom onset and a minimum of 24 hours➤ Isolation may end and an employee may return to the workplace if:<ul style="list-style-type: none">○ 24 hours have passed with no fever, without the use of fever-reducing medications that lowers fevers, such as medicine that contain acetaminophen, ibuprofen, or naproxen, AND○ Symptoms are mild and improving.➤ LA County DPH strongly recommends that persons test negative prior to leaving isolation and extend isolation until day 10 if they continue to test positive.➤ Employees who have left isolation and have their COVID-19 symptoms return or worsen, should re-test (with an antigen test). If they test positive, they need to restart isolation at Day 0.➤ Must wear a well-fitting, high-quality respiratory mask if the isolation period ends before the 10 days from symptom onset or, the date of their first positive test when around others. Masks can be removed sooner if two sequential COVID-19 tests taken at least one day apart are negative. <p><i>COVID-19 cases with no symptoms:</i></p> <ul style="list-style-type: none">➤ No isolation or exclusion is necessary,➤ Must wear a well-fitting high-quality respiratory mask whenever around other people for 10 days following their positive test result. Masks can be removed sooner if two sequential COVID-19 tests taken at least one day apart are negative.➤ If symptoms develop later, employees must follow the criterias for <i>COVID-19 cases with Symptoms</i>.

11.2 **CLOSE CONTACTS.** All close contacts should consider testing as soon as possible to determine infection status and isolate if testing positive. Knowing one is infected early enables (a) earlier access to treatment options, if indicated (especially for those who may be at risk for severe illness), and (b) allow prompt notification to be provided to

potentially exposed persons (close contacts) who may also benefit by knowing if they are infected and take appropriate actions.

Outbreak settings. Employees who were close contacts during an outbreak and have COVID-19 symptoms must be tested or shall be excluded from the workplace starting from the date of the last known contact (see *COVID-19 Outbreaks* section) until the return-to-work requirements for COVID-19 cases are met.

Non-outbreak settings. The following requirements apply regardless of vaccination status except those who work in healthcare and outbreak settings.

TABLE 2. PERSONS WHO ARE EXPOSED TO SOMEONE WITH COVID-19

CLOSE CONTACTS Persons Who are Exposed to Someone with COVID-19 (Non-outbreak settings)
<p>These requirements apply to all employees, regardless of vaccination status, or previous infection.</p> <p><i>Close Contacts with symptoms</i></p> <ul style="list-style-type: none">➤ No [immediate] quarantine or exclusion necessary; monitor health through Day 10➤ Consider testing immediately<ul style="list-style-type: none">○ If the test result is positive, follow isolation requirements listed above (Table 1: COVID-19 CASES).○ If testing negative before Day 3, retest during the 3–5-day window following exposure, with at least 24 hours between the first and second test. <p><i>Close Contacts without symptoms</i></p> <ul style="list-style-type: none">➤ No quarantine or exclusion necessary, monitor health through Day 10➤ Consider testing within 3 - 5 days after the last exposure date (Day 0) <p>While not required by both California and LA County DPH, the City strongly recommends close contacts wear a well-fitting high-quality respiratory maskmask while working indoors and in vehicles with others through Day 10.</p>

11.3 **Healthcare Settings.**

Employees who work in a healthcare facility (HCF) including EMS provider agencies located within LA County must follow the COVID-19 isolation and quarantine instructions provided by LA County DPH COVID-19 website, “[Infection Prevention Guidance for Healthcare \(including EMS\) Personnel.](#)” Note. HCF are required to follow County COVID-19 Health Officer Orders, California All Facilities Letters (AFLs), and Cal/OSHA regulations including the return to work for exposed and infected workers. Where the requirements differ, the more stringent (protective) directives apply.

11.4 **Counting the Days.** 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 3. COUNTING THE DAYS

COUNTING THE DAYS
<p>COVID Case including Rebound 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 first positive test (specimen) was collected. (If symptoms develop, restart Day 0 as the first day of symptoms). ● Day 1 is the first full day after the positive test was collected. <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 even if the order exceeds the specified exclusion requirements in the COVID-19 Prevention regulations or CDPH and LA County DPH recommendation.

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. The requirements in subsections 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 7-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 monitoring period:

- (a) Exclude symptomatic COVID-19 cases during their "infectious period" as well as employees who had close contacts and have COVID-19 symptoms but do not take a COVID-19 test.
- (b) Immediately make testing available at no cost during paid time to all close contacts and all employees (regardless of vaccination status) in the exposed group; and
- (c) Continue to make tests available to close contacts and all 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 monitoring period, per Title 8 CCR, §3205.1(a)(2). Employees who have symptoms and refuse to test must be excluded until at least 24 hours have passed from the onset of symptoms. Employees may return when 24 hours have passed with no fever, without the use of fever reducing medications, and symptoms are mild and improving. If an employee who did not test and was therefore excluded from the workplace has had a close contact after returning to work, that employee must test negative or be excluded again if the employee has symptoms.
- (d) 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 monitoring period; or
 - (ii) recently returned/recovered 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.
- (e) 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.
- (f) 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.
- (g) Provide notice to employees in the exposed group of their right to request a respirator for voluntary use.
- (h) 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.
- (i) Ensure excluded employees, upon return to the workplace, continue to wear a well-fitting high-quality respiratory mask for 10 days from symptom onset as required in the *face-covering* section, even if the outbreak is over.

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 [potential] infectious period within a 30-day period), in addition to the requirements listed under *COVID-19 Outbreaks* (subsection 12.1) the department must ensure the following requirements:

- (a) Exclude symptomatic COVID-19 cases during the "infectious period."
- (b) Make testing available to all close contacts and all employees in the exposed group and offer testing at least twice weekly (more frequently if recommended by

the local health department) until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day monitoring period. Employees who have symptoms and refuse to test, with or without a fever, must be excluded until at least 24 hours have passed from the onset of symptoms. An employee may return when 24 hours have passed with no fever, without the use of fever reducing medications, and symptoms are mild and improving. In addition, when the excluded employee returns, they must continue to wear a well-fitting high-quality respiratory mask for 10 days from symptom onset per the requirements listed under *COVID-19 Outbreaks*.

Note. For employees who did not test and were therefore excluded from the workplace have had close contact after they return to work, they must test negative or be excluded again if they have symptoms.

- (c) Provide respirators to all employees in the exposed group, regardless of vaccination status, and encourage them to use on a voluntary basis; employees who do not use a respirator voluntarily must continue to use a face covering; train employees who are provided with voluntary use respirators as required by Cal/OSHA [Title 8 CCR, §5144, Respiratory Protection](#);

Note. Department may determine the need for a respiratory protection program (non-voluntary, with fit testing and medical evaluation requirements), or for changes to an existing respiratory protection program under section §5144, to address COVID-19 hazards.

- (d) 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.
- (b) Per California DPH in a non-healthcare setting, "LHDs [local health departments] should report a COVID-19 outbreak to CDPH for surveillance purposes.
 - For workplace settings, when three cases among workers are identified in a workplace within a 7-day period, employers are encouraged to notify the LHD. Employers must follow any local requirements in place regarding COVID-19 outbreak reporting in their public health jurisdictions, and should consult the Cal/OSHA COVID-19 Prevention Non-Emergency Regulations for additional requirements pertaining to COVID-19 outbreaks in the workplace."
- (c) 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 seven 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 portal: [Los Angeles Dept of Public Health COVID-19 Cases and Suspected Outbreak Reporting Form for Facilities](#).
- (d) 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.

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 existing 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 vaccinated shall be required to complete an online COVID-19 vaccination training course administered by the Personnel Department.

20. DEFINITIONS

“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. For the purposes of the California Department of Public Health's recommendations for persons infected with or exposed to COVID-19 and during outbreaks, the following definitions apply:

- In indoor spaces of 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, etc.), 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 (for example, three separate 5-minute exposures for a total of 15 minutes) during a confirmed case's [potential] infectious period.
- In large indoor spaces of greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), a close contact is defined as being within six feet of the confirmed case for a cumulative total of 15 minutes or more over a 24-hour period during the confirmed case's [potential] infectious period.
- Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls) must be considered distinct indoor spaces.

“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.

Note per California and LA County DPH, **“Confirmed Case”** means a person who has received a positive result of the presence of SARS-CoV-2 virus as confirmed by a COVID-19 viral test or clinical diagnosis.

“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 LA County DPH, there are different types of COVID-19 tests.

Viral tests are swab or saliva tests that look for current infection. The main types are antigen tests and polymerase chain reaction (PCR) tests.

- **Antigen tests** are rapid tests that give results in 10-30 minutes. Most self-tests are antigen tests. Antigen tests are not as good at detecting the COVID-19 virus as PCR tests, meaning you might get a false negative result. For this reason, the FDA recommends repeating negative antigen tests.
- **PCR tests**, also called nucleic acid amplification tests (NAATs), are more likely to detect the COVID-19 virus than antigen tests. They are often collected by a healthcare provider and sent to a laboratory for testing. It may take 1-3 days to get results.
- **Antibody tests** are blood tests that look for past infection. They are not used to diagnose a current COVID-19 infection. See CDC antibody tests.

Per LA County DPH, if you [an employee] tested positive in the last 90 days, antigen testing is preferred. Some tests, especially PCR tests, may stay positive for up to 90 days (antigen tests may be positive for up to 30 days). It is also possible to get reinfected

within 90 days. This can make it hard to know what a positive test means in the first few months after an infection.

"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 [potential] 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 [potential] 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.

“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. Per California DPH, for the purpose of isolation and exclusion of confirmed cases, the “Infectious Period” is defined as:

- For symptomatic confirmed cases, from the day of symptom onset until 24 hours have passed with no fever, without the use of fever-reducing medications, AND symptoms are mild and improving.
- For asymptomatic confirmed cases, there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria above will apply.

* The potential infectious period is 2 days before symptoms began or the positive test date (if no symptoms) through 10 days after symptoms began or testing positive.

“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 within an exposed group during a seven (7)-day period. This may include volunteers, employees of contractors, subcontractors, or other businesses or agencies. The definition of “outbreak” will change if CDPH [California DPH] again changes its definition in a regulation or order.

“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.

“Respiratory Virus Season” per LA County DPH [HOO # 2023-04-01], refers to November 1 of one year through April 30 of the following year. If surveillance data in a particular year demonstrate that the respiratory virus season is different than November 1 to April 30, this period may be amended in an updated order.

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

“Vaccinated” means a person has received COVID-19 vaccine that is authorized or licensed by the FDA.

“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 [potential] 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.