



COVID-19 Prevention Plan

Addendum to the Injury and Illness Prevention Plan of

Practice Name: _____

Address: _____

Telephone Number: _____

Date Plan Implemented/Updated: _____

I. Overview

COVID-19 is a disease caused by a novel coronavirus known as SARS-CoV-2. The respiratory virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. Transmission of the virus is also possible through direct contact with an infectious person or contaminated item and through airborne droplets and particles that can remain suspended in the air over longer distances and time. An individual can become infectious anywhere from two to 14 days after close-contact exposure. Dental procedures that use certain dental instruments, such as handpieces and ultrasonic scalers and air-water syringes, create a spray that can contain contaminated droplets. This spray can also contain aerosols.

This dental practice only treats patients who are not known to be positive for COVID-19 or who are not exhibiting symptoms of the disease. All patients, visitors and workers are considered potentially infectious. [A dental practice that provides care to symptomatic or COVID-19-positive patients must comply with the requirements of the aerosol transmissible disease regulation and will not need this template.] This dental practice follows standard infection prevention control precautions and regularly checks for updated guidance from the Centers for Disease Control and Prevention, the California Department of Public Health and the local health department on preventing transmission of the virus. This dental practice follows the guidance from these agencies, complies with orders from our local public health department and with Cal/OSHA regulations.

This written plan is intended to comply with the California Code of Regulations nonemergency Title 8 [Section 3205](#) COVID-19 Prevention. Should a COVID-19 outbreak occur at this facility, it will comply with [Section 3205.1](#)

Name of the individual responsible for implementing this plan at this location, herein referred to as the Administrator:

[CDPH Workplace Outbreak Employer Guidance](#)

Scope of CAL/OSHA COVID-19 Prevention Regulation

The regulation applies to all employees and places of employment except:

1. Work locations with one employee who does not have contact with other persons.
2. Employees working from home.
3. Employees with occupational exposure as defined by [aerosol transmissible diseases regulation](#), when covered by that section.
4. Employees teleworking from a location of the employee's choice, which is not under the control of the employer.

Definitions

The following definitions are based on definitions established by 8 CCR Section 3205.

“Close contact” means the following, unless otherwise defined by regulation or order of the California Department of Public Health, in which case the CDPH definition will 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.
- (B) In indoor spaces of greater than 400,00 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.
- (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 their employer and used in compliance with 8 CCR Section 5144 whenever they would otherwise have had a close contact.

Note changes when CDPH revises this definition after Jan. 9, 2024: _____

“COVID-19 case” means a person who:

- (A) Has a positive “COVID-19 test” as defined in this section; 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.

“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 a 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:

- (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
- (B) Administered in accordance with the authorized instructions.
- (C) To meet the return-to-work criteria, a test may be both self-administered and self-read only if another means of independent verification of the results can be provided (for example, a time-stamped photograph of the results).

“Exposed group” means all persons at a work location, working area or a common area at work 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 were 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.

“Face covering” means a surgical mask, a medical procedure mask, a respirator worn voluntarily or a tightly woven fabric or nonwoven 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 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. A face shield may not be substituted for a face covering but can be worn in addition to a face covering.

“Infectious period” means the following period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition will apply:

- (A) For people with COVID-19 who develop COVID-19 symptoms, it is a minimum of 24 hours from symptom onset. They may return to work if 24 hours have passed with no fever, without the use of fever-reducing medications and their symptoms are mild and improving, or.
- (B) For people with COVID-19 without symptoms, there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria in paragraph (A) apply.

[Note changes when CDPH revises this definition after Jan. 9, 2024]: _____

“Returned case” means a COVID-19 case who was excluded from work but returned 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.

II. Identification and Evaluation of COVID-19 Hazards

This dental practice has conducted a comprehensive risk assessment of all work areas and tasks by using OSHA and CDC guidance, allowing for staff input to identify hazards and assessing community transmission levels and supplies of personal protective equipment (PPE¹). OSHA has associated certain work tasks with exposure risk levels. The assessment includes consideration of how employees and others enter, leave and travel through the workplace in order to minimize crossflow. The assessment also considers the quality of indoor ventilation.

Employees are encouraged to immediately report to the Administrator any possible COVID-19 hazards in the work areas.

Assigned Risk of Work, Shared Areas and Tasks

| Lower | Medium | High | Very High |
|---|--|---|---|
| Performing administrative duties in nonpublic areas and away from other staff | Screening and checking in patients Performing dental exam Performing posttreatment check Checking out patients Dental lab work Reprocessing instruments Staff meetings/trainings | Providing dental care not involving aerosol-generating procedures Collecting or handling specimens | Performing aerosol-generating procedures with a handpiece, ultrasonic instrument or air-water syringe |
| None [or identify offices] | Reception area Sterilization area Dental lab Identify offices Identify operatories Break room Halls/walkway Elevators | [Identify operatories] | [Identify operatories] |

Classification of Worker Risk

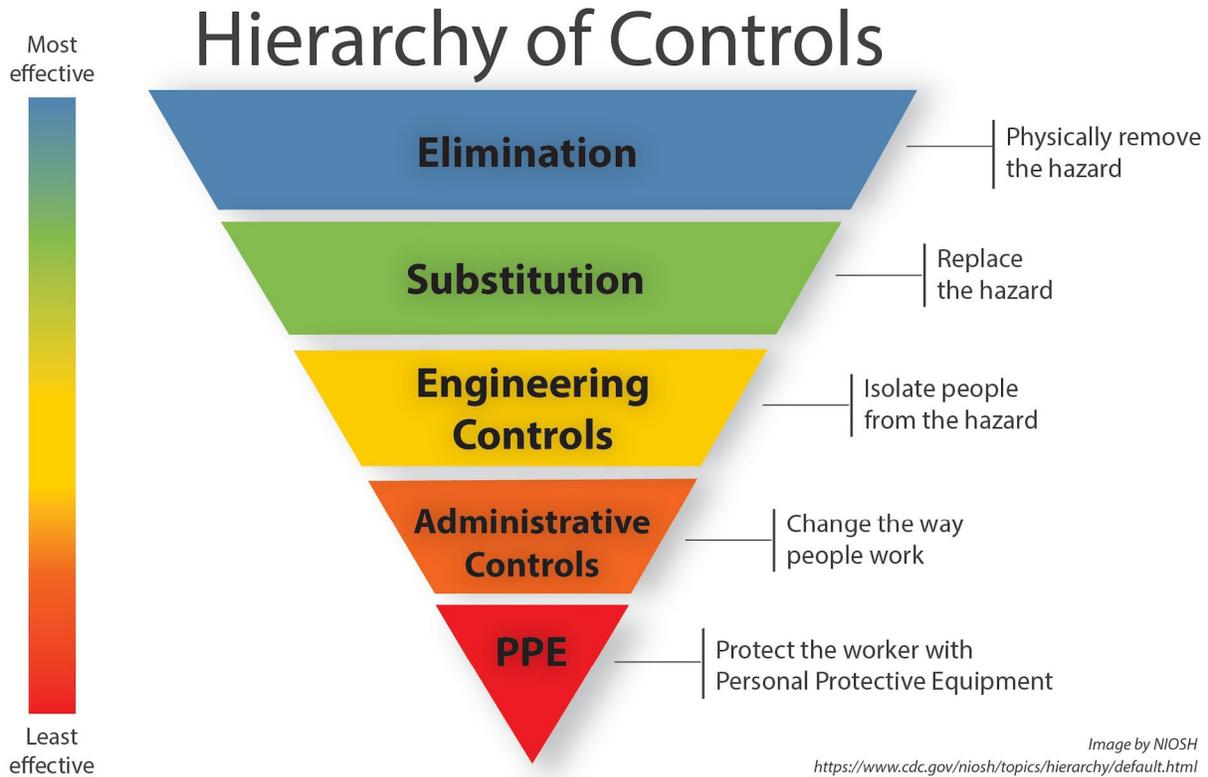
High and medium risk: All clinical staff including dentists, all categories of dental assistants and all categories of registered dental hygienists.

Medium risk: Administrative staff such as receptionist, biller and patient coordinator and laboratory and sterilization room staff.

¹ Dentistry Workers and Employers, May 1, 2020, [osha.gov/SLTC/covid-19/dentistry.html](https://www.osha.gov/SLTC/covid-19/dentistry.html)

III. Controls

Maintaining a safe workplace requires a combination of controls as demonstrated through NIOSH'S hierarchy of controls.



Source: CDC NIOSH Hierarchy of Controls, [cdc.gov/niosh/topics/hierarchy/default.html](https://www.cdc.gov/niosh/topics/hierarchy/default.html).

Substitution is not a feasible control for a dental practice against SARS-CoV-2. The feasible controls this practice can implement are described here:

- Elimination (removing hazard).
- Work practice and engineering controls (isolating people from the hazard).
- Administrative controls (changing the way people work).
 - Employee instruction.
 - Patient management.
 - Office environment.
 - Evaluation and compliance.
- Personal protective equipment (protecting the worker from the hazard).

This document also describes procedures for illness reporting and investigation and return-to-work criteria.

Elimination

Screening of Workers

In this dental practice, employees are: [Check Statement A or Statement B]

Statement A

Asked to evaluate their own symptoms prior to reporting to work each scheduled shift. Employees are required to contact the employer and not enter the workplace if they are experiencing any of the following:

- Symptoms of COVID-19.
- Fever equal to or higher than 100.0 degrees Fahrenheit.
- Under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection).
- Have been diagnosed with COVID-19 and are not yet cleared to discontinue isolation.

Statement B

Screened for COVID-19 symptoms when they report for their scheduled shift. Their temperatures are measured by using noncontact thermometers. Both the screeners and employees must wear face coverings during the screening process.

Screening of Patients and Others

This dental practice does not knowingly treat individuals who are positive for COVID-19 or who are exhibiting COVID-19 symptoms. Staff screens patients when a patient calls to make an appointment and again when a patient presents at the office.

Visitors who stay in the reception area can be observed for signs of illness. If a visitor accompanies a patient to the treatment area, staff will screen the visitor as a patient would be screened. If a patient or visitor shows signs of illness, staff will ask them questions to evaluate whether to permit them to remain inside the office.

Service providers, students and others will be screened if they will be working in close proximity to others. Janitorial staff is not screened if they work when others are not in the practice.

Screening procedure consists of:

- Asking the individual how they are feeling today and if they have recently experienced any illness.
- Observing the individual for signs of illness. If symptoms are observed, questions will be asked to determine if the individual should be at the practice.

Screening procedure may include these actions. Mark with a check if one or both are

Taking the individual's temperature with a noncontact thermometer.

Requiring the individual to have a negative result after self-administering an OTC COVID-19 antigen diagnostic test.

Screening questions can vary. A dental practice must consider levels of disease transmission in their community.

Staff will record in a patient's record that they and whoever accompanied them were screened for COVID-19 and other aerosol transmissible diseases. Patients and visitors are requested to notify the dental practice if they become ill or test positive for COVID-19 within 48 hours of their visit.

Environmental Infection Control

Environmental infection control is performed between patient appointments and at the end of the workday. This dental practice uses disinfectants labeled effective against the virus and against tuberculosis or HIV and HBV. Barriers may be used for hard-to-clean areas. A housekeeping schedule is maintained. Instruments are sterilized, disinfected or disposed of in accordance with the Dental Board of California infection control regulations. Used PPE is managed in accordance with the bloodborne pathogens regulation and the CDC guidance. Regulated waste is managed in accordance with applicable state laws.

IV. Work Practice and Engineering Controls

Only necessary personnel may be in the treatment areas.

Procedures that may induce coughing in the patient will be avoided or minimized.

Dentists will prioritize use of minimally invasive/atraumatic restorative procedures to reduce production of aerosols. Dental handpieces, ultrasonic instruments and air-water syringes generate aerosols and will only be used if necessary and appropriate. Engineering controls will be used with these devices. Following is a description of the dental procedures where use of these instruments is necessary and appropriate. [CDA recommends use of rubber dams, high-volume evacuators and other intraoral devices that minimize the generation of aerosols during aerosol-generating procedures.]

Ventilation

This dental practice has evaluated how to maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system. This dental practice has researched the effective use of portable or mounted high-efficiency particulate air filtration units for reducing COVID-19 transmission risk. This dental practice has reviewed the following guidance:

- CDC Ventilation in Buildings: [cdc.gov/coronavirus/2019-ncov/community/ventilation.html](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html).
- CDPH Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments: [cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx).

The following engineering controls are used in this dental practice:

[Describe below engineering controls used in the practice; provide information such as location of use or when it is used. The CDC recommends optimization of the ventilation system (consult with an HVAC professional prior to making significant changes); use of portable high-efficiency particulate air (HEPA) air filtration units during aerosol-generating procedures; barriers between dental chairs or physical distancing between patients if more than one patient is treated at a time; barriers in areas where staff members work less than 6 feet away from each other and spacing patient appointment times to allow adequate time for cleaning and disinfection of treatment areas.]

V. Administrative Controls

Face Coverings

Face coverings, as defined, are required to be worn by employees:

1. When required by the local public health department.
2. As required by the state dental board infection control regulations and Cal/OSHA bloodborne pathogens regulation.
3. For 10 days after testing positive or exhibiting COVID-19 symptoms.
4. When required by this dental practice.

This dental practice provides to employees face coverings that are clean and undamaged. Patients and others may be asked to wear face coverings while in the dental practice and not in a treatment chair when a local public health order requires it or when the practice owner deems it necessary.

Face coverings are not required when:

1. Employee is wearing respirators in accordance with the dental practice respiratory protection program.
 2. Employee is voluntarily wearing a respirator.
 3. Employee has claimed a medical or mental health condition or disability or who are communicating with a person with a hearing impairment.
 4. Specific tasks cannot feasibly be performed with a face covering. This exception is limited to time necessary to complete the task. The exception applies in this dental practice when [describe]
-
-

Any employee may request a respirator for voluntary use. The employee will be shown how to wear it and how to perform a seal check each time. Fit testing for voluntary use of a respirator is not required.

An employee who cannot wear a face covering due to a medical condition should notify the employer. Upon receiving a health care provider **certification of the medical condition from the employee**, the employer will initiate an interactive process with the employee to determine whether and what accommodation can be implemented without undue burden on operations or presenting an imminent threat to health and safety in the workplace. An employee exempted from wearing a

face covering due to a medical or mental health condition or disability will wear an effective nonrestrictive alternative such as a face shield with a drape on the bottom if permitted by their condition or disability.

If required by local public health order or if deemed necessary by the practice owner, patients and visitors must wear face coverings when not in a treatment or X-ray area. All visitors, including vendors, are notified of the face covering requirement through posted notices and other means of communication. This dental practice will make reasonable accommodations for patients who state they cannot wear a face covering. Those individuals who claim a medical condition may be asked to provide documentation. Reasonable accommodations for patients who cannot wear a face covering include:

- Allowing them to wear a loose face covering or a face shield, preferably with a drape at the bottom.
- Scheduling them at a time when few people or no immunocompromised individuals are present.
- Offering a telehealth consultation if appropriate.

Employee Instructions

Employees are provided with verbal and written instruction and reminders on:

- Covering a cough or sneeze with a tissue or inside elbow and not with a hand.
- Washing hands often with soap for at least 20 seconds.
- Using hand sanitizer if soap and water are not readily available.
- Using hand sanitizer when donning and doffing PPE.
- Avoiding touching their eyes, nose and mouth with unwashed hands.
- Not sharing personal items, such as cups, with others.
- Avoiding contact with individuals exhibiting symptoms of the illness.
- Entering patient treatment areas only when necessary.

Employees are instructed to report to the Administrator without fear of reprisal if they are:

- Experiencing symptoms of COVID-19.
- Diagnosed with or tested positive for COVID-19.

Employees who experience symptoms of COVID-19 are instructed not to return to work until they meet the return-to-work criteria described here and their return is approved by the administrator.

Omit the following sentence if employees self-report symptoms instead. Employees are screened at the beginning of their shift for symptoms and their temperature is taken. Records of the screenings are maintained in employee medical records in accordance with CCR 8 Section 3204. An employee who appears to be sick upon arrival to work will be sent home immediately with instructions on how to get tested. An employee who starts to exhibit symptoms of COVID-19 while at work will be sent home with instructions on how to get tested and asked to keep the Administrator informed of their health status. COVID-19 testing is provided to an employee who experiences symptoms or has a close contact exposure at work at no cost during paid time.

Patient Management

Employees are instructed on how this dental practice evaluates and screens patients to minimize exposure to the coronavirus in the facility.

Patient evaluation for care: A patient can be evaluated via telephone or telehealth platform. A patient may need to present at the dental practice if the telephone or telehealth evaluation is inadequate for determining the need for care.

COVID-19-positive/symptomatic patient: A patient who passed the screening but begins to experience symptoms consistent with COVID-19 while at the appointment will be isolated until they can be sent home or to an appropriate medical facility for care. This dental practice will work with the patient's medical provider to locate an appropriate facility for emergency or urgent dental care of a COVID-19-positive or symptomatic patient. COVID-19-positive/symptomatic patients **must not be treated** in a dental facility that does not have an air-illness isolation room.

Scheduling a patient who has or had COVID-19: A patient who has or had COVID-19 can be scheduled to be seen 10 days or more after the patient's positive test was administered or when they first experienced symptoms. When scheduling the patient, staff must inform the patient that they must be free of fever and symptoms are reduced. If an individual experienced severe illness, waiting an additional 10 days is recommended. The date of the positive test is Day 0.

Office Environment

Public areas, frequently touched objects and surfaces are cleaned and disinfected by assigned staff at the end of the day. Operatories are cleaned and disinfected after each patient is seen. This dental practice continues to comply with the cleaning, disinfection and sterilization standards established by the bloodborne pathogens standard and the dental board infection control regulation.

Evaluation And Compliance

The administrator or designee evaluates both the effectiveness and staff compliance with this plan

[check one] daily weekly, and documents deficiencies. Periodic inspections are performed to identify unhealthy conditions, work practices and procedures related to COVID-19. Deficiencies are corrected as soon as possible.

VI. Personal Protective Equipment

Staff performing or assisting in patient treatment must wear appropriate PPE to cover their hands, faces, body and clothing. This dental practice will utilize CDC-recommended strategies when the PPE supply is at contingent or crisis levels.

Procedures that produce aerosols require additional respiratory tract protection. Staff in the immediate area where an aerosol-generating procedure is performed will wear a NIOSH-approved particulate respirator, except when the patient undergoing the procedure has had a negative result after self-administering an OTC COVID-19 antigen diagnostic test on the same day and prior to the procedure. Individuals required to wear a tight-fitting respirator must undergo a medical evaluation and will be fit tested in accordance with the dental practice's respiratory protection program.

Staff involved in clinical care are instructed on the proper procedures for putting on and taking off their PPE.

This dental practice provides the minimum PPE required for staff as shown in the table below. The Administrator is responsible for ensuring the dental practice has at least a two-week supply of PPE during any public health emergency, as recommended by the CDPH. When adequate PPE is not available, patient treatment will be rescheduled and emergency care will be referred to other dental providers.

| STAFF CATEGORY | PPE |
|---|--|
| Administrative staff | Surgical mask or face covering |
| Lab/instrument processing staff | Mask, gloves, gown and eye protection appropriate for working with disinfectants and other materials |
| Clinical care staff, non-aerosol procedures | Face shield or protective eyewear, surgical mask, gloves and gown |
| Clinical care staff, aerosol procedures | Face shield, NIOSH-approved respirator, gloves and gown |

Single-use PPE is disposed immediately after use. These items are [list types of single-use PPE used in the practice]

Reusable PPE is cleaned and disinfected in a manner that prevents cross-contamination. Manufacturers' instructions are prioritized. CDC guidance may be used when a PPE shortage exists. These reusable PPE include [list types of reusable PPE used in the practice]

VII. Employees at Risk of Severe Illness

Individuals with certain medical conditions² have an increased risk of severe illness and may want to take extra precautions. This dental practice will make reasonable efforts to accommodate staff who request an accommodation because of their medical condition. Employees requesting an accommodation may be required to provide medical certification from a health care provider.

VIII. Illness/Exposure Reporting, Investigation and Follow-Up

Staff will not report to work and are required to notify the Administrator without fear of reprisal the following information as soon as possible:

- If they are experiencing COVID-19 symptoms.
- If they have a positive COVID-19 test.

If they are at work when either of the above incidents occur, staff shall leave the facility immediately. Staff shall not return to work until return-to-work criteria has been met and the Administrator has cleared individual to return.

² People with Certain Medical Conditions, Centers for Disease Control, [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

In addition, patients are requested to notify the office if they are diagnosed with or experience symptoms of COVID-19 within two days after their visit.

The Administrator will provide for COVID-19 tests to employees experiencing COVID-19 symptoms at work or who had close contact with a COVID-19-positive individual at the dental practice. The tests are made available to the employees at no cost during their paid time. If a medical care provider determines the employee's symptoms are caused by a known condition that is not COVID-19, the return-to-work criteria described here do not apply to the employee.

The Administrator will investigate reports of illness to identify close contacts that occurred at the dental practice or with other staff outside the practice. Information to be collected includes but is not limited to:

- Day and time the ill employee was last in the workplace.
- Date of positive COVID test and/or diagnosis.
- Date the ill employee experienced any COVID-19 symptoms if any were experienced.
- Identification of individuals who may have been in close contact with the ill employee.

This information must be retained for at least two years. The Administrator will notify the identified close contacts as soon as reasonably possible so that they may test in accordance with CDPH guidance. The Administrator will maintain the confidentiality of infected staff and patients and disclose only the minimum necessary information.

The Administrator will investigate a reported illness to determine if any work-related factors could have contributed to the infection or exposure. If such factors are identified, corrective action will be taken and this plan will be updated with information to help prevent more infections. If a work-related factor is involved, the information will be recorded as part of an employee's medical record. The employee will be informed to file a workers' compensation claim. Records of workplace exposures and illnesses will be maintained in employee medical records in accordance with 8 CCR Section 3204.

The Administrator will document all the above actions on respective employee and patient tracking forms³. Such information is kept confidential unless disclosure is required or permitted by law.

An employee who is prevented from working due to a work-related COVID-19 illness or close contact may apply for workers comp benefits. For absences due to non-work-related illness, employers may require the use of accrued employer-provided vacation or PTO time.

IX. Return to Work Criteria

The information in this section is based on the Cal/OSHA regulation and [CDPH isolation guidance](#) for the general public and certain "high-risk settings." Cal/OSHA COVID-19 regulation is required to be similar to CDPH isolation guidance, therefore the information below is subject to change when CDPH changes its guidance. Additionally, the dental practice must comply with the more stringent quarantine and isolation rules if their local public health department rules differ from the state rules.

COVID-19 Cases

An employee who has COVID-19 and is symptomatic must isolate a minimum of 24 hours after start of symptoms. The employee may leave isolation if their symptoms have improved, and they have been free of fever for 24 hours without use of fever-reducing medication. Employee will contact employer prior to returning to work. Employee must continue wearing a mask indoors for 10 days following the day symptoms began.

³ Forms are available on [cda.org](https://www.cda.org).

An employee who has COVID-19 but is not symptomatic need not isolate. The employee must wear a mask indoors for 10 days following the day the positive test was administered.

An employee who was under an order issued by a local or state official to isolate or quarantine may return to work when the order is lifted, 10 days after the order to isolate was effective or 14 days after the order to quarantine was effective.

Close Contact Exposures

Quarantine is not required after a close contact exposure with a COVID-19 infected individual. An employee with close contact exposure will be offered COVID-19 testing by the employer. If the employee becomes symptomatic, the steps described in the section above will be followed.

X. Workplace Exposure/Illness Reporting to Employees and Cal/OSHA

A COVID-19 outbreak is when three or more employees at one work site test positive or are diagnosed with COVID-19 within 14 days. When this outbreak occurs, the dental practice must notify Cal/OSHA and comply with the requirements of Title 8 Section 3205.1 by:

1. Providing COVID-19 testing during regular working hours to employees who were in the exposed group at the same time as an employee with COVID-19, except for an employee who is a "returned case." Testing must be provided immediately after the dental practice learns of the third employee's COVID-19 test or diagnosis and weekly thereafter until there is one or fewer new COVID-19 cases in the exposed group for a 14-day period.
2. Excluding from the dental practice employees who have COVID-19, or who had close contact exposure with an individual with COVID-19 and refuse to test. These excluded employees must follow the return-to-work criteria.
3. Investigating any work-related factors in the outbreak and correction of any hazard. This will be documented.

The Administrator will report to the nearest Cal/OSHA office any serious illness or injury or the death of an employee that occurred at work or in connection with work within eight hours of when they knew or should have known of the illness, injury or death. This includes a COVID-19 illness if it meets the definition of serious illness. "Serious injury or illness" is defined in Title 8 Section 330(h) and includes in-patient hospitalization for a reason other than medical observation or diagnostic testing.

XI. Training and Communication

Staff is trained on the following:

- That COVID-19 is an airborne infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs or exhales; that it can be transmitted when a person touches a contaminated object and then touches their eyes, nose or mouth, although that is less common; and an infectious person may have no symptoms. That particles containing the virus can travel more than 6 feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors and respiratory protection decrease the spread of COVID-19 but are most effective when used in combination.
- The epidemiology of COVID-19 symptoms, how to prevent the virus from spreading through physical distancing, face coverings and hand hygiene, risk factors and the underlying health conditions that may make individuals more susceptible to developing a severe COVID-19 illness. The COVID-19 hazards in the dental practice and the engineering, work practice and administrative controls implemented to eliminate or reduce them.
- The effectiveness of COVID-19 vaccinations and boosters protecting against both transmission and serious illness or death and where to access the vaccine.
- How to participate in the identification and evaluation of COVID-19 hazards in the dental practice.

- Screening procedures for employees, patients and others.
- Who to report to when they experience COVID-19 symptoms or have tested positive or been diagnosed with COVID-19, and that they can report without fear of reprisal.
- Contents of this plan soon after the plan is implemented and again when elements of the plan change. A copy of this plan is available to all employees.
- The use of respiratory protection equipment and other PPE for aerosol-generating procedures and other elements of the dental practice's respiratory protection program.
- The availability of respirators for voluntary use by any employee, how to properly wear the provided respirator, how to perform a seal check each time the respirator is worn and the fact that facial hair can interfere with a seal.
- The proper use of face coverings, the fact that face coverings are not respiratory protective equipment.
- The proper cleaning and disinfection of patient treatment areas and public areas.
- The dental practice's policy for accommodating employees with medical conditions that put them at increased risk of severe COVID-19 illness.

Staff is provided with information on COVID-19-related benefits to which they may be entitled under federal, state or local laws. This includes any benefits available under government programs, if available, workers' compensation and the dental practice's leave policies.

Staff is provided with the instructions described in the section Employee Instructions of this plan.

Staff is provided with information on how to access COVID-19 testing when they have a close contact to someone with COVID-19 at the workplace, when they experience COVID-19 symptoms at the workplace and when the dental practice is experiencing an outbreak.

Signage is placed at the entrances and appropriate locations to:

- Invite use of provided hand sanitizer.
- Remind staff of the importance of frequent handwashing.
- Remind individuals of cough and sneeze etiquette.
- Demonstrate procedures for donning and doffing PPE.

If a dental practice provides transportation for employees, it must take additional steps described in 8 CCR [Section 3205.4](#) and include those steps in this written plan. If a dental practice experiences a COVID-19 outbreak, it must comply with the additional requirements described in 8 CCR 3205.1

**COVID-19 Prevention Plan
Individual Training Documentation**

_____ [Practice Name]

Name of Trainer: _____

Training Subject: COVID-19 Prevention Plan

Training Materials Used: _____

Name of Employee: _____

Date of Hire/Assignment: _____

I _____ hereby certify that I received training as described above. I understand this training and agree to comply with the safety procedures for my work area.

Employee Signature _____ Date _____