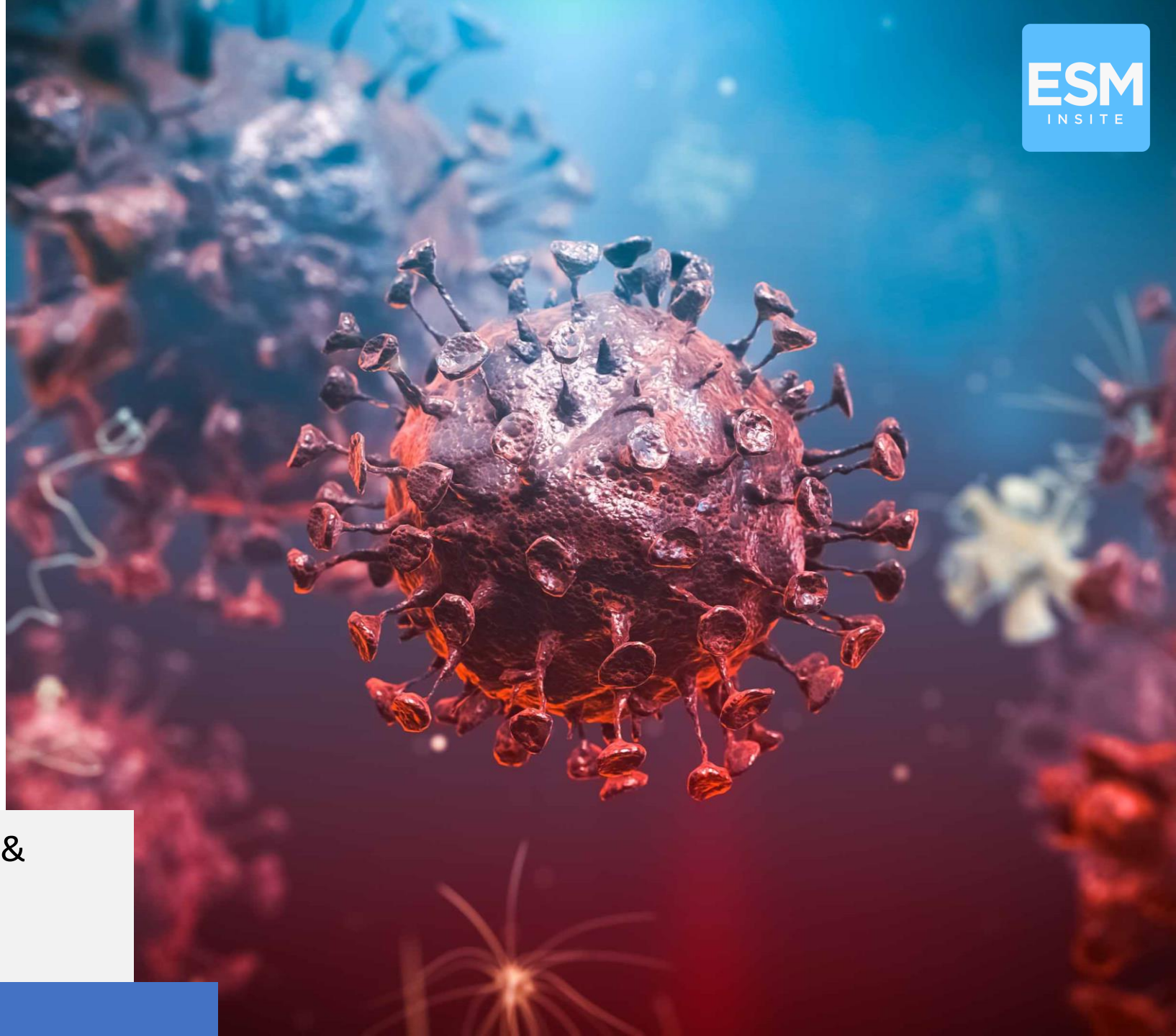


# Exposure Control Plan (ECP)

INFECTIOUS DISEASE PREPAREDNESS &  
RESPONSE PLAN

CORONAVIRUS (COVID-19)



# Presentation Housekeeping



Worker's Comp  
focus



Safety / Cal-OSHA  
compliance



Framework for risk  
management



Q&A to follow via  
email after webinar



# PRESENTERS & CONTRIBUTORS



**DANIEL BOZZUTO**

*COMMERCIAL BROKER*

*BOZZUTO INSURANCE*



**ANTHONY POSTON**

*ARM, AIM*

*CEO / RISK MANAGER*

*ESM INSITE*



**SHARON POSTON**

*ARM, SIP*

*PRESIDENT / CLAIMS MGR.*

*ESM INSITE*



**JENNIFER ANDERSON**

*PARTNER*

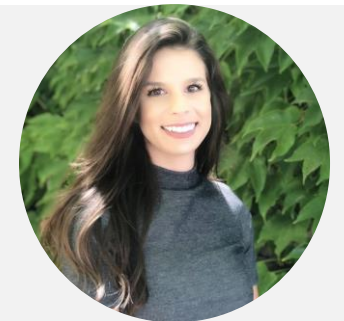
*BOZZUTO INSURANCE*



**SINEAD SCROSOPPI**

*CUSTOMER SUCCESS*

*ESM INSITE*



**HAILEE HANSEN**

*SIP*

*SR. CLAIMS ADVOCATE*

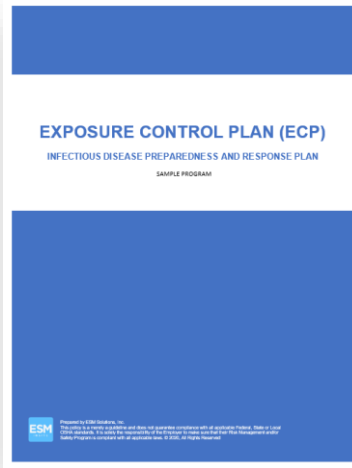
*ESM INSITE*



# Employer Exposure Control Plan Tools

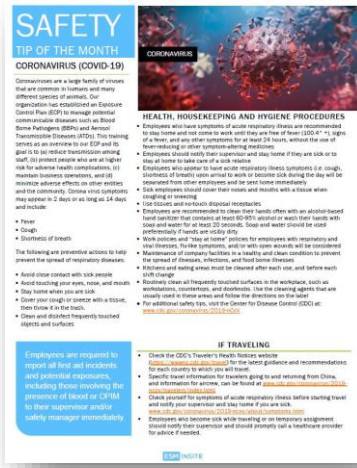
(Click each to download or visit to download: [www.esminsite.com/blog/exposure-control-plan-coronavirus-preparation](http://www.esminsite.com/blog/exposure-control-plan-coronavirus-preparation))

## Exposure Control Plan Overview (Policy)



**EXPOSURE CONTROL PLAN (ECP)**  
INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE PLAN  
SAMPLE PROGRAM

## Coronavirus (COVID-19) Safety Training (English)



**SAFETY TIP OF THE MONTH**  
CORONAVIRUS (COVID-19)

**HEALTH, HOUSEKEEPING AND HYGIENE PROCEDURES**

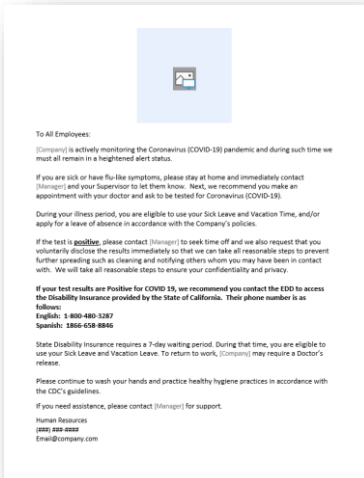
## Coronavirus (COVID-19) Safety Training (Spanish)



**SUGERENCIA PARA SU SEGURIDAD DEL MES**  
CORONAVIRUS (COVID-19)

**PROCEDIMIENTOS DE SALUD, MANTENIMIENTO E HIGIENE**

## Employee Memo (Eng & Spa Sample)



To All Employees:

[Company] is actively monitoring the Coronavirus (COVID-19) pandemic and during such time we must all remain in a heightened alert status.

## Work From Home (WFH) Wellness Training



**SAFETY TIP OF THE MONTH**  
WORK FROM HOME WELLNESS

**PHYSICAL WELLNESS IDEAS**

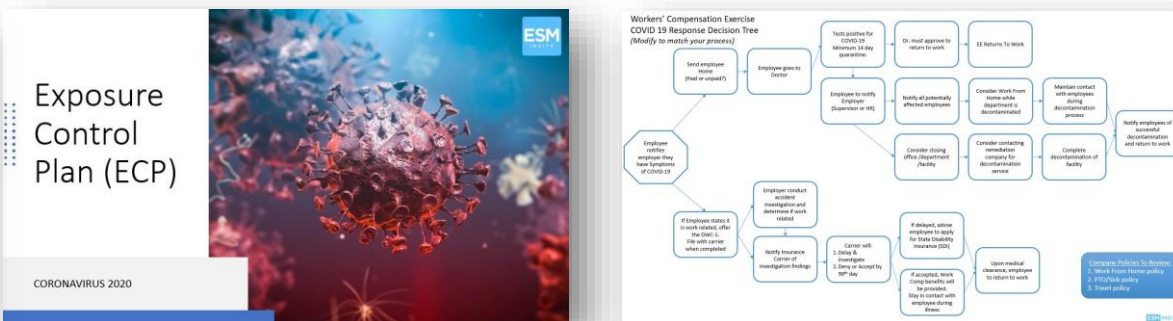
**HOME OFFICE WELLNESS IDEAS**

## Exposure Control Plan Overview (webinar)



**Exposure Control Plan**  
Coronavirus (COVID-19)

## Exposure Control Plan Overview PowerPoint



**Exposure Control Plan (ECP)**  
CORONAVIRUS 2020

**Workers' Compensation Exercise COVID-19 Response Decision Tree**  
(Modify to match your process)

Flowchart detailing the decision process for COVID-19 response, including steps like 'Send employee home', 'Employee notifies doctor', 'Employee notifies supervisor', etc.

## Work Comp Decision Tree (sample)

## Business Preparedness Checklist (Team Exercise)



**Exposure Control Plan Business Preparedness Checklist**  
Coronavirus (COVID-19)

# Communicable Diseases



**Communicable Diseases** are infectious diseases such as Bloodborne Pathogens (BBP), spread through contact with blood and other potentially infectious materials (OPIM), Aerosol Transmissible Diseases (ATD) which are spread through respiratory secretions when exhaled or expelled through coughing, sneezing, etc., and other infectious diseases which are **spread through body contact, contact with infected body fluids.**



CDs requiring direct contact precautions include hepatitis B virus, hepatitis C virus, and HIV/AIDS



CDs requiring airborne infection isolation, such as tuberculosis, SARS, smallpox, influenza and measles

# 4 things to know bout COVID-19

01

COVID-19 is considered a “Community Spread” virus, which means people have been infected with the virus in an area.

02

This virus is spread in large droplets by coughing and sneezing.

This means that the air will not infect you!

03

All the surfaces where these droplets land are infectious for about a week on average.

You will not be infected unless your unprotected face is directly coughed or sneezed upon.

04

This virus only has cell receptors for lung cells and the only way for the virus to infect you is through your nose or mouth via your hands or an infected cough or sneeze onto or into your nose or mouth.

# EPA List of Registered Disinfectants



- Clorox Disinfecting Wipes
- Clorox Commercial Solutions
- Clorox Disinfecting Spray
- Clorox Multi-Surface Cleaner + Bleach
- Klercide 70/30
- Lonza Formulation
- Lysol Clean & Fresh Multi-Surface Cleaner
- Lysol Disinfectant Max Cover Mist
- Lysol Heavy-Duty Cleaner Disinfectant Concentrate
- Oxycide Daily Disinfectant Cleaner
- Peak Disinfectant Wipes
- Peroxide Multi Surface Cleaner and Disinfectant
- Peroxide Disinfectant & Glass Cleaner
- Purrell Professional Surface Disinfectant Wipes
- Sani-Prime Germicidal Disposable Wipe
- Sani-Prime Germicidal Spray

Full List here:

[www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](http://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

## Symptoms:

- Fever
- Dizziness
- Severe cough
- Difficult breathing
- Chills, general malaise
- Decreased appetite, nausea and vomiting

## Complications:

- Pneumonia
- Kidney failure
- Encephalitis, meningitis
- Exacerbation of chronic diseases
- Impaired liver and kidney function

**Incubation period 2-14 days** represents the estimated range at the moment. Period can vary greatly among patients.

## At risk groups:



People over 65 years old



Pregnant and people with weakened immunity



Children under 7 years old



Smokers

## Preventive methods of protection against coronavirus:



Cover mouth and nose with tissue when coughing and sneezing



Avoid close contact with sick people



Wash your hands with water and soap, use alcohol-based sanitizer

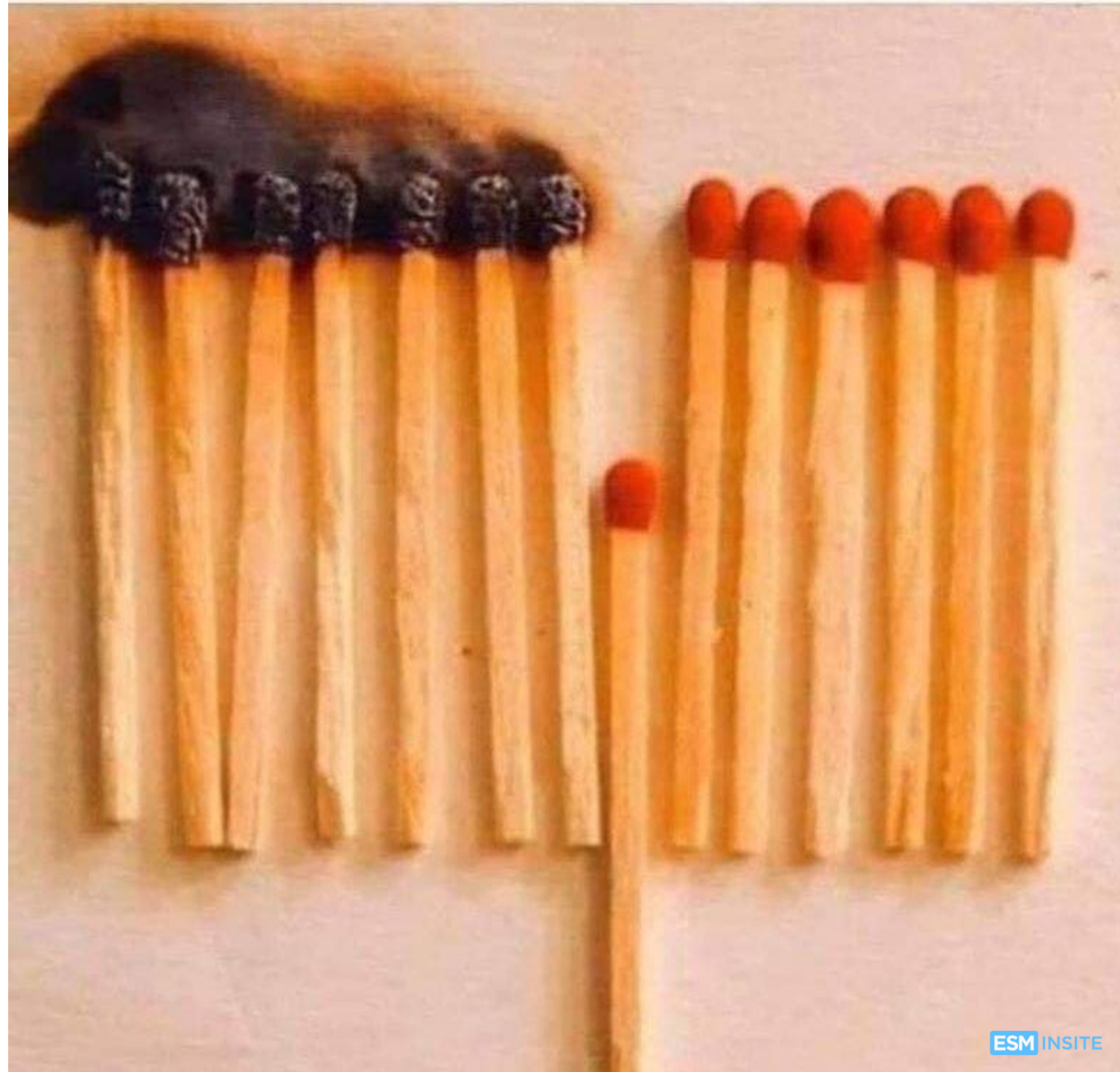


Cook meat and eggs properly. Avoid contact with wild and farm animals

**Remember! Prevention is the best treatment.**  
**In case of illness, consult a doctor, do not self-medicate!**



Social Distancing,  
“The one who  
stayed away  
saved the rest”



# Work From Home Wellness Ideas

## SAFETY TIP OF THE MONTH

### WORK FROM HOME WELLNESS

Never before have workers telecommuted on such a large scale. Millions of people are trying to work from home — if possible and it is important that this new WFH workforce is adequately prepared. Here are a few tips and wellness ideas to help optimize your WFH career.

#### Work From Home Tips:

1. Get your Tech in order (e.g. workstation equipment, including webcam and apps such as Zoom, Google Hangouts, Microsoft Teams, Slack)
2. Ensure your internet bandwidth is sufficient
3. Create a schedule for kids
4. Communicate and manage expectations to family and colleagues
5. Stay connected

#### Emotional work from home wellness ideas, include

- Take breaks throughout the day
- Utilize free meditation and yoga apps

Use your normal commuting time to prepare healthy foods, pre-work walk, read a new book or learn something new. To prevent isolation anxiety, stay connected with colleagues, customers and friends using video calls.



#### PHYSICAL WELLNESS IDEAS

- Ensure your home workstation is set up ergonomically ask your HR team for assistance
- Incorporate ergonomic training into your daily schedule, e.g. head rolls, wrist rolls, finger extensions, hand grips, exercise ball
- Go outside every day for fresh air and sunlight
- Eat healthy foods and snacks such as fruits, nuts and vegetables
- Drink lots of water (set a reminder if necessary)
- Stand up and move around frequently, e.g. during calls, during breaks
- Set exercise goals and consider new routines, like stretching, yoga, walking and biking
- Learn something new, e.g. cooking, language, coding, industry designation. Explore websites like: MasterClass.com, Lynda.com
- Maintain regular sleep schedules, targeting 7 - 8 hours a night
- Maintain or create a schedule for children. Engage in new family learning lessons, e.g. STEM exercises and experiments
- Ensure family understands and respects your workspace

#### HOME OFFICE WELLNESS IDEAS

- Create a space dedicated for work only and that has some privacy
- De-clutter your workspace
- Use your normal commuting time to prepare healthy foods, pre-work walk, read a new book or learn something new
- Incorporate normal going to the office morning routines. E.g. get up, get ready and dress appropriately for video calls
- Take a lunch break
- Keep regular work hours and office routines
- Share work from home ideas and resources with colleagues to keep engaged

ESM INSITE



# Getting Started with your Exposure Control Plan

*(Infectious Disease Preparedness & Response Plan)*



1. Review the Exposure Control Plan (ECP) and amend to match your organization's policies and procedures
2. Finalize the ECP and review with Managers and Supervisors
3. Review Coronavirus Safety Tips (provided in English & Spanish) and amend to match your organization's policies and procedures
4. Provide Coronavirus training to all employees and obtain signatures using the attendance form.
5. Maintain signature pages for recordkeeping

# ECP Safety Responsibilities

## Safety Manager

- Assists with developing a written program, which complies with Cal/OSHA standards
- Assists with providing training tools to all employees on the risks and control procedures of the ECP, including how to recognize communicable disease symptoms and proper response when they appear
- Identifies tasks and work environments where potential communicable disease exposures exist

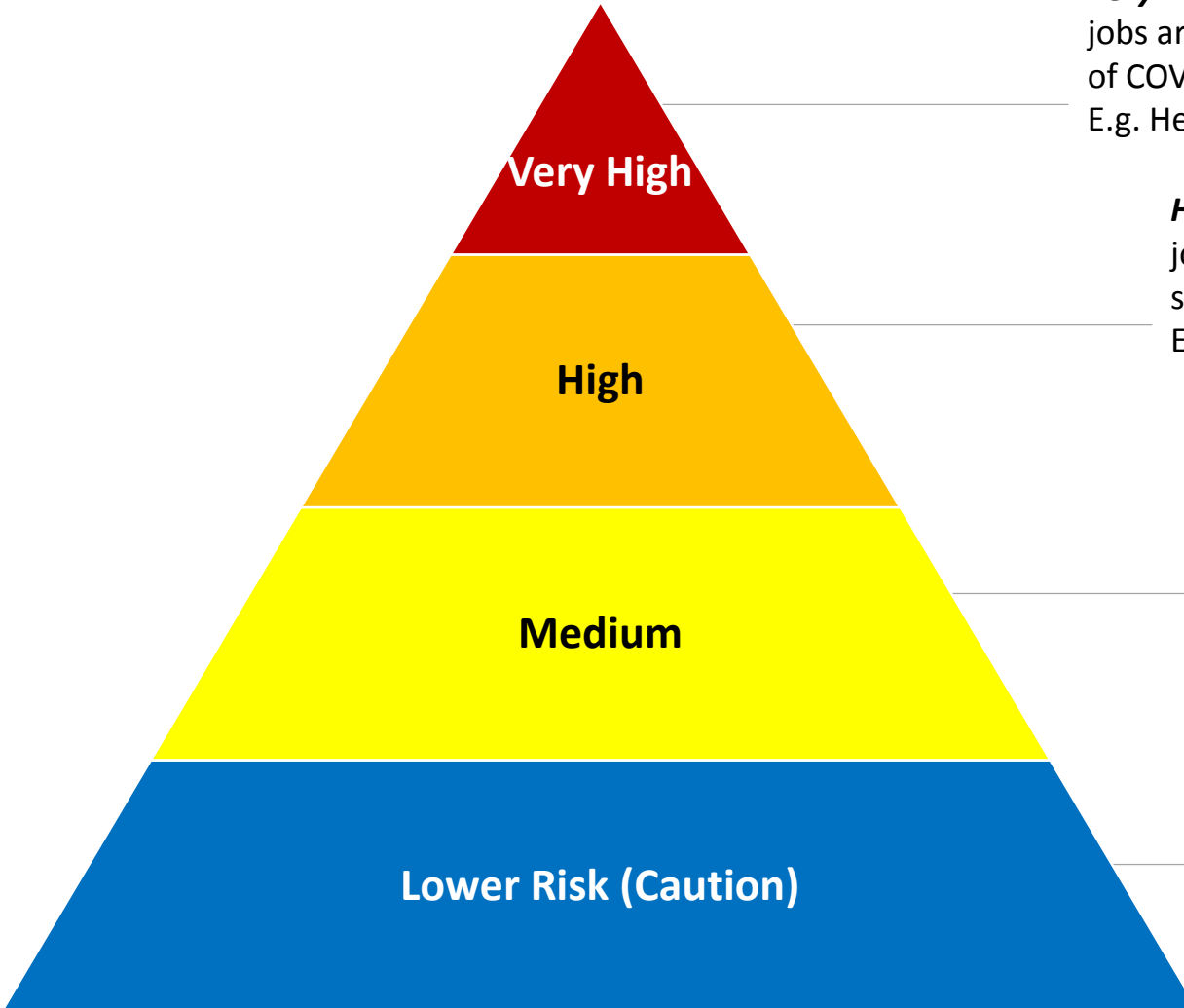
## Department Managers, Supervisors & Leads

- Ensure that the requirements in this ECP are implemented
- Ensure that affected personnel are trained and follow control procedures outlined in this Plan

## Affected Employees

- Complies with our Company's Exposure Control Plan

# OSHA's Occupational Risk Pyramid



## ***Very High Exposure Risk***

jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.  
E.g. Healthcare workers, Lab workers, morgue workers

## ***High Exposure Risk***

jobs are those with high potential for exposure to known or suspected sources of COVID-19.  
E.g. Healthcare delivery (Drs., Nurses), Medical transport (paramedics)

## ***Medium Exposure Risk***

jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients.  
E.g. workers with contact to the general public

## ***Lower Exposure Risk***

jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public.  
E.g. workers have minimal occupational contact with the public and other coworkers

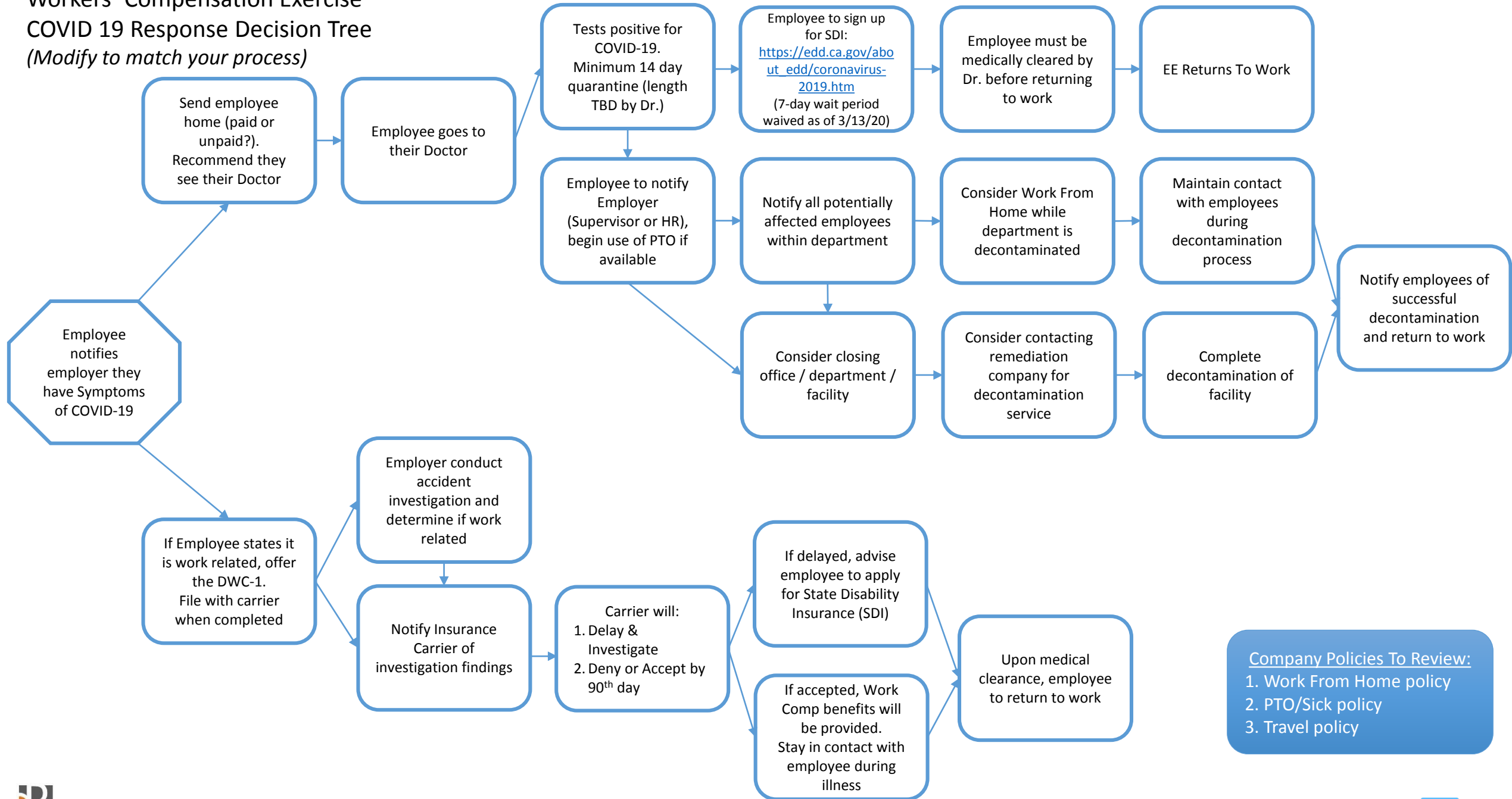
# Company Exercise

Department	Risk Level	Preparedness Plan
Department 1	Medium	PPE: Gloves, Respirators, Aprons, Training (don/doff PPE) Bloodborne Pathogens (BBP) Training

# Workers' Compensation Exercise

## COVID 19 Response Decision Tree

*(Modify to match your process)*



Company Policies To Review:

1. Work From Home policy
2. PTO/Sick policy
3. Travel policy





# Transmission Control Procedures

1. Utilize universal precautions to prevent exposure to ATDs, or contact with BBPs and other potentially infectious materials (OPIMs)
  - Treating employees exhibiting flu-like symptoms as infectious
  - Treating all blood and body fluids as infectious
2. Ensure safe needle and sharps handling and disposal in proper containment systems
3. Ensure safe handling of blood or OPIM specimens
  - All procedures involving blood or OPIM shall be performed to minimize splashing, spraying, splattering, and generation of droplets of these substances
4. Utilize personal hygiene practices such as thoroughly washing hands
5. Utilize personal protective equipment and respiratory protection requirements as needed
6. Clean and decontaminate work areas, vehicles, and equipment that may become contaminated



# Personal Protective Equipment (PPE)



PPE procedures may include:

- Storage and availability of appropriate PPE in areas identified to have potential for occupational exposure
- Proper use of PPE, including:
  - Gloves
  - Safety Glasses or Goggles
  - Respirator (dust mask or cartridge)
  - Rubber Boots
  - Apron
- Proper handling of contaminated PPE
- If it is determined that respirators are required, will implement a Respiratory Protection Program in accordance with Title 8 CCR 5144 Respiratory Protection



**An affected department shall decontaminate:**

- Personal Protective Equipment
- Work uniforms (if applicable), or other clothing, if utilized as PPE
- Machinery, hand tools, workstations and other department related equipment
- Vehicles



**Decontamination shall commence as soon as the exposure is known, including when:**

- The work surfaces become contaminated
- A blood spill or OPIM
- There is exposure to a potential airborne contaminant



**Cleaning materials must be disposed of in accordance with a bloodborne pathogens program, including:**

- Contaminated personal protective equipment shall be carefully handled, bagged and prepared for decontamination
- All infectious or contaminated waste receptacles intended for reuse should be inspected for contamination and decontaminated prior to reuse
- Protective coverings used to cover equipment and surfaces shall be removed and replaced when contaminated

# Decontamination Procedures

# "Regulated Waste"

Regulated waste is liquid or semi-liquid blood or other potentially infectious materials (OPIM)

Regulated waste consists of contaminated items that:

- Contain liquid or semi-liquid blood, or are contaminated with dried blood or OPIM
- Are capable of releasing these materials when handled or compressed
- Are contaminated sharps
- Are pathological and microbiological wastes containing blood or OPIM

# Requirements for waste containers



**Sharps containers must have the words “sharps waste” and/or the biohazard symbol and the word “BIOHAZARD”**



**Waste not consisting of sharps shall:**

Be disposed of in containers which are closable

Constructed to contain all contents and prevent leakage during handling, storage or transporting

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage or transporting



**Waste containers shall be labeled:**

“Biohazardous Waste”, the biohazard symbol or the word “BIOHAZARD”

Potentially contaminated containers shall be stored in designated areas away from any common areas, food handling or preparation areas.



# Exercise:

*Identify the locations of our Company's Biohazard containers*

## ***Biohazard Container locations:***

### **Location 1:**

- Department:
- Location:
- Supervisor:

### **Location 2:**

- Department:
- Location:
- Supervisor:

### **Location 3 (if applicable):**

- Department:
- Location:
- Supervisor:

*Identify additional locations as needed*

# General Health & Hygiene Tips



- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask.
  - CDC does not recommend that people **who are well** wear a facemask to protect themselves from respiratory diseases, including COVID-19.
  - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
    - If it is determined that respirators are required, our Company will implement a Respiratory Protection Program in accordance with Title 8 CCR 5144 Respiratory Protection.
- **Consideration: Surgical masks prevent you from touching your nose and mouth, which we do an estimated 90 times a day!**



# Centers for Disease Control's (CDC) Recommended Preventive Measures:

- **Voluntary Home Isolation:** Stay home when you are sick with respiratory disease symptoms.
- **Respiratory Etiquette:** Cover coughs and sneezes with a tissue, then throw it in the trash can.
- **Hand Hygiene:** Wash hands often with soap and water for at least 20 seconds; especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with 60%-95% alcohol.
- **Environmental Health Action:** Routinely clean frequently touched surfaces and objects.
- **Evaluate international travel** requirements.
- Routine use of these measures by individuals and their families will **increase community resilience** and readiness for responding to an outbreak.

# Is Coronavirus covered under Workers' Comp?



AOE/COE

Arising Out of Employment and in the Course Of Employment



Case by case basis



Labor Code defines “occupational illness”



Case law supports the need for medical evidence of a causal connection between employment and the disease



# What are the W.C. carriers saying?

## Berkshire Hathaway (BHHC)

“BHHC will be issuing an official memo shortly regarding the Coronavirus. If an employment subjects a person to an increased risk compared to the general public, the injury is more likely compensable.

Coverage for any allege case will depend on the specific facts and circumstances of the claim. Workers’ Compensation coverage applies to bodily injury by disease, provided the bodily injury by disease is caused or aggravated by the conditions of employment and the employee’s last exposure occurs during the policy period. Quarantine alone is not considered a bodily injury by disease. Please note exposure to a virus does not meet the definition of “injury”. ”

## Travelers

“We are encouraging our customers to report a claim if the employee is alleging a workplace exposure to the virus. Each claim will be investigated upon its own merits to determine compensability.”

# What are the WC attorneys saying?

Laughlin, Falbo, Levy & Moresi [www.lflm.com](http://www.lflm.com)

“In occupational illness cases, employees are required to provide medical evidence of a causal connection between the employment and the disease” ... “causation by a reasonable medical probability.”

- Is there an increased risk compared to the general public?
- There may be presumption of injury for public safety employees?



# Other areas to discuss with an Employment Law attorney



Leave policies/ Sick leave



Telecommuting policies



ADA/ FEHA



FMLA



Title VII. Civil Rights Act



*-Can an employer send an employee home who appears sick or who has had a possible exposure to someone ?*



*-Is it a violation of HIPPA to question an employee who appears ill?*



*-Can an employer require a doctor's certificate before an employee is allowed to return to work?*

**March 18<sup>th</sup> Update:** Paid Sick Leave, Family Medical Leave Expansion

[www.littler.com/publication-press/publication/senate-approves-paid-sick-leave-family-medical-leave-expansion-bill](http://www.littler.com/publication-press/publication/senate-approves-paid-sick-leave-family-medical-leave-expansion-bill)



**Alka Ramchandani-Raj, Of Counsel**

COVID 19 Task Force Lead

[araj@littler.com](mailto:araj@littler.com)

(925) 927-4525



**Littler**

**Slides**

**COVID-19:**  
Common Employer Questions Asked and Answered

**Littler**

**Resources**

- Feedback Form
- Presentation Materials

**Audio** 00:03/71:03

**Speakers:**

- Alka Ramchandani-Raj**, Of Counsel, Littler - Walnut Creek, CA
- Melissa K. Peters**, Special Counsel, Littler - Walnut Creek, CA
- Emilie R. Hammerstein**, Shareholder, Littler - Pittsburgh, PA
- Tahl Tyson**, Shareholder, Littler - Seattle & London

[www.littler.com/events/covid-19-common-employer-questions-asked-and-answered](http://www.littler.com/events/covid-19-common-employer-questions-asked-and-answered)

# What if my employee says she has Coronavirus, and she wants to file a Workers' Comp claim?



**Give your employee an Employee Claim Form**



**Submit the claim to your insurance carrier/ TPA**



**Ask that the claim be "delayed and investigated"**

This will send it to an Indemnity Adjuster (not a Medical Only desk)

90 days to accept or deny. From Employer's knowledge of an alleged claim



**Follow up with the adjuster during the 90 day discovery period**



**Stay in touch with your employee**



**Direct them to apply for State Disability (SDI – California)**

# Employee Claim Form. DWC-1

If you and /or your employee is uncertain if they were exposed or even if they want to file a claim:

Provide the injured worker the **Employee Claim Form**

**With lines 11 and 12 completed.**

Tell the employee to complete and return this form **if** they want to file a claim.

The 90 day deadline begins to run when the Claim Form is returned to you

Complete line 13 and submit to the Carrier  
<https://www.dir.ca.gov/dwc/dwcform1.pdf>

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



Estado de California  
Departamento de Relaciones Industriales  
DIVISION DE COMPENSACION AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACION DEL TRABAJADOR (DWC 1)

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.**

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. *Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.*

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

**Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".**

<b>Employee—complete this section and see note above</b>		<b>Empleado—complete esta sección y note la notación arriba.</b>	
1. Name. <i>Nombre.</i>	_____	Today's Date. <i>Fecha de Hoy.</i>	_____
2. Home Address. <i>Dirección Residencial.</i>	_____		
3. City. <i>Ciudad.</i>	_____	State. <i>Estado.</i>	_____
	_____	Zip. <i>Código Postal.</i>	_____
4. Date of Injury. <i>Fecha de la lesión (accidente).</i>	_____	Time of Injury. <i>Hora en que ocurrió.</i>	_____ a.m. _____ p.m.
5. Address and description of where injury happened. <i>Dirección/lugar dónde ocurrió el accidente.</i>	_____		
6. Describe injury and part of body affected. <i>Describe la lesión y parte del cuerpo afectada.</i>	_____		
7. Social Security Number. <i>Número de Seguro Social del Empleado.</i>	_____		
8. <input type="checkbox"/> Check if you agree to receive notices about your claim by email only. <input type="checkbox"/> <i>Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.</i> Employee's e-mail. _____	<i>Correo electrónico del empleado.</i> _____		
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. <i>Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.</i>			
9. Signature of employee. <i>Firma del empleado.</i>	_____		
<b>Employer—complete this section and see note below.</b>		<b>Empleador—complete esta sección y note la notación abajo.</b>	
10. Name of employer. <i>Nombre del empleador.</i>	_____		
11. Address. <i>Dirección.</i>	_____		
12. Date employer first knew of injury. <i>Fecha en que el empleador supo por primera vez de la lesión o accidente.</i>	_____		
13. Date claim form was provided to employee. <i>Fecha en que se le entregó al empleado la petición.</i>	_____		
14. Date employer received claim form. <i>Fecha en que el empleado devolvió la petición al empleador.</i>	_____		
15. Name and address of insurance carrier or adjusting agency. <i>Nombre y dirección de la compañía de seguros o agencia administradora de seguros.</i>	_____		
16. Insurance Policy Number. <i>El número de la póliza de Seguro.</i>	_____		
17. Signature of employer representative. <i>Firma del representante del empleador.</i>	_____		
18. Title. <i>Título.</i>	_____	19. Telephone. <i>Teléfono.</i>	_____

# Employment Development Department – Unemployment Insurance

- [https://edd.ca.gov/about edd/coronavirus-2019.htm](https://edd.ca.gov/about_edd/coronavirus-2019.htm).
- Quarantined individuals may be eligible
- Employees with reduced work hours; UI will offset lost wages
- 7 day waiting period is waived (as of 3-13-20)
- Employees off work to care for their out-of-school children may be eligible
  
- Include the link to sign up on any layoff notices
- [https://edd.ca.gov/Unemployment/Filing\\_a\\_Claim.htm](https://edd.ca.gov/Unemployment/Filing_a_Claim.htm)



# What if my employee contracts Coronavirus and then transmits it to his family?



**First the employee - AOE/COE?**



**Coverage B/ Employer's Liability under the Workers' Comp policy**

**Consequential Bodily Injury.** These lawsuits are filed by a family member for injuries that are caused by that family member as a consequence of the employee's injury.

\$1 Million limits



# Additional Company Policies To Review:

1. Review your bloodborne pathogens policy
2. Review your health and hygiene policy
3. Review your PPE policy
4. Review your work from home policy
5. Review your travel policy





# Resources

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OSHA: Guidance on Preparing Workplaces for COVID-19:  
[www.osha.gov/Publications/OSHA3990.pdf](http://www.osha.gov/Publications/OSHA3990.pdf)

Centers for Disease Control (Coronavirus): [www.cdc.gov/coronavirus/2019-nCoV](http://www.cdc.gov/coronavirus/2019-nCoV)

Travelers Health Notice: <https://wwwnc.cdc.gov/travel>

Symptoms check: [www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html)

Cal-OSHA Bloodborne Pathogens: <https://www.dir.ca.gov/title8/5193.html>

Cal-OSHA Aerosol Transmissible Diseases: <https://www.dir.ca.gov/title8/5199.html>

World Health Organization: [www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/)

ESM Exposure Control Plan: [www.esminsite.com/blog/exposure-control-plan-coronavirus-preparation](http://www.esminsite.com/blog/exposure-control-plan-coronavirus-preparation)



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