Business name: 
Facility Address: 
Approximate gross square footage of space open to the public: 

Businesses must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is inapplicable to the business.

A. SIGNAGE

❑ Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another.

❑ Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

B. MEASURES TO PROTECT EMPLOYEE HEALTH (CHECK ALL THAT APPLY TO THE FACILITY)

❑ Everyone who can carry out their work duties from home has been directed to do so.

❑ All employees have been told not to come to work if sick.

❑ Upon being informed that one or more employees test positive for, or has symptoms consistent with COVID-19 (case), the employer has a plan or protocol in place to have the case(s) isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s). The employer’s plan should consider a protocol for all quarantined employees to have access to or be tested for COVID-19 in order to determine whether there have been additional workplace exposures, which may require additional COVID-19 control measures.

❑ **Employee screenings** are conducted before employees may enter the workspace. Checks must include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills and if the employee has had contact with a person known to be infected COVID-19 in the last 14 days. These checks can be done remotely or in person upon the employees’ arrival. A temperature check should also be done at the worksite if feasible.

❑ In the event that 3 or more cases are identified within the workplace within a span of 14 days the employer should report this cluster to the Department of Public Health at (888) 397-3993 or (213) 240-7821. If a cluster is identified at a worksite, the Department of Public Health will initiate a cluster response which includes providing infection control guidance and recommendations, technical support and site-specific control measures. A public health case manager will be assigned to the cluster investigation to help guide the facility response.

❑ Employees who have contact with others are offered, at no cost, an appropriate face covering that covers the nose and mouth. The covering is to be worn by the employee at all times during the workday when in

Recent Updates:

6/29/20: In the event that 3 or more cases are identified within the workplace within a span of 14 days the employer should report this cluster to the Department of Public Health

7/20/20: Additional information provided regarding face coverings and symptom checks for employees and visitors
contact or likely to come into contact with others. Employees who have been instructed by their medical provider that they should not wear a face covering should wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves should not be used. Employees need not wear a face covering when the employee is alone in a private office or a cubicle with a solid partition that exceeds the height of the employee when standing.

- Employees are instructed to wash or replace their face coverings daily.
- All desks or individual workstations are separated by at least six feet.

- Break rooms, restrooms, and other common areas are being disinfected frequently, on the following schedule:
  - Break rooms:
  - Restrooms:
  - Other:

- Disinfectant and related supplies are available to all employees at the following location(s):

- Hand sanitizer effective against COVID-19 is available to all employees at the following location(s):

- Soap and water are available to all employees at the following location(s):

- Employees are allowed frequent breaks to wash their hands.
- Copies of this Protocol have been distributed to all employees.
- Optional—Describe other measures:

C. MEASURES TO PREVENT CROWDS FROM GATHERING
(CHECK ALL THAT APPLY TO THE FACILITY)

- Limit the number of customers in the store at any one time, which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.
  
  Maximum number of customers in the facility:

- Post an employee at the door to ensure the maximum number of customers in the facility is not exceeded.

- Placing per-person limits on goods that are selling out quickly to reduce crowds and lines. Explain:

- Optional—Describe other measures:
D. MEASURES TO KEEP PEOPLE AT LEAST SIX FEET APART (CHECK ALL THAT APPLY TO THE FACILITY)

☐ Placing signs outside the store reminding people to be at least six feet apart, including when in line.

☐ Placing tape or other markings at least six feet apart in customer line areas inside the store and on walkways at public entrances with signs directing customers to use the markings to maintain distance.

☐ Separate order areas from delivery areas to prevent customers from gathering.

☐ All employees have been instructed to maintain at least six feet distance from customers and from each other, except employees may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.

☐ Optional—Institute one-way aisles to facilitate Social Distancing.

☐ Optional—Describe other measures:

E. MEASURES TO PREVENT UNNECESSARY CONTACT (CHECK ALL THAT APPLY TO THE FACILITY)

☐ Preventing people from self-serving any items that are food-related.

☐ All items are pre-packaged in sealed containers by staff.

☐ Bulk-item food bins are not available for customer self-service use.

☐ Food samples are prohibited.

☐ Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly. Describe:

☐ Optional—Describe other measures (e.g. providing senior-only hours):

F. MEASURES TO PROMOTE INFECTION CONTROL

☐ Visitors arriving at the establishment are reminded to wear a face covering at all times (except while eating or drinking, if applicable) while in the establishment or on the grounds of the establishment. This applies to all adults and to children 2 years of age and older. Only individuals who have been instructed not to wear a face covering by their medical provider are exempt from wearing one. To support the safety of your employees and other visitors, a face covering should be made available to visitors who arrive without them.

☐ Symptom checks are conducted before visitors may enter the facility. Checks must include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills. These checks can be done in person or through alternative methods such as on-line check in systems or through signage posted at the entrance to the facility stating that visitors with these symptoms should not enter the premises.

G. MEASURES TO INCREASE SANITIZATION (CHECK ALL THAT APPLY TO THE FACILITY)

☐ Restrooms normally open to the public shall remain open to the public.

☐ Disinfecting wipes that are effective against COVID-19 are available near shopping carts and shopping baskets.

☐ Employee(s) assigned to disinfect carts and baskets frequently, preferably after each use.
- Hand sanitizer, soap and water, or effective disinfectant is available to the public at or near the entrance of the facility, at checkout counters, and anywhere else inside the store or immediately outside where people have direct interactions.

- Disinfecting all payment portals, pens, and styluses after each use.

- Disinfecting all high-contact surfaces frequently.

- Optional- Describe other measures:

Any additional measures not included above should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Business Contact Name: ________________________________

Phone number: __________________________

Date Last Revised: ________________________________