

A decorative graphic consisting of a horizontal row of white dots in the top left corner.

# Your COVID-19 Re-Entry Plan

An employer's Re-Entry  
solution to Cal/OSHA's  
COVID-19 compliance  
& beyond



# ESM is here to help you get back to work.

Workers' Compensation, CDC, OSHA Fed, State and local safety compliance requirements continue to evolve. As employers prepare their Re-Entry plans, ESM has developed tools and strategies that help employers navigate the regulatory complexities.

[CLICK HERE TO FIND OUT MORE](#)



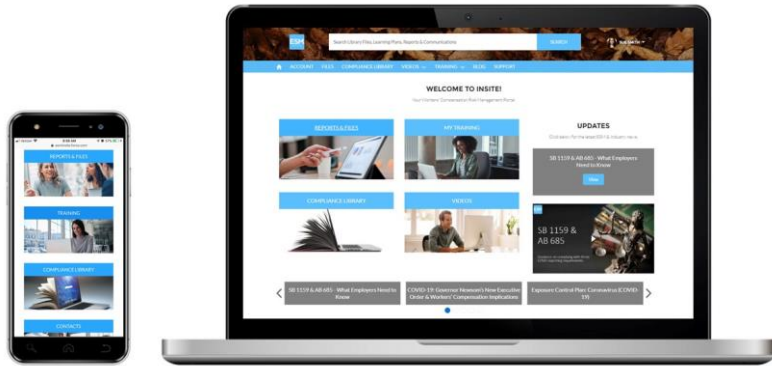
# INSITE Compliance Library: ESM's 7 Point Re-Entry Compliance Kit Subscribe today for access.

1. COVID-19 Safety Audit checklist
2. Updated COVID-19 Prevention Plan (per Cal/OSHA's June 2021 revisions)
3. Vaccination policy (non-mandatory, strongly encouraged + FAQs & Employee Survey)
4. Re-Entry Checklists (worksite & new/re-hire)
5. Face Covering Policy
6. Respiratory Protection Program
7. Training Tips (one-page job aids)

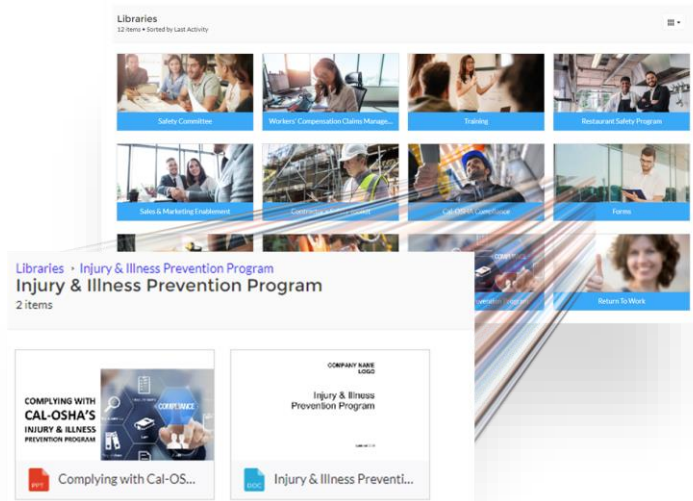
The screenshot displays the ESM INSITE Compliance Library interface. At the top, there is a search bar with the text "Search Library Files, Learning Plans, Reports & Communications" and a "SEARCH" button. Below the search bar is a navigation menu with links for ACCOUNT, FILES, COMPLIANCE LIBRARY, VIDEO, TRAINING, BLOG, SUPPORT, and CLAIMS MANAGEMENT. The main content area is titled "Libraries" and shows "21 items • Sorted by Last Activity". A grid of nine library items is displayed, each with a thumbnail image and a title:

- COVID-19 Re-Entry Compliance Kit (Thumbnail: "BACK TO WORK" puzzle pieces)
- Monthly Insights (Thumbnail: Lightbulb with a bar chart)
- Restaurant Safety Program (Thumbnail: Two men in a kitchen)
- Safety Management (Thumbnail: Worker in safety gear)
- Cal-OSHA Compliance (Thumbnail: Worker in a hard hat)
- Contractor's Safety Program (Thumbnail: Worker in a hard hat and safety vest)
- ESM Compliance (Thumbnail: ESM INSITE logo)
- Coronavirus: COVID-19 (Thumbnail: Red coronavirus particles)
- Injury & Illness Prevention Program (Thumbnail: Hand holding a puzzle piece with icons for Requirements, Transparency, Law, and Compliance)

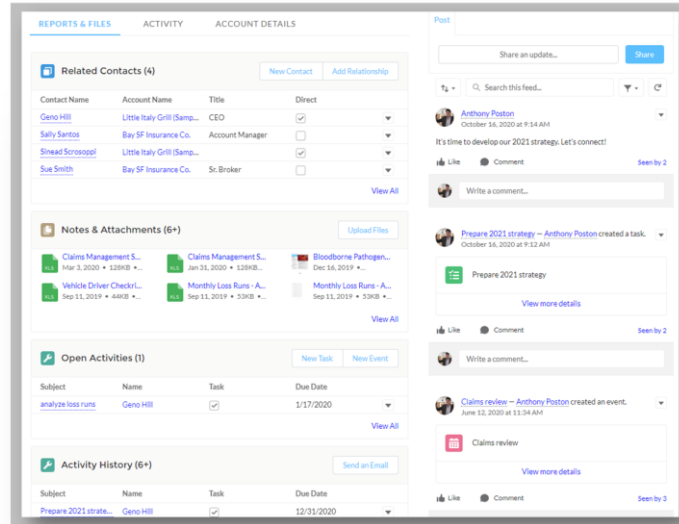
[CLICK HERE TO SUBSCRIBE](#)



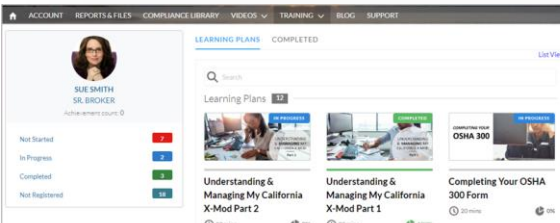
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# 1.

## COVID-19 Prevention Program Audit

Complete ESM's [§3205 Emergency Temporary Standard \(ETS\) COVID-19 Prevention Program Regulation](#) audit to identify existing and missing elements of your COVID-19 Prevention Program.

Audit has been updated to align with Cal/OSHA's CPP June 2021 revisions.

[CLICK HERE TO SUBSCRIBE](#)

The Cal-OSHA COVID-19 Prevention Standard became effective November 30, 2020 and was updated June 3, 2021. The following checklist is a comprehensive list of the revised regulation requirements. It can be used to cross-reference your COVID-19 Prevention Program in order to determine compliance or modifications that might be needed. NOTE: this checklist does not include the following sections:

- 3205.1: Multiple COVID-19 Infections and COVID-19 Outbreaks
- 3205.2: Major COVID-19 Outbreaks
- 3205.3: COVID-19 Prevention in Employer-Provided Housing
- 3205.4: COVID-19 Prevention in Employer-Provided Transportation to and from Work

§3205 PART 1 11 SECTIONS	REGULATION REQUIREMENT DOES YOUR CPP:	INCLUDED IN CPP YES / NO	COMMENTS
(1) SYSTEM FOR COMMUNICATING	Ask employees to report to the employer, without fear of reprisal, COVID-19 symptoms, exposures and hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Describe procedures or policies for accommodating employees with medical or other conditions that put them at increased risk.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Provide information about access to COVID-19 testing.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Communicate information about COVID-19 hazards and the employer's COVID-19 policies and procedures to employees.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(2) IDENTIFICATION AND EVALUATION OF COVID-19 HAZARDS	Allow for employee and authorized employee representative participation in the identification and evaluation of COVID-19 hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have a process for screening employees for and responding to employees with COVID-19 symptoms? (self-evaluation or worksite screening).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Require that non-contact thermometers are used in worksite screening (if applicable).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Contain policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Conduct workplace-specific identification of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19 hazards (including places and times where people congregate and an evaluation of how employees and other persons enter, leave, and travel through the workplace).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Identify how to maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(3) INVESTIGATING AND RESPONDING TO COVID-19 CASES IN THE WORKPLACE	Conduct periodic inspections as needed to identify unhealthy conditions, work practices, and work procedures.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have a procedure to investigate COVID-19 cases in the workplace. This includes procedures for verifying COVID-19 case status, receiving information regarding COVID-19 test results and onset of COVID-19 symptoms, and identifying and recording COVID-19 cases.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	When there has been a COVID-19 case, identify the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) or diagnosis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Determine who may have had a COVID-19 exposure (close contact)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Give notice of the potential COVID-19 exposure, within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case to employees and contractors.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Offer COVID-19 testing at no cost to employees during their working hours to all employees who had potential COVID-19 exposure in the workplace, except for fully vaccinated employees and COVID-19 cases that have remained symptom free for 90 days.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maintain that personal identifying information of COVID-19 cases and medical information and/or persons with COVID-19 symptoms is kept confidential.	Yes <input type="checkbox"/> No <input type="checkbox"/>		

2.

# Updated COVID-19 Prevention Program

Download and customize to your organization.

*Updated per Cal/OSHA's June 2021 revisions.*

[CLICK HERE TO SUBSCRIBE](#)

The image shows the cover and table of contents for a COVID-19 prevention program document. The cover is blue with a white icon of a house and a person. The text on the cover includes: "Enter Company Name", "COVID-19 PREVENTION PROGRAM", "SAFE RE-ENTRY PLAN", "RE-ENTRY REQUIREMENTS AND BEST PRACTICES", "MITIGATING THE VIRUS", and "UPDATED JUNE 2021". A quote reads: "Our safety culture embraces the health and wellness of our team, customizing our COVID-19 prevention program to your organization. Creating a safe work environment is priority #1!". The table of contents is on the right, listing various sections and their page numbers. At the bottom of the table of contents, it says "Enter Company Name COVID-19 Prevention Program | Updated June 4, 2021" and "2".

**COVID-19 PREVENTION PROGRAM**

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Enter Company Name COVID-19 Prevention Program | Updated June 4, 2021

2

# 3.

## Vaccination Policy + Survey + QR Code

Non-mandatory, Strongly recommended policy, including FAQs and instructions for implementing a Google Forms Survey and QR code for scanning)

**Implementation Checklist**

Prepare by: ESM INSITE  
Regarding: Vaccination survey via Google Forms, plus creating a QR Code for scanning

The following are the basic steps to set up the following program:

**Vaccination Survey using Google Forms + QR Code**

- Review ESM sample vaccination policy (non-mandatory, strongly recommended), including FAQs. Update as needed.
- Prepare a vaccination survey using Google forms, for tracking vaccinated and unvaccinated employees
  - Google Forms: <https://www.google.com/forms/about/>
    - If not a user, create an account.
    - Create a personal Google form
    - Creator of form will be the administrator and be the only user to see the survey responses
    - First section: Overview of survey and due date.
    - First question: first and last name (required)
    - Second question: Have you been fully vaccinated (Multiple Choice component: Yes, No (required)
    - Third question: Date you were fully vaccinated (Date component) (required)
      - Recommend if not vaccinated, add today's date in order to complete survey.
  - ESM Survey example: <https://forms.gle/XmJANt6mASAvGP7>
- Administrator of form can monitor results under the "Responses" tab on the Google form.
- Create a QR Code for linking to your vaccination survey:
  - Copy Google Form survey URL
    - Click Send Button, select URL, shorten URL and copy.
  - Go to free Code Generator to <https://www.qr-code-generator.com/>
  - Paste URL code in field
  - Select QR code "Frame"
  - Download QR Code (JPG)
  - Copy and paste QR code into vaccination policy
  - ESM Sample QR code

Add Google Form survey link and QR Code [jpg] to vaccination policy.

Provide vaccination survey to all employees and track results.

Prepared by ESM Solutions, Inc.  
This policy is merely a guideline and does not guarantee compliance with all applicable Federal, State or Local OSHA standards. It is solely the responsibility of the Employer to make sure that their OSHA Management and Safety Program is compliant with all applicable laws.  
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**ESM Vaccination Survey**

Hello Team,  
To ensure everyone's safety, ESM would like to keep a log of your vaccination date vaccinated, please complete the following form.

We are requesting the date you were vaccinated for COVID-19 to provide quarantine an exposure to COVID-19.

Please contact HR if you have any questions.

First & Last Name

Short answer text

Are you fully vaccinated? \*

Yes  
 No

Date you were fully vaccinated (2 shots for Moderna and Pfizer, one shot for Johnson & Johnson)

Month, day, year

4 responses

Summary Question Individual

First & Last Name  
4 responses

John Smith
Jane Myer
Rose Medina
Mike Man

Are you fully vaccinated?  
4 responses

Date you were fully vaccinated (one shot for Johnson & Johnson)  
4 responses

Jun 2021



### Company Name Here Non-Mandatory Vaccination Policy

In connection with our Injury & Illness Prevention Program and our requirement to provide and maintain a safe and healthy workplace, Company Name Here has adopted this policy to protect the health and well-being of its employees and their families; our customers and visitors; our contractors; and the community in which we live and serve from infectious exposures that may be mitigated through an effective vaccination program.

This policy is intended to comply with all state and local laws. It is based upon guidance provided by the Centers for Disease Control and Prevention (CDC), California Department of Public Health Cal/OSHA and the Local Health Department.

Policy applies to all Company Name Here employees. It does not apply to customers and contractors. The policy applies to the COVID-19 vaccine that is being made available to our employees.

Company Name Here **strongly encourages** all employees to receive a COVID-19 vaccine.

To verify that they have received a vaccination, employees may present written evidence of vaccination from an authorized healthcare provider or pharmacy. See below for scheduling options.

When feasible, Company Name Here will assist employees by providing support in scheduling vaccinations or identifying sites where employees may receive the vaccinations.

Working hours will be provided to employees to complete their vaccinations during the workday. Employees are required to coordinate their time off with their supervisors.

Vaccination Provider	Total hours provided to employees to be fully vaccinated
Moderna and Pfizer	3 hours (1.5 hours per shot)
Johnson & Johnson	1.5 hours

Vaccination is at no cost to be vaccinated and the following providers can be used for scheduling your vaccination.

- Kaiser: <https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information/vaccine-appointments>
- United Health Care: <https://www.uhc.com/health-and-wellness/health-topics/covid-19/vaccine>
- Walgreens: <https://www.walgreens.com/topic/promotion/covid-vaccine.jsp>
- CVS: <https://www.cvs.com/vaccine/intake/store/cvd-schedule?cid=coronavirus-jp-vaccine-sd-statistool>

If you have not been vaccinated, please complete the following form so that we may provide you with the instructions should there be an exposure to COVID-19. To access the form, click on the link below or use your phone to scan the QR code.

Vaccination confirmation form: <https://forms.gle/eUgdw3Dg79tf6fKBA>

For more information, please refer to the Frequently Asked Questions below.



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# 4.

## Re-entry checklists.

Ensure employees return to a safe and healthy workplace.

- 1. Worksite Re-Entry Checklist:** Utilize the re-entry checklist to help identify necessary changes within the physical worksite and ensure employees are re-onboarded correctly.
- 2. Re-Hire Safety Onboarding Checklist:** Review critical forms, policies and COVID-19 best practices with employees as they return to the worksite.
- 3. Employee Acknowledgment Form:** Covers employee's responsibilities for adhering to company's COVID-19 Prevention Program

Enter Company Name COVID-19 Plans for Re-Entry Checklist



**Re-Hire Safety Onboarding Checklist**

Management shall ensure that employees, including:

- Temporary employees and
- Employees reassigned from other locations are instructed in the hazards of their job, the safety policy, their rights and responsibilities, reporting unsafe conditions and the safety procedures protecting them.
- Newly hired employees shall be instructed as follows:

THIS SAFETY TRAINING MUST BE ACCOMPLISHED BEFORE EMPLOYEE ALLOWED TO WORK UNESCORTED IN OR OFF THE FACILITY.


EMPLOYEES NAME: \_\_\_\_\_

EMPLOYEES SIGNATURE: \_\_\_\_\_

ADMINISTRATIVE SAFETY TRAINING COURSE:	
Review Job Description and physical demands	
Safety & Health Policy	
Injury & Illness Prevention Program	
Code of Safe Practices and Injuries	
Exposure Control Plan	
Daily Health Assessment Check	
General Social Distancing Protocols	
Health & Wellness Training	

Department / Site: \_\_\_\_\_  
Completed By: \_\_\_\_\_

Section 1: Employer Preparedness .....  
Section 2: Preparing Facilities .....  
Section 3: Preparing Employees .....  
Section 4: Department Specific Issues .....  
Section 5: Additional Comments for "N




**DEPARTMENT SAFETY TRAINING COURSES**

Personal Protective Equipment Requirements
Daily Cleaning and Disinfection Protocols
Department JSAs, SOPs, best practices
Department Social Distancing Protocols
General Hygiene Protocols

MANAGER'S NAME: \_\_\_\_\_

MANAGER'S SIGNATURE: \_\_\_\_\_

**\*\*Maintain a copy of this completed checklist in th**



**COVID-19 Exposure Control Plan Employee Acknowledgement Form**

Company Name is committed to preventing workplace hazards that could result in employee injury and/or illness, and to complying with all applicable state and local occupational safety and health guidelines and regulations. This acknowledgement confirms that you have received, read and understand Company Name' COVID-19 Exposure Control Plan and are willing to follow the expectations established by our Plan. Please initial and sign in the spaces below.

**ACKNOWLEDGEMENT**

By signing below I acknowledge that I have received training provided by Company Name to ensure I understand the dangers of COVID-19, including:

- COVID-19 and how it spreads
- Symptoms of COVID-19 infection and when to seek medical attention
- Importance of not coming to work when ill
- Steps to prevent the spread of COVID-19 infection
- Coughing and sneezing etiquette
- Importance of frequent hand washing/sanitizing
- Importance of maintaining safe physical distance
- Safety using cleaners and disinfectants on surfaces and objects
- COVID-19 Exposure Control Plan information and expectations
- Method to report issues or suggest improvements to the COVID-19 Exposure Control Plan

**RESPONSIBILITIES**

I also understand Company Name has established a list of expectations. By initialing below, I acknowledge my responsibility to prevent the spread of COVID-19 in the workplace, including, but not limited to:

- Self-assessing my health on a daily basis
- Stay at home when sick and avoid close contact with others when possible
- Keep a minimum distance of 6 feet from others when possible
- Refrain from shaking hands, hugging, or touching others
- Avoid unnecessary interaction with others outside my immediate work area or work team
- Clean surfaces in common areas and shared equipment before and after use
- Wash hands with soap and water or use sanitizer
- Wash/sanitize multiple times daily, including before/after work, breaks, eating, going to the restroom, and after coughing, sneezing, or blowing nose
- Avoid touching mouth, eyes and eyes
- Wear face covering and other PPE as required by Company Name
- Cover mouth and nose when coughing or sneezing and immediately wash hands
- Avoid sharing personal items with coworkers (food, dishes, gloves, etc.)
- At lunch and on breaks, continue to follow COVID-19 safe practices
- Report any unsafe behaviors or safety violations regarding our COVID-19 Exposure Control Plan to your supervisor

If I have tested positive for COVID-19, identified symptoms, or have interacted with someone infected with COVID-19, I will:

- Immediately notify the presence of symptoms to my supervisor and Human Resources
- Immediately notify my supervisor and Human Resources when I interacted with someone with COVID-19 inside/outside of the workplace
- Go home immediately after discovering symptoms or as instructed
- Immediately contact a medical professional by phone or going to a medical facility
- Provide my supervisor with names of people in the workplace I have interacted with
- Notify Company Name's human resource contact when the doctor allows my safe return to work

**RECEIPT**

I have received a copy of the Company Name's COVID-19 Exposure Control Plan. I understand I am expected to abide by the program at all times and to report any issues or suggestions I may have.

Employee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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# 5.

## Face Covering Policy

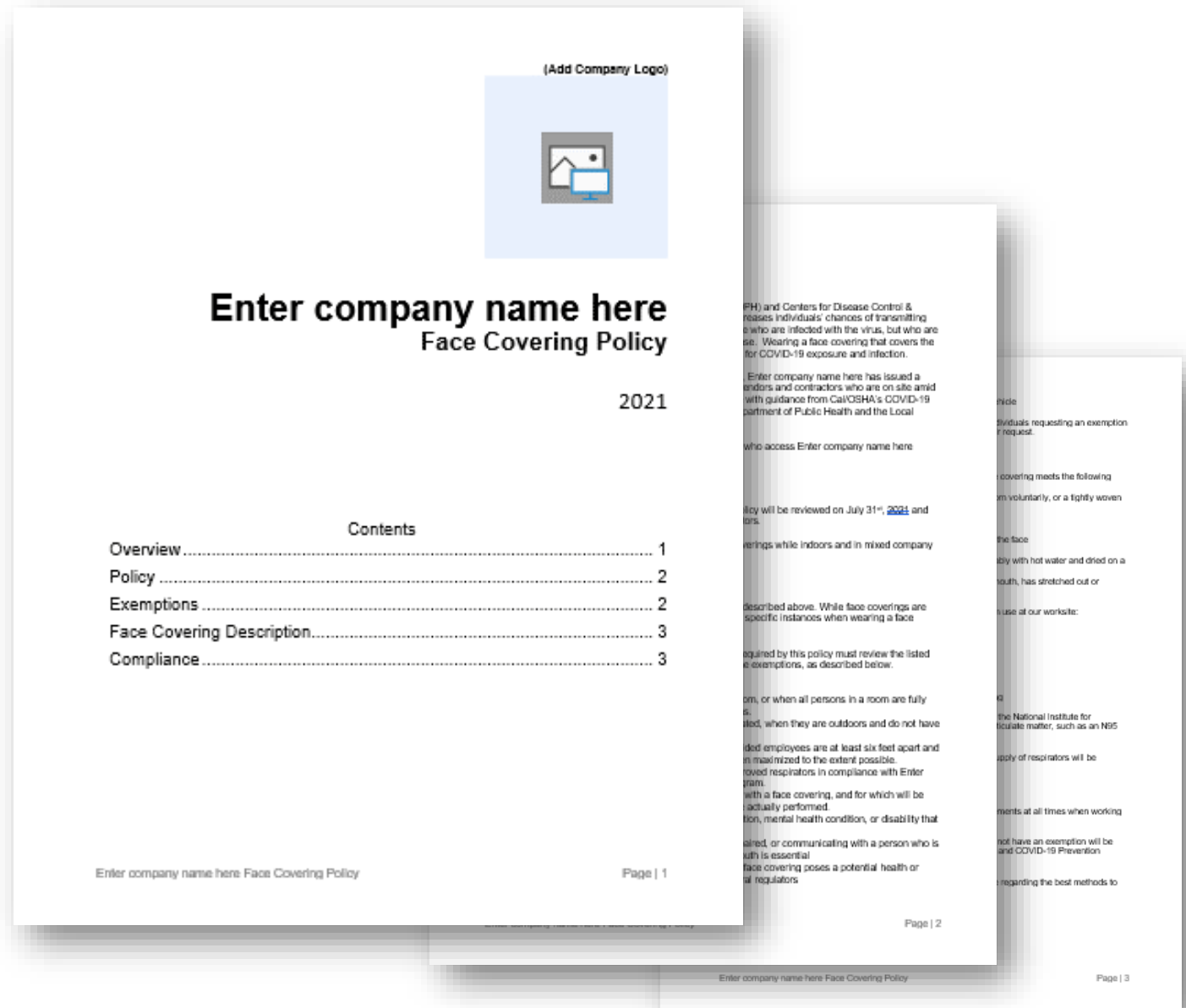
Customizable and in accordance with Cal/OSHA's update COVID-19 June 2021 revisions.

As part of the re-entry kit, ESM has prepared a sample Face Covering Policy, employers can use to customize their own plan.

The policy considers Cal/OSHA's new definition of "Face Covering" and employee and contractors' requirement.

It is recommended that this new policy be reviewed on July 31st, 2021 and amended in accordance with any new State regulator guidance.

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# 6.

## Respiratory Protection Program

Compliance with [T8 CC4 5144](#)

### Program library includes:

- Implementation checklist
- Customizable compliance policy
- Medical Evaluation Form
- Training
  - CDC Don & Doff an N95 respirator (videos and PDF)

CLICK HERE TO SUBSCRIBE

### Implementation Checklist

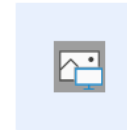
Prepare by: ESM | INSITE

Regarding: Respiratory Protection Program

The following are the basic steps to set up the following programs. Refer to the policy for detailed explanation of each step:

#### Respiratory Protection Program

- Become familiar with definitions used in Respiratory Protection Program located at beginning of policy
- Assign individual to manage the Respiratory Protection Program
- Review the Respiratory protection Program policy
- Identify the respiratory hazards in the workplace
- Select the appropriate respirator for the job
- Identify affected employees that will be required to wear a respirator
- Consider use of voluntary respirators



Enter Company name here  
Respiratory Protection Program  
(RPP)

[T8 CCR 5144](#)

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K. Voluntary Respirator Use .....	10
L. Policy of Providing Respirators and Medical Evaluations at No Cost to the Employee .....	10
M. Periodic Progress Evaluation .....	10
N. Recordkeeping .....	10

Prepared by ESM Solutions, Inc.  
This policy is a merely a guideline and does not guarantee compliance with all applicable Federal, State or Local OSHA standards. It is solely the responsibility of the Employer to make sure that their Risk Management and/or Safety Program is compliant with all applicable laws.  
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### Medical Questionnaire for Workers Wearing Respirators

Worker: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do medical examination.

Employee:

Response (circle): Yes No

Employer must allow you to answer the questionnaire during normal working hours, or at a time that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to forward this questionnaire to the health care professional who will review it.

#### Section 1. (Mandatory)

Employee information must be provided by every employee who has been selected to use any respirator (please print).

Name:

Address:

City (to nearest year):

Sex (circle): Male/Female

Height:

Weight:

Occupation:

Respirator:

Respirator:

Respirator:

Respirator:

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### California Department of Industrial Relations Division of Occupational Safety & Health Publications Unit SAFETY & HEALTH | FACT SHEET CAL OSHA

#### Respiratory Protection

Improper use of respirators can result in worker injury and illness and can also result in a Cal/OSHA enforcement action. Cal/OSHA's regulation for worker use of respirators is in title 8 of the California Code of Regulations (TBCCR), section 5144 and its appendices. The standard details minimum steps employers must take to ensure safe and effective use of respirators in the workplace. Section 5144 applies to all workplace respirator use. Many substance-specific standards, such as lead, asbestos, and carcinogens, also have additional respiratory protection requirements (Firefighters: also see section 3409).

**When should respirators be used?**  
Before resorting to respirator use and whenever feasible, engineering controls (such as enclosure of the operation, mechanical ventilation, or substitution with less toxic material) must be used to reduce excessive airborne contaminant exposures (also see section 5141). Respirators should be used in the following circumstances:

- when necessary to protect the health of employees;
- during the time period necessary to install or implement feasible controls;
- where feasible controls fail to achieve full compliance; and
- in reasonably foreseeable emergencies.

**What do the mandatory elements of a comprehensive respirator program include?**

- Written worksite-specific procedures that address the following topics. See section 5144(c):
  - selection of appropriate respirators;
  - medical evaluation of respirator users;
  - annual fit testing of tight-fitting respirators;
  - routine and emergency use;
  - schedules to clean, disinfect, store, inspect, maintain, and repair respirators;
  - assurance of air quality, pressure, and volume requirements for supplied air devices;
  - initial and annual employee training; and
  - regular program effectiveness review and evaluation that includes changes in workplace conditions that affect respirator use.

(Continued on next page)



# How ESM can help...

SERVICE	DESCRIPTION	PRICING
<h2>Re-Entry Kit</h2> <p>For existing INSITE subscribers</p>	<p>Subscribe for access to ESM's 7 Point Re-entry kit, including. Need assistance, contact Customer Success for support.:</p> <ol style="list-style-type: none"><li>1. COVID-19 Safety Audit checklist</li><li>2. Updated COVID-19 Prevention Plan</li><li>3. Vaccination policy (+ FAQs + Employee Survey)</li><li>4. Re-Entry Checklists (worksite &amp; new/re-hire)</li><li>5. Face Covering Policy</li><li>6. Respiratory Protection Program</li><li>7. Training Tips</li></ol>	<h3>\$445</h3> <p>One-time fee for existing INSITE subscribers Including 2021 ETS updates</p> <p><a href="#">SUBSCRIBE HERE</a></p>
<h2>INSITE + Re-Entry Kit</h2> <p>Portal Subscription + Kit</p>	<p>INSITE is your secure portal for full Safety &amp; Workers' Compensation risk management. Gain access to a comprehensive risk management compliance library with over 1,000+ tools and growing, including ESM's Re-Entry Kit. Risk management video learning plans, badges and certificates provide the potential for discounts (credits) on your Workers' Compensation premiums.</p>	<h3>\$1,245</h3> <p>INSITE annual subscription: \$860 (10% discount) Re-Entry Kit: \$445 INSITE subscription renews annually at \$960 Including 2021 ETS updates</p> <p><a href="#">SUBSCRIBE HERE</a></p>
<h2>Consultation + INSITE + Re-Entry Kit</h2>	<p>ESM's team of subject matter experts are here to help you navigate the re-entry process. Work with one of our advocates to prepare your re-entry plan and ensure compliance with fed, state and local requirements as well as providing the necessary information to your team to help overcome potential anxieties of returning to work. Customers will gain access to INSITE, Re-Entry kit and more.</p>	<h3>\$4,725</h3> <p>Flat Fee + INSITE + Re-Entry kit INSITE subscription renews annually at \$960 Including 2021 ETS updates</p> <p><a href="#">SUBSCRIBE HERE</a></p>



**Ensure compliance and get  
your team back to work today.**

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