

COVID-19 Prevention Procedures (CPP) for Kaiser Permanente 1800 Harrison, Oakland

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: 03.27.2023

Authority and Responsibility

Louisa Juarez-Tang, Facility Services Manager, has overall authority and responsibility for implementing the provisions of this CPP in our 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.

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

Option 1

At this Kaiser Permanente workplace, indoor space is less than 400,000 cubic feet per floor. Per CCR 8 Sections 3205, "close contact" is defined as sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period, regardless of the use of face coverings.

Offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls are considered distinct indoor spaces.

EXCEPTION: Employees have not had close contact if they wore a respirator required by Kaiser Permanente and used in compliance with section 5144 whenever they would otherwise have had close contact under subsections 3205(b)(1)(A) or (b)(1)(B).

Application of the Kaiser Permanente, 1800 Harrison, Oakland Injury & Illness Prevention Program (IIPP)

COVID-19 is a recognized hazard in our workplace that is addressed through an appendix to 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 State of California (CDPH) and Alameda County Health Department and contact your regional Infection Prevention or Environmental Health and Safety Department for 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.
2. 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.

Documentation of employee training is maintained in KP Learn. Any additional training may be documented in [Appendix A](#) COVID-19 **Training Roster**.

3. 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 B](#) Investigating COVID-19 Cases will be used to document this information.
 - b. Effectively identifying and responding to persons with COVID-19 symptoms at the workplace.
 - c. Encouraging employees to report COVID-19 symptoms and to stay home when ill. All employees are required to self-screen daily, prior to coming to the workplace, and have been trained on the self-screening process. Badging into a KP worksite is an attestation that the employee has performed the daily self-check. Proof of training is maintained in KP Learn. The employee self-screening questions and instructions are available at this link: [KP COVID-19 Symptoms Self-Check and Badge Attestation Quick Guide](#)
4. 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:
 - i. COVID-19 cases who do not develop COVID-19 symptoms will not return to work during the infectious period.
 - ii. COVID-19 cases who develop COVID-19 symptoms will not return to work **during the shorter of either** of the following:
 - a. The [infectious period](#).
 - b. 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 implemented and maintained to prevent transmission of COVID-19 by persons who had close contacts:

NCAL: Guidelines for COVID-19 Exposed HCW; Guidelines for COVID-19 Positive HCW

- 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, allows employers to 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. At this time, Kaiser Permanente employees who are required to be removed per the above, are removed. Kaiser Permanente does not make exceptions to this protocol.
- f. Upon excluding an employee from the workplace based on COVID-19 or a close contact, Kaiser Permanente 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 Kaiser Permanente leave policies and leave guaranteed by contract. Excluded KP employees can access leave benefits and policies on Kaiser Permanente's HRconnect intranet site

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 (4)(f), above. (Managers can print a hard copy of [Appendix C](#) – or PDF a copy and send to the employee). For testing, managers should direct employees to the nearest KP medical office building or hospital to get an antigen test kit from the pharmacy. Managers must allow this to be done during paid time.

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

Notice of COVID-19 cases

Employees 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 (4)(a) above, are met.

When Labor Code section 6409.6 or any successor law is in effect, Kaiser Permanente 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 at the worksite.
- 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.

Managers, with assistance from the Safety department, Infection Prevention, and/or Employee Health will record information in [Appendix B](#) in order to determine who needs to be notified. At this facility, notices are sent by the Safety department individually via email to those listed above **OR** sent by the Manager individually via email to those listed above.

Face Coverings

Employees will be provided face coverings and required to wear them when required by a CDPH regulation or order. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors. 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.

See [Appendix D](#) - Resources for Voluntary Respirator Distribution

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**. Kaiser Permanente will develop, implement, and maintain effective methods to prevent transmission of COVID-19, including one or more of the following actions to improve ventilation:
 - 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.

Aerosolizing Procedures:

Kaiser Permanente does not perform aerosolizing procedures at this workplace.

Reporting and Recordkeeping

[Appendix B Investigating COVID-19 Cases](#) will be used to keep a record of and track all COVID-19 cases. These records will be kept by the COVID-19 case's 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 notices required by subsection 3205(e) will be kept in accordance with Labor Code section 6409.6 or any successor law.

Federal Glover, Director, Regional Building Operations (RBO), Northern California

Appendix B: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law.

Date COVID-19 case (suspect or confirmed) became known: [enter information]

Date investigation was initiated: [enter information]

Name of person(s) conducting the investigation: [enter name(s)]

COVID-19 Case Summary

Name	Contact Info	Occupation	Location	Last day and time present	Date of positive test and/or diagnosis	Date of first symptoms

Summary of employees, independent contractors, and employees of other employers that came in close contact. (CCR Title 8, section 3205 does not require recordkeeping for close contacts. These tables are included to assist managers and safety departments in keeping track of which close contacts they have notified to meet the notice requirements.)

Name	Contact Info	Date notified	Date offered COVID-19 testing (employees only)

Summary notice of a COVID-19 case (employees, employers, independent contractors) – during the infectious period and regardless of a close contact occurring.

Name	Date notified

Summary notice of a COVID-19 case (authorized representative of the COVID-19 case and employee who had close contact).

Name	Date notified

What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?
[enter information]

What could be done to reduce exposure to COVID-19?
[enter information]

Was local health department notified? Date?
[enter information]

Appendix C: Leave of Absence and Time Off related Benefits for KP Employees in California

COVID-19
<ul style="list-style-type: none"> • Oakland COVID-19 Emergency Paid Sick Leave (EPSL) • San Francisco Public Health Emergency Leave (PHEL)
Paid Time Off
<ul style="list-style-type: none"> • Earned Time Off (ETO) • Extended Sick Leave (ESL) • Flexible Personal Days • Float Days • Paid Time Off (PTO) • Sick Leave • Vacation
Federal & State & Cities
<ul style="list-style-type: none"> • Berkeley Paid Sick Leave (PSL) • California Family Rights Act (CFRA) • California Paid Sick Leave (PSL) • California State Disability (SDI) • Emeryville Paid Sick Leave (PSL) • Federal Family & Medical Leave Act (FMLA) • Los Angeles Paid Sick Leave (PSL) • Oakland Paid Sick Leave (PSL) • San Diego Paid Sick Leave (PSL) • San Francisco Paid Sick Leave (PSL) • Santa Monica Paid Sick Leave (PSL) • Workers' Compensation
Disability
<ul style="list-style-type: none"> • Long-Term Disability • Salary Continuance • Short-Term Disability
Other
<ul style="list-style-type: none"> • Donation of Vacation Hours

NOTE: If you are a **represented employee and your benefits are provided through a trust**, contact your union for applicable benefits information.

Appendix D – Resources for Voluntary Respirator Distribution

Below are links to respiratory protection documents to track issuance of voluntary respirators to employees who request them, and the training materials that must be provided at the time the voluntary respirator is issued.

Voluntary Respirator Issuance Log (Complete this document to keep a record of all employees who have received a voluntary respirator, required training and 8 CCR 5144 Appendix D)

Training Instructions and 8 CCR 5144 Appendix D (This two-page document is to be provided to the employee who is requesting a respirator. Ensure that the employee receives the training associated with the respirator model issued to them.)

- **BYD N95 respirator (model DE 2322)**
- **Halyard N95 Respirator (model 46727 for regular or model 46827 for small)**

Appendix E – 3205.1 COVID-19 Outbreaks

Trigger for Implementing this Appendix

If three or more employee COVID-19 cases within an exposed group visited the workplace during their infectious period at any time during a 14-day period, unless a CDPH regulation or order defines outbreak using a different number of COVID-19 cases and/or a different time period. Reference CCR, Title 8 section [3205.1](#) for details.

This addendum will stay in effect until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.

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, except for returned cases and employees who were not present at the workplace during the relevant 14-day period(s).

Additional testing is made available on a weekly basis to all employees in the exposed group who remain at the workplace.

Employees who had close contacts will have a negative COVID-19 test taken within three to five days after the close contact or will be excluded and follow our return-to-work requirements starting from the date of the last known close contact.

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

Kaiser Permanente 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.
 - 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 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:

- The COVID-19 testing will be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by Alameda County Health Department and contact your regional Infection Prevention or Environmental Health and Safety department. Employees in the exposed group will be tested or excluded and follow our CPP return to work requirements. The twice a week testing requirement ends when there are fewer than three new COVID-19 cases in the exposed group for a 14-day period. We will then follow weekly testing requirement until there are one or fewer new COVID-19 cases in the exposed group for a 14-day period.
- 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 F – 3205.2 COVID-19 Prevention in Employer-Provided Housing

This section does not apply at this facility. Kaiser Permanente does not supply housing to employees.

Appendix G – 3205.3 COVID-19 Prevention in Employer-Provided Transportation

This section does not apply at this facility. Kaiser Permanente does not use employer-provided transportation.

Appendix H - Definitions (from 8 CCR 3205(b))

(1) **“Close contact”** means the following, unless otherwise defined by regulation or order of the California Department of Public Health (CDPH), in which case the CDPH definition shall apply:

(A) In indoor spaces of 400,000 or fewer cubic feet per floor, a close contact is defined as sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case’s infectious period, as defined by this section, regardless of the use of face coverings.

(B) In indoor spaces of greater than 400,000 cubic feet per floor, a close contact is defined as being within six feet of the COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case’s infectious period, as defined by this section, regardless of the use of face coverings

(C) Offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls shall be considered distinct indoor spaces. EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144 whenever they would otherwise have had a close contact under subsections 3205(b)(1)(A) or (b)(1)(B).

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

(3) **“COVID-19 case”** means a person who:

(A) Has a positive COVID-19 test; or

(B) Has a positive COVID-19 diagnosis from a licensed health care provider; or

(C) Is subject to a COVID-19-related order to isolate issued by a local or state health official; or

(D) 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.

(4) **“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, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.

(5) **“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.

(6) **“COVID-19 test”** means a test for SARS-CoV-2 that is:

(A) 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.

(B) To meet the return-to-work criteria set forth in subsection 3205(c)(5), a COVID-19 test may be both self-administered and self-read only if another means of independent verification of the results can be provided (e.g., a time-stamped photograph of the results).

(7) **“Exposed group”** means all employees at a work location, working area, or a common area at work, within employer-provided transportation covered by section 3205.3, or residing within housing covered by section 3205.2, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:

(A) 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.

(B) 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.

(C) If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

NOTE: An exposed group may include the employees of more than one employer. See Labor Code sections 6303 and 6304.1.

(8) **“Face covering”** means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. 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 face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that otherwise meet this definition, and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker’s mouth or facial expressions to understand speech or sign language, respectively.

(9) **“Infectious period”** means the following time period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply:

(A) For COVID-19 cases who develop COVID-19 symptoms, from two days before the date of symptom onset until:

(1) Ten days have passed after symptoms first appeared, or through day five if testing negative on day five or later: and

(2) Twenty-four hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved.

(B) For COVID-19 cases who never develop COVID-19 symptoms, from two days before the positive specimen collection date through 10 days (or through day five if testing negative on day five or later) after the date on which the specimen for their first positive test for COVID-19 was collected.

(10) **“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.

(11) **“Returned case”** means a COVID-19 case who was excluded from work but returned pursuant to subsection 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 regulation or order, that period shall apply.

(12) **“Worksite,”** for the limited purposes of this section and section 3205.1, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter.