

COVID-19 Prevention Program (CPP) for the Blind Children's Center (BCC) **4120 Marathon Street, Los Angeles, CA 90029**

This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Last Updated: August 16, 2021

Authority and Responsibility

The Safety Committee (comprised of the CEO, School Management Team, Operations Manager and School Nurse) 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 program 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.

Identification and Evaluation of COVID-19 Hazards

We have/continue to implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, CA Community Care Licensing, and the California and Los Angeles County health departments related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- Adherence to all state and county public health directives and protocols.

Employee participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by: encouraged to communicate concerns at regular all staff meetings and during trainings on Covid-19 prevention and safety protocols, including trainings on what should be considered a Covid-19 hazard; required to report COVID-19 hazards to their supervisors; supervisors required to report any hazards to the Safety Committee, which ensures that hazards are resolved immediately. All staff can contact members of the Safety Committee directly if needed. The Safety Committee meetings bi-monthly.

Employee screening

Before coming to BCC, all staff is required to conduct a self-health screen to determine whether they should come to work or remain home. BCC has provided staff with a list of questions and indicators for the self-health screen based on guidance from the Los Angeles County of Public Health and the CDC (**See Appendix C**). Staff that are sick, have symptoms – even if they are mild, or have been exposed to someone who has tested positive for the coronavirus, is directed to stay home.

Upon entering, all employees have their temperature checked with a non-contact thermometer. Employees that have an elevated body temp (greater than or equal to 100.4°F) will be sent home and given instructions by the Center's Covid-19 Liaison.

Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows:

The Safety Committee identifies hazards on the Covid-19 Inspection Form. In bi-monthly meetings, the Committee assesses the severity of potential hazards, develops corrective actions, assign responsibility and deadlines for completion. Any hazard that is identified that warrants immediate correction is brought to the attention of the CEO by the Operations Manager or other members of the Safety Committee and is dealt with immediately. The safety Committee ensures that corrective actions were completed on a timely basis.

Control of COVID-19 Hazards

Physical Distancing

All employees are encouraged to practice social distancing at the center – both indoors and outdoors – by maintain at least six feet distance from each other whenever possible.

- a. Employees may not congregate in common areas or high traffic areas such as the staff lounge, lobby, front office, bathrooms, hallways and stairwells.
- b. Employees shall discontinue handshakes or other forms of greeting that break physical distance.
- c. In-person meetings are strongly discouraged in favor of virtual meetings. If in-person meetings are essential, they are limited to 10 or fewer participants and all participants must wear cloth face coverings and are held outside or in rooms large enough to maintain physical distancing.

Other measure that we have taken to ensure social distancing include:

- a. Visitors are not allowed unless they have an appointment and are needed on site for business operations; all visitors must complete the health screening questionnaire and temperature check prior to entering the facility, wear a cloth face covering and adhere to social distancing rules.
- b. Visual markers have been placed on floors to indicate 6 ft distancing where appropriate; signs have been posted to remind staff of social distancing policies.
- c. Furniture in staff lounge has been reduced to limit capacity; alternative spaces for breaks and meals have been set up both inside and outside. Breaks and meals are staggered.

Face Coverings

Employees must wear clean, undamaged face coverings and ensure they are properly worn both indoors and outdoors unless actively eating or drinking. Our policy is based on the protocols established by LADPH (**see Appendix F**).

- a. Cloth face coverings should fit snugly, fully covering your nose and mouth, and be fitted under the chin. Coverings that are open at the bottom or do not fit tightly are not acceptable.
- b. Disposable masks available for everyone at the Center. These should be disposed of at the end of each day and never used for more than one day.
- c. If staff chooses to wear their own cloth face coverings, we require that employees launder them daily. It is staff responsibility to launder their own cloth face coverings. If they cannot do this, they are directed to use the disposable masks that BBC provides.

- d. BCC will also make face shields available to staff. To be used properly, a cloth face covering/disposable mask must also be worn with a face shield.
- e. BCC will provide respirators to unvaccinated employees who request them.
- f. Masks with one-way valves should not be used.
- g. Employees need not wear a face covering when the employee is alone in a private office.

The following are exceptions to the use of face coverings in our workplace:

- While actively eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- 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. Alternatives will be considered on a case-by-case basis.

Any employee not wearing a face covering, face shield with a drape or other effective alternative, or respiratory protection, for any reason, shall be at least six feet apart from all other persons unless the unmasked employee is tested at least twice weekly for COVID-19.

Engineering controls

We implement the following measures for situations where we cannot maintain at least six feet between individuals:

- Installed solid partitions in 2 offices in which it may be more difficult to maintain social distancing;
- We have adequate space and private offices in our facility to meet social distancing guidelines.

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

- Facility staff keeps windows and doors open to increase air flow throughout the facility, while also running fans and air conditioners.
- AC filters are cleaned and maintained by the Operations Manager according to CDC and manufacturer guidelines.

Cleaning and disinfecting

We follow cleaning and disinfecting standards set by Community Care Licensing, the CDC and LAPDH as outlined in the agency's Covid-19 Guidance for Early Childhood Education (see **Appendix G** for complete protocols being implemented by BCC). Procedures include, but are not limited to, the following cleaning and disinfection measures for frequently touched surfaces:

- Cleaning products are approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list "N" are selected and product instructions are followed. These products contain ingredients which are safer for individuals with asthma.
- Disinfectants are selected that are labeled to be effective against emerging viral pathogens and label directions for appropriate dilution rates and contact times are followed. Employees are given training on the hazards of the chemicals, manufacturer's directions, and Cal/OSHA requirements for safe use (CAL OSHA Safe Use of Disinfectants).
- Custodians or staff with responsibility for cleaning and disinfecting the site are equipped with proper Personal Protective Equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products are kept out of children's reach and stored in a space with restricted access.
- Spaces that have been cleaned are aired out before children arrive and thorough cleanings are done when children are not present.

- Frequently touched surfaces such as door handles, light switches, sink handles, bathroom surfaces, tables as well as surfaces in transportation vehicles are cleaned at least daily and more frequently throughout the day when possible, or if requested by a teacher for any reason.

Should we have a COVID-19 case in our workplace, all employees will be sent home so that facility staff can conduct a deep clean of all areas with potential exposure. Facility staff will wait 24 hours before cleaning potentially exposed areas. Cleaning and disinfecting guidelines will be adhered to at all times. Cleaning staff is trained by the Operations Manager who ensures adherence to guidelines and protocols.

Shared tools, equipment and personal protective equipment (PPE)

PPE must not be shared, e.g., gloves, goggles and face shields. BCC had clean PPE equipment available for all staff.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by employees throughout the workday with provided disinfecting wipes or spray cleaners. Employees are trained on proper cleaning by the Operations Manager. Additionally, cleaning staff cleans and disinfects shared items daily.

Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) will be disinfected between users.

Hand sanitizing

In order to implement effective hand sanitizing procedures, we:

- Assure that adequate supplies are available onsite to support healthy hygiene behaviors at all times, including soap, tissues, no-touch trashcans and hand sanitizers with at least 70 percent ethyl alcohol for staff and those children who can safely use hand sanitizer.
- Routines have been established enabling staff to regularly wash their hands at staggered intervals.
- Staff have been instructed to wash their hands for 20 seconds with soap, rubbing thoroughly after application, and using paper towels (or single use cloth towels) to dry hands thoroughly.
- Staff use hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers, especially when hands are visibly dirty.
- Hand Sanitizer is available in all private offices, in the lobby and other common areas.
- Sinks (permanent and portable) have been installed in the outdoor play yards to support more frequent hand washing.

Personal protective equipment (PPE) used to control employees' exposure to COVID-19

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed.

When it comes to respiratory protection, we evaluate the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained.

We provide and ensure use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

Investigating and Responding to COVID-19 Cases

As a licensed childcare center, we are required to follow the LADPH Protocol for COVID-19 Exposure

Management Plan in Early Care and Education Sites (**Appendix H**) and utilize the LADPH guide, *Screening and Exposure Decision Pathways for Symptomatic Persons and Contacts of a Potentially Infected Persons at Educational Institutions (Appendix I)* to investigate and respond to Covid-19 cases. The School Nurse serves as our designated Early Childhood Education (ECE) Center COVID-19 Liaison and is the point of contact for COVID-19 safety protocols. The nurse ensures that staff, families and children receive education about COVID-19 and serves as a liaison to LADPH for sharing site-level information to facilitate public health action.

To investigate potential cases, the School Nurse will use the **Appendix J: Investigating COVID-19 Cases** form. The School Nurse is responsible for investigating any potential or confirmed cases of Covid-19. Employees who have potential COVID-19 exposure in our workplace will be:

- Notified of possible exposure by the School Nurse.
- Offered COVID-19 testing at no cost during their working hours.
- Provided information on isolation and quarantine protocols.

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- Employees should report COVID-19 symptoms to the School Nurse; and report possible hazards immediately to their supervisors. We remind employees of how to report through monthly staff meetings, emails to all staff and on-going trainings.
- That employees can report symptoms and hazards without fear of reprisal.
- Our procedures or policies for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness.
- Where testing is not required, we have identified how employees can access COVID-19 testing and provide that information to them as requested.
- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test. If testing is required, it will be provided at no cost to employees during work hours.
- Information about COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures is disseminated at staff meetings, through emails to all staff.

Training and Instruction

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Importance of vaccination as the primary way to mitigate the spread of Covid-19.
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand

hygiene, to be effective.

- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.

A schedule of trainings provided during the pandemic has been kept by the Safety Committee and is available as **Appendix L** (last updated 8/16/21).

Exclusion of COVID-19 Cases

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met as per public health requirements.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished through employer-provided employee sick leave benefits, payments from public sources or other means of maintaining earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.
- Providing employees at the time of exclusion with information on available benefits.

Reporting, Recordkeeping, and Access

- Report information about COVID-19 cases at our workplace to the LADPH and CA Department of Public Health whenever required by law, and provide any related information requested by the local health department.
- Any case of COVID-19 in an early care and education setting must be reported to the local office of community care licensing.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix J: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

Return-to-Work Criteria

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
 - At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
 - COVID-19 symptoms have improved.
 - At least 10 days have passed since COVID-19 symptoms first appeared.
- COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to

work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.

- A negative COVID-19 test will not be required for an employee to return to work.
 - If an order to isolate or quarantine 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. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 14 days from the time the order to quarantine was effective.
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Approved by Sarah E. Orth, Chief Executive Officer

8/20/21

Date