BEACH SHOPS

COVID-19 PREVENTION PROGRAM (CPP)

CALIFORNIA STATE UNIVERSITY, LONG BEACH

MAY 2024

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COVID-19 Prevention Program (CPP) for the Beach Shops

This CPP is designed to control employees' exposures to the SARS-CoV-2 virus (severe acute respiratory syndrome coronavirus 2) that causes COVID-19 (Coronavirus Disease 2019) that may occur in our workplace.

Date: May 13, 2024

Authority and Responsibility

All Beach Shops employees have overall authority and responsibility for implementing the provisions of this CPP in the workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the procedures in a language they understand.

Employees must report a positive (+) COVID-19 case as outlined by the Beach Shops Risk Management Committee. Division Directors have authority and responsibility to oversee the safety and positive COVID-19 mitigation efforts for their respective divisions/departments. Ensuring compliance, tools and resources are provided to Department Managers. Division Directors escalate COVID-19 concerns and other divisional hazards to Eliana Diaz, Training & Risk Manager and Rosa Hernandez, Associate Executive Director of Human Resources.

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

Application of the Beach Shops Injury & Illness Prevention Program (IIPP)

Identification and Evaluation of COVID-19 Hazards

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

- 1. When determining measures to prevent COVID-19 transmission and identifying and correcting COVID-19 hazards in our workplace:
 - a. All persons in our workplace are treated as potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.
 - b. COVID-19 is treated as an airborne infectious disease. Applicable general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department orders and guidance will be reviewed when determining measures to prevent transmission and identifying and correcting COVID-19 hazards. COVID-19 prevention controls include:
 - i. Remote work.
 - ii. Physical distancing.
 - iii. Reducing population density indoors.
 - iv. Moving indoor tasks outside.
 - v. Implementing separate shifts and/or break times.
 - vi. Restricting access to work areas.
 - vii. For positive individuals, a minimum of 24 hr. isolation period will be required. Employees may be cleared to return to work after 24 hrs. have

passed if they have no fever without the use of medication and symptoms are mild and improving.

COVID-19 Training & Prevention

- 1. Training and instruction on COVID-19 prevention is provided:
 - a. When this CPP was first established.
 - b. To new employees.
 - c. To employees given a new job assignment involving COVID-19 hazards and they have not been previously trained.
 - d. Whenever new COVID-19 hazards are introduced.
 - e. When we are made aware of new or previously unrecognized COVID-19 hazards.
 - f. For supervisors to familiarize themselves with the COVID-19 hazards to which employees under their immediate direction and control may be exposed.

Appendix C COVID-19 Training Roster will be used to document this training.

COVID-19 Investigation, System for Communicating & Response

- 1. Procedures to investigate COVID-19 illnesses at the workplace include:
 - a. Determining the day and time a COVID-19 case was last present; the date of the positive COVID-19 tests or diagnosis; and the date the COVID-10 case first had one or more COVID-19 symptoms. Appendix D: Tracking Reported COVID-19 Cases will be used to document this information.
 - b. Effectively identifying and responding to persons with COVID-19 symptoms at the workplace.
 - i. Beach Shops employees will be required to report all COVID-19 positive cases via their SSO chicklet titled Beach Shops COVID-19 Reporting as soon as the results are received. Upon submitting the report, employees will be contacted by a member of the Human Resources department to initiate a screening process to identify close contacts and assess symptoms.
 - ii. For positive individuals, a minimum of 24 hr. isolation period will be required. Employees may be cleared to return to work after 24 hrs. have passed if they have no fever without the use of medication and symptoms are mild and improving. Furthermore, if symptoms were present, a mask must be worn for 10 days from symptom onset or from day of positive result. If symptoms were not present, a mask must be worn for 10 days from day of positive result.
 - iii. Confirmation of a positive case should be forwarded to department managers and any close contacts identified should be notified within 24 hours.
 - c. Encouraging employees to report COVID-19 symptoms and to stay home when ill.
 - i. Employees are encouraged to be active participants in the identification and evaluation of COVID-19 workplace hazards by notifying their immediate supervisors and managers regarding COVID-19 positive cases, related concerns, or exposure. Employees can also contact Human Resources via email at BeachShopsHR@csulb.edu or via phone at (562) 985-7953.

COVID-19 Outbreaks

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

Appendix A: COVID-19 Outbreaks will be used to outline this process.

Returning to Work Procedure

- 2. Effective procedures for responding to COVID-19 cases at the workplace include:
 - a. Immediately excluding COVID-19 cases (including employees excluded under CCR, Title 8, section 3205.1) according to the following requirements:
 - COVID-19 cases who do not develop COVID-19 symptoms are clear to return to work during the infectious period and are required to wear a mask through 10 days after positive result.
 - ii. COVID-19 cases who develop COVID-19 symptoms will not return to work during the shorter of either of the following:
 - 1. The infectious period.
 - 2. Through 10 days after the onset of symptoms and at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication.
 - iii. Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case must wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.
 - iv. Elements i. and ii. apply regardless of whether an employee has been previously excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group.
 - b. Reviewing current California Department of Public Health (CDPH) guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.
 - c. The following effective policies will be developed, implemented, and maintained to prevent transmission of COVID-19 by persons who had close contacts.
 - i. Any employees identified as being close contacts will be alerted within 24 hours with details on when the exposure was suspected to have occurred. Close contacts should monitor symptoms, are encouraged to test as needed and are required to use a face mask for 10 days from day of exposure. Employees who are exposed to COVID-19 in the workplace will be offered COVID-19 testing at no cost during their working hours.
 - d. If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.
 - e. If removal of an employee would create undue risk to a community's health, Beach Shops may submit a request for a waiver to Cal/OSHA in writing to rs@dir.ca.gov to allow employees to return to work if it does not violate local or state health official orders for isolation, quarantine, or exclusion.
 - i. Physical Distancing: Where possible, we recommend at least six feet of physical distancing at all times in the workplace.
 - ii. Face Coverings are not required but are highly encouraged when ill. We

provide clean, undamaged face covering for all employees. Masks will be available upon request. For information on where to access masks, please contact Beach Shops Human Resources.

- f. Upon excluding an employee from the workplace based on COVID-19 or a close contact, Beach Shops will provide excluded employees 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, workers' compensation law, local governmental requirements, and Beach Shops leave policies and leave guaranteed by contract.
 - i. Employees can contact Beach Shops Human Resources for more information regarding COVID-19 benefits that may be available.

Testing of Close Contacts

COVID-19 tests are available at no cost, during paid time, to all of our employees who had a close contact in the workplace. These employees will be provided with the information outlined in paragraph (2)(f), above.

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

Notice of COVID-19 Cases

Employees, vendors, and independent contractors who had a close contact, as well as any employer with an employee who had a close contact, will be notified as soon as possible, and in no case longer than the time required to ensure that the exclusion requirements of paragraph (2)(a) above, are met.

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

- Provide notice of a COVID-19 case, in a form readily understandable to employees. The
 notice will be given to all employees, employers, and independent contractors via an
 HR Bulletin email.
- Provide the notice to the authorized representative, if any of:
 - The COVID-19 case and of any employee who had a close contact.
 - All employees on the premises at the same worksite as the COVID-19 case within the infectious period.
- Use the Appendix D: Notice of COVID-19 Cases Email to keep a record of and track all COVID-19 cases. The information will be made available to employees, Department Managers or as otherwise required by law, with personal identifying information removed.

Control of COVID-19 Hazards

Face Coverings

Employees will be provided face coverings and required to wear them:

- When required by orders from the CDPH. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors.
- During outbreaks and major outbreaks.
- When employees return to work after having COVID-19 until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19

- symptoms, from the date of their first positive COVID-19 test, or after a close contact.
- Please refer to the section in this FAQ on CDPH's Isolation and Quarantine Guidance.

Face coverings will be clean, undamaged, and worn over the nose and mouth. The following exceptions apply:

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

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

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

Respirators

Respirators will be provided for voluntary use to employees who request them and who are working indoors or in vehicles with more than one person. Employees who request respirators for voluntary use will be:

- Encouraged to use them.
- Provided with a respirator of the correct size.
- Trained on:
 - How to properly wear the respirator provided.
 - How to perform a user seal check according to the manufacturer's instructions each time a respirator is worn.
 - The fact that facial hair interferes with a seal.

The requirements of CCR, Title 8 section 5144(c)(2) will be complied with according to the type of respirator (disposable filtering face piece or elastomeric re-usable) provided to employees.

Ventilation

For our indoor workplaces we will:

- Review CDPH and Cal/OSHA guidance regarding ventilation, including the CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.
 Beach Shops will develop, implement, and maintain effective methods to prevent transmission of COVID-19, including one or more of the following actions to improve ventilation:
 - o Maximize the supply of outside air to the extent feasible, except when the

United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.

- 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.
- Use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
- Determine if our workplace is subject to CCR, Title 8 section 5142 Mechanically Driven Heating, Ventilating and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation, or section 5143 General Requirements of Mechanical Ventilation Systems, and comply as required.

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

Reporting, Recordkeeping & Access

Appendix F: COVID-19 Investigation Report will be used to keep a record of and track all COVID-19 cases. These records will be kept by Beach Shops Human Resources and retained for two years beyond the period in which it is necessary to meet the requirements of CCR, Title 8, sections 3205, 3205.1, 3205.2, and 3205.3.

The information will be made available to employees, Department Managers or as otherwise required by law, with personal identifying information removed. This COVID-19 Prevention Program (CPP) for the Beach Shops is available for viewing: https://www.csulb.edu/beach-shops/risk-management

The notices required by subsection 3205(e) will be kept in accordance with Labor Code section 6409.6 or any successor law.

Approvals:

This COVID-19 Prevention Program (CPP) for the Beach Shops is hereby approved and supersedes any previous program or plan.

| Rosa Hernandez | Klang | 05/22/2024 |
|---|------------|--------------------|
| Associate Executive Director, Human Resources | Signature | Date |
| CSULB Beach Shops | | |
| Eliana Diaz | Elmp | 05/22/2024 |
| Risk & Training Manager | Signature | 03/22/2024 Date |
| CSULB Beach Shops | Jigilatare | Date |

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Appendix A: COVID-19 Outbreaks

COVID-19 Outbreaks

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

Exclude from Work

All COVID-19 cases, as well as employees who had close contacts but do not take a COVID-19 test, will be excluded from the workplace.

COVID-19 Testing

We immediately provide COVID-19 testing available at no cost to our employees within the exposed group, regardless of vaccination status, during employees' paid time, and continue to make test available to employees at least weekly until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.

Employees who had close contacts and remain at work will be required to take a COVID-19 test within three to five days after the close contact and those who test positive for COVID-19 will be excluded. Those who do not take a COVID-19 test will be excluded until our return-to-work requirements have been met.

Face Coverings

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

Respirators

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

COVID-19 investigation, review, and hazard correction

Beach Shops will perform a review of potentially relevant COVID-19 policies, procedures and controls, and implement changes as needed to prevent further spread of COVID-19 when this addendum initially applies and periodically thereafter. The investigation, review, and changes will be documented and include:

- Investigation of new or unabated COVID-19 hazards including:
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - Our COVID-19 testing policies.
 - Insufficient supply of outdoor air to indoor workplaces.
 - Insufficient air filtration.
 - Insufficient physical distancing.
- Review updated every 30 days that CCR, Title 8 section 3205.1 continues to apply:
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.

- Any changes implemented to reduce the transmission of COVID-19 based on the investigation and review, which may include:
 - Moving indoor tasks outdoors or having them performed remotely.
 - o Increasing the outdoor air supply when work is done indoors.
 - o Improving air filtration.
 - o Increasing physical distancing to the extent feasible.
 - o Requiring respiratory protection in compliance with CCR, Title 8 section 5144.
 - Other applicable controls.

Ventilation

Buildings or structures with mechanical ventilation will have recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

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

Major Outbreaks

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

- Exclude COVID-19 cases as well as employees in the exposed group who do not take a COVID-19 test.
- Immediately ensure that all employees in the exposed group who remain at work are tested for COVID-19 at least twice weekly until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period. Employees in the exposed group that do not take the COVID-19 test will be excluded until our return-to-work criteria have been met.
- Report the outbreak to Cal/OSHA.
- Provide respirators for voluntary use to employees in the exposed group, encourage their use, and train employees according to CCR, Title 8 section 5144(c)(2) requirements.
- Any employees in the exposed group who are not wearing respirators as required will be separated from other persons by at least six feet, except where it can be demonstrated that at least six feet of separation is not feasible, and except for momentary exposure while persons are in movement. Methods of physical distancing include:
- Telework or other remote work arrangements.
- Reducing the number of persons in an area at one time, including visitors.
- Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel
- Staggered arrival, departure, work, and break times.
- Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.

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

Appendix B: COVID-19 Incident Inspection Form



ACCIDENTINVESTIGATION FORM

| EMPLOYEE INFORMATION | | | | | |
|---|-----------------------------------|-------------------------------|------------------------|--------|--|
| | | | | | |
| LAST NAME, FIRST NAME | OCCUPATION/JOB TITE | YRS. EXPERIENCE IN OCCUPATION | | | |
| Full Address : | City/State: | Zip Code: _ | | | |
| Department : | Date of Occurrence : | Time : | AM/PM | | |
| Location : | Date Reported : | | Time : | AM/PM | |
| ☐ HAZARDOUS SITUATION ☐ INCIDE | ENT ☐ FIRST AID ☐ CR | ITICAL INJURY | | | |
| Describe what happened and the obje | ect or substance that caused | d the injury, if a | pplicable, describe ir | njury. | |
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| Describe the nature, date and time of | f first aid treatment, if appli | cable. | | | |
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| | | | | | |
| PART OF BODY INJURED (IN | DICATE "R", "L", OR "B | ", WHERE A | PPLICABLE) | | |
| Head Upper Back | Lower Arm | UpperLeg | Other: | - | |
| Eye Lower Back | ☐ Wrist | Knee | | | |
| Neck Upper Arm Shoulder □ Elbow | ☐ Hand/Fingers ☐ Hip | ☐ Lower Leg ☐ Ankle/Foot | | | |
| TYPE OF ACCIDENT/INCIDE | | | | | |
| Select statements that best describe | the accident/incident: | | | | |
| | Struck, contacted by/with/against | Cut/bruise | Other: | | |
| | Slip/fall | Exposure to | | | |
| Caught in/under/between | Client/employee action | Burn | | | |
| WITNESSES \(\preceq \text{N/A (NO WITNESSES)} \) | | | | | |
| Name: | Address : | | _Telephone : | | |
| Name: | | Telephone : | | | |
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|---|---|
| CONDITIONS | PRACTICES |
| Congestion or restricted action | Improper body position/posture |
| Poor housekeeping; disorderly workplace | Tasks not varied/micro breaks not taken |
| Slip/trip hazards | Unnecessary rushing |
| Lack of or inappropriate furniture/equipment | ☐ Improper lifting |
| Design or arrangement of furniture/equipment | Unsafe loading/placement |
| Defective furniture, tools, equipment or materials | Using defective equipment |
| Inadequate or excessive illumination | Using equipment improperly |
| Excessive noise | Altering or modifying equipment |
| Inadequate or improper protective equipment | Not using personal protective equipment or failing to use it proper |
| Fire and explosion hazards | ☐ Not following appropriate procedures |
| Inadequate warning systems | ☐ Inappropriate conduct |
| Irate client/employee action | Hazardous personal attire |
| Adverse weather | |
| Other (explain): | Other (explain): |
| What are the reasons for the existence of these practic | es and/or conditions? |
| Actions to prevent accident/incident recurrence. Check the other corrective actions decided upon or planned but it | nose actions taken to prevent recurrence. Mark with (P) not yet carried out. More than one item may apply. |
| Training/instruction of person involved | |
| indiming instruction of person involved | Tools, equipment, furniture repair or replacement |
| Improve work procedures | Tools, equipment, furniture repair or replacementRequest ergonomic assessment |
| | |
| ☐ Improve work procedures | Request ergonomic assessment |
| Improve work procedures Inform staff/managers of safe work procedures | Request ergonomic assessment Correction of work area |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves Notify appropriate individuals | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards Reassignment of person |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves Notify appropriate individuals Improve engineering/design | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards Reassignment of person Improve housekeeping |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves Notify appropriate individuals Improve engineering/design Improve inspection procedures | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards Reassignment of person Improve housekeeping Other (explain): |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves Notify appropriate individuals Improve engineering/design Improve inspection procedures CORRECTIVE ACTION COMPLETED BY: Describe actions/prevention taken: | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards Reassignment of person Improve housekeeping Other (explain): COMPLETION DATE: |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves Notify appropriate individuals Improve engineering/design Improve inspection procedures CORRECTIVE ACTION COMPLETED BY: Describe actions/prevention taken: INVESTIGATED BY Name (print): | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards Reassignment of person Improve housekeeping Other (explain): COMPLETION DATE: |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves Notify appropriate individuals Improve engineering/design Improve inspection procedures CORRECTIVE ACTION COMPLETED BY: | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards Reassignment of person Improve housekeeping Other (explain): COMPLETION DATE: |
| Improve work procedures Inform staff/managers of safe work procedures Perform job safety analysis Inform staff/managers of hazard and how to protect themselves Notify appropriate individuals Improve engineering/design Improve inspection procedures CORRECTIVE ACTION COMPLETED BY: Describe actions/prevention taken: INVESTIGATED BY Name (print): | Request ergonomic assessment Correction of work area Recommend development/improvement to training/OHS program Reassess work standards Reassignment of person Improve housekeeping Other (explain): COMPLETION DATE: Date (mm-dd-yyyy): |

Appendix C: COVID-19 Training Roster



COVID-19 TRAINING SIGN-IN SHEET

| | DPT. | FULL NAME | JOB TITLE | SIGNATURE |
|----|------|-----------|-----------|-----------|
| 1 | | | | |
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Appendix D: Tracking Reported COVID-19 Cases

BEACH SHOPS

2024 COVID EMPLOYEE RESPONSES

| Employee Last Name | Employee First Name | Student/Staff ID # | Employee Contact Number | Supervisor | Start Sate Not To Report to Work (Other) | Last Day Worked | Date Employer had Knowledge of Symptoms/Positive Test | Date Test Occurred (date specimen collected that has positive result) |
|-----------------------|------------------------|--------------------|----------------------------|------------|--|--------------------|--|--|
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Appendix E: Notice of COVID-19 Cases

Dear Shops Employees,

This HR Bulletin is to let you know that a colleague who works at [specify location/department] has tested positive for COVID. The employee last worked on campus on [specify last shift worked].

Our team has conducted contact tracing for potential exposure to other employees. We have contacted all Shops employees who we believe may have been exposed. If you were present at the same worksite during this period, you may or may not have been exposed to the virus. If you do not believe you were exposed, no action is required. If you believe you were a close contact or out of an abundance of caution would like to follow the close contact protocol, it is provided attached. A close contact is defined as having contact within 6 six feet for 15 minutes or more during a 24-hour cumulative period with a person who tested positive for COVID-19.

As a Shops employee, you may be entitled to various benefits under applicable federal and state laws and Shops-specific policies, including, but not necessarily limited to, the following: regular sick leave, vacation leave and workers compensation insurance. If you have questions regarding these benefits, please contact our Human Resources office at BeachShopsHR@csulb.edu

If you believe you contracted a COVID-19-related illness as a result of your Beach Shops employment, you may be entitled to Workers' Compensation benefits. This may include hospital, surgical, and medical treatment, disability indemnity, and death benefits. For more information, please contact our Human Resources office at BeachShopsHR@csulb.edu

For more CSULB updates regarding COVID, you can visit: https://www.csulb.edu/onebeach/reuniting-thebeach

The Beach Shops mitigation efforts, please visit our Risk Management website: https://www.csulb.edu/beach-shops/risk-management

For questions regarding this notification, please contact Eliana Diaz at Eliana.Diaz@csulb.edu

Appendix F: COVID-19 Investigation Report

| BEACH |
|--|
| SHOPS COVID-19 Investigation Report |
| |
| Date COVID-19 case (suspect or confirmed) became known: |
| Date investigation was initiated: |
| Date investigation was initiated. |
| |
| Name of person conducting investigation: |
| |
| COVID Case Summary |
| Employee (or non-employee) Name: |
| |
| Contact information: |
| |
| Occupation: |
| Gecupation. |
| Location where employee worked (or where the employee was present in the workplace): |
| Location where employee worked for where the employee was present in the workplace). |
| Date and time of the COVID-19 case that was last present in the workplace: at: |
| atatat |
| Date of the positive or diagnosis: |
| Date of the positive or diagnosis: |
| |
| Date of first symptoms: |

| FIRST AND LAST NAME PHONE NUMBI | | JMBER | DATE NOTIFIED | |
|--|------------------|--------------|-------------------------------|--|
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| ummary notice of a COVID-19 ca | se (employees, | employers, i | ndependent contractors) – | |
| uring the infectious period and r | egardless of a c | lose contact | occurring. | |
| NAME | | | DATE NOTIFIED | |
| | | | | |
| | | | | |
| | | | | |
| ummary notice of a COVID-19 ca mployee who had close contact) | | epresentativ | ve of the COVID-19 case and | |
| NAME | • | | DATE NOTIFIED | |
| NAME | | | DATE NOTHIED | |
| | | | | |
| | | | | |
| What were the workplace conditi | ons that could h | ave contribu | ited to the risk of COVID-19 | |
| xposure? | ons that could i | lave continu | ited to the fisk of COVID-19 | |
| | | | | |
| /hat could be done to reduce ex | posure to COVII |)-19? | | |
| | | | | |
| | | | | |
| Vas local health department noti | fied? Date? | | | |