

Possible BARHII Strategies to Improve Worker Safety During the COVID-19 Pandemic

I. Introduction: Safeguarding Essential Workers

As more industries re-open (or never closed in the first place), it is essential that every worker have access to the protective gear and procedures they need to remain safe and healthy, especially people working in heavily impacted industries. Protecting workers is an equity issue—COVID risks are concentrated in Black and brown workers and workers with little power in the workplace, such as undocumented workers. Protecting workers is also crucial to protecting everyone's health. We cannot slow a rapidly spreading virus until we shut off the key routes of transmission, including our workplaces.

This document presents the results of BARHII's preliminary scan of the physical workplace conditions facing essential workers, and of potential opportunities for health departments and their allies to improve these conditions. While these recommendations concern mitigating specifically physical threats of the COVID virus, it is important to note that we need integrated responses to worker safety. Throughout this project we have heard again and again that physical protections for workers are meaningless unless workers know that they are: A) protected from economic impacts to themselves and their families in the case of an outbreak, and B) protected from the threat or fear of ICE and the police. Without these supports, workers simply disappear upon testing positive. Workers who live paycheck to paycheck face the prospect of not being able to feed their families, and consequently resist testing and contact tracing that would require them to stop working, unless certain that the missed time will be covered through paid leave, unemployment insurance, or other cash benefits. We therefore recommend that jurisdictions consider the suite of actions below as a package, as they work towards physical protections for essential workers.

COVID Essential Worker Policy/Enforcement Checklist

- Require Physical Protections**
 - Issue Clear, Multi-Lingual Guidance, Education and Outreach
 - Enforce State-Mandated Employer Responsibilities
- Collect and Distribute Information**
 - Respond immediately to outbreaks with testing and contact tracing (through trusted partners like community based organizations, religious institutions, etc.)
 - Report outbreaks regularly and publicly (with special considerations for undocumented people or others that may need extra confidentiality)
- Support Mental Health**

- Support workers dealing with secondhand and direct trauma. For instance, training on trauma-informed service, for workers stepping into emergency operations roles during COVID and recent disasters.
- Mandate Paid Quarantine for All Workers**
 - Mandate Job-Protected Emergency Sick Leave
 - Mandate Paid Family Leave
 - Provide Cash Aid to Families—especially targeted to undocumented people who do not receive federal benefits.
- Provide Other Economic Rights and Supports**
 - Mandate Right to Recall/Return to Work policies that guarantee that any worker laid off or quarantining due to COVID-19 will be hired back at the same pay and benefits level as before
 - Fair Scheduling Accommodations
 - Hazard Pay
 - Housing Assistance

II. Executive Summary: Preliminary Recommendations to Protect the Physical Health of Essential Workers

Potential Sector-Based Strategies

BARHII's research has identified three major industries that are at particular risk of infection and transmission of COVID-19: agriculture, childcare, and manufacturing. These risks come from a variety of causes: weak or no worker protections already in place; existing racial inequities; worker populations likely to be targeted for reprisal by employers or law enforcement; work that is impossible to shift to an online or socially-distanced model.

Establish a Farmworker Health Collaborative in Napa, Sonoma and Solano counties

This working group of public health officials, farmworkers and worker advocates, community-based clinics, academic/research institutions, and growers would be responsible for coordinating:

1. Rapid testing, contact tracing and supports to allow paid/supported quarantine.
2. Job site safety protocol development, education and enforcement.

Convene A Childcare Worker Task Force

Made up of County Offices of Education and Resource and Referral Agencies, First Five Commissions, childcare providers and their advocates, health department staff, and others, this coalition would develop a roadmap for reopening home-based and center-based childcare providers, including:

1. Safety protocols, and training for providers on these protocols;
2. Bulk-purchasing of needed equipment and supplies to operated safety;
3. Supplemental funding from government, private and philanthropic sources.

Worker Safety Councils (Cross-Sector, Long-Term Care and Jail/Prisons)

Support interested Counties in adopting Worker Safety Council ordinances modeled on the Los Angeles County ordinance. Health departments support workers in forming “Safety Councils” who:

1. Create sector-specific safety protocols;
2. Distribute multi-lingual materials and training to workers and employers;
3. Contract Worker and Community organizations to train workers and provide TA and assist with documentation of violations; and,
4. Provide workplace safety compliance officers to implement guidance and policies.

Cross-Cutting Recommendations

Data Reporting and Visibility

Convene public health leadership and epidemiological staff to develop shared data collection and reporting standards for workplace infections. ID data funding needs from member departments and help position departments to go after these in any future rounds of federal funding. Develop standards concerning the reporting of workplace outbreaks, with an aim to draw increased visibility to risks and prevention strategies in specific sectors, and in some cases, at specific worksites. Develop a regional dashboard that compiles these data, as well as race/ethnicity and other information necessary for health equity actions. Collaborate through BARHII on communications pieces to raise the profile of worker health risks and focus attention on potential solutions.

Enhance Local Health Department Enforcement Capacity

Develop guidance for local jurisdictions on equitable enforcement of health guidance during COVID, covering both where we need to step up enforcement (large employers), and where we need to be more thoughtful (small businesses and communities of color). Develop cost estimates and help position health departments to fund enforcement activities if additional federal relief funds flow. Analyze existing worker health guidance from the state and counties to ID areas where additional guidance is needed, and to create simplified education materials. Enforcement options could include:

1. Worker safety councils (see above)
2. Enhanced roles for Environmental Health Inspectors: Include worker safety criteria on existing environmental health checklists. Train inspectors.
3. Multi-lingual complaint line and follow up letters: Set up complaint line for workers, follow up with letters to offending employers. Where possible arrange for follow-up visit. Fine employers for non-compliance (while working more collaboratively with small businesses)
4. Multi-lingual, culturally appropriate public guidance clarifying existing worker protections and enforcement protocols
5. Procurement standards: Mandate health insurance coverage, COVID safety plan, compliance with guidance
6. Partnerships with employers and philanthropy to ensure that workers are paid and supported if a worksite is shut down or they need to quarantine.

III. Worker Safety in California's Workplaces: Current Landscape and Gaps

Current Enforcement Responsibilities

The Division of Occupational Safety and Health, Cal/OSHA, is the state agency charged with protecting and improving the health and safety of California's workforce by setting and enforcing standards; providing outreach, education, and assistance to employers and workers; and issuing various permits, licenses, and certifications.

Baked into Cal/OSHA operations is engagement of workers at the worksite. When Cal/OSHA conducts a worksite inspection, the inspector first holds an opening conference with the employer and union representative. The inspector is required to interview worksite workers, and a worker representative may accompany the inspector during the worksite inspection, even in non-union shops.¹

Cal/OSHA has been swamped by complaints related to the COVID-19 pandemic, receiving almost 3,800 complaints as of mid-July, 2020, at a time when 50 of its 270 inspector positions are vacant. To handle the workload, a Cal/OSHA spokesperson told the *LA Times* the agency instituted "letter investigations," that exclude worker input, for over 3,200 of the complaints, while conducting fewer than 285 on-site inspections.²

Currently, local Health Departments have neither the staff capacity, nor protocols and experience to pick up the slack in workplace inspections. Local health departments have been unable to enforce compliance with health orders, designed to supplement statewide policies and guidance. Yet this capacity is sorely needed. When Los Angeles County briefly allowed bars and restaurants to re-open for indoor service, county health inspectors found that half of bars and one-third of restaurants did not adhere to physical distancing protocols, while 54% of bars and 44% of restaurants did not enforcing face mask requirements.³

What capacity that does exist on the local level is focused on facilities themselves, not workers. Environmental health staff inspect and certify the physical conditions of restaurants and commercial kitchens. Outside of public health, city building inspectors focus on construction plans and/or rental housing conditions, while other staff review business licensing applications and issue permits.

In the Bay Area, only San Francisco, San José, and Santa Clara County operate offices of labor standards enforcement, which primarily enforce local ordinances governing living, minimum, prevailing wages. After initially assigning the task of enforcing public health orders to the Sheriff's Department, the Santa Clara County Office of Labor Standards Enforcement is now charged with ensuring compliance with the county's COVID-19 health orders. The Office also provides a free

¹ Department of Industrial Relations, Cal/OSHA. "Health and Safety Rights: Facts for California Workers." June 2015.

² Jie Jenny Zou; Los Angeles Times. "California worker safety agency missing in action during the coronavirus, critics say." July 16, 2020.

³ Garrett Snyder; Los Angeles Times. "L.A. County plans to fine restaurants that violate COVID-19 health orders." July 7, 2020.

attorney-staffed advice line to assist individuals with specific questions or needing assistance in filing a report.⁴

Conditions for Farmworkers

The California Institute for Rural Studies conducted the first statewide survey of farmworkers during Spring of 2020, finding Monterey County agricultural workers were three times more likely to become infected by COVID than the county's non-farmworkers. Although the COVID-19 Farmworker Study (COFS) surveyed workers from across the state, only Monterey was collecting and publishing employment data re COVID-19 infections.

While all essential workers are at risk, the authors found, "Farmworkers face additional risks because they lack critical social safety net support afforded to other members of society, despite working in one of the most dangerous industries in the country. The COVID-19 pandemic has exacerbated existing vulnerabilities farmworker communities endure in their living, working, and health conditions."⁵

Another critical finding from the study, according to researcher Don Villarejo, "There is virtually no employment data available on the confidential morbidity reports." Anne Katten of the California Rural Legal Assistance Foundation (CRLA-F) echoed Villarejo's concern. "Counties need to collect and publish industry and occupation data."⁶

Anne Katten of the California Rural Legal Assistance Foundation (CRLA-F) recommends expedited testing, using a process that provides quick results, so that community-based contact tracers can provide the housing and services workers and their families need, from service providers they trust.

Conditions at Congregate Care Facilities

Skilled nursing facilities, nursing homes, and other congregate care facilities have become COVID-19 hotspots due to the failure to properly screen and protect staff, who may work at multiple facilities.

While the CDPH's Center for Health Care Quality surveyed some of California's most problematic facilities this spring, surveyors were instructed not to issue deficiencies during the first round of infection control surveys, but to "collaborate" with nursing homes during this period.⁷ A Los Angeles Times investigation found the Public Health Department was not testing its surveyors, before sending them into facilities to review compliance with infection control regulations.⁸

California wildfires presents an additional risk for these facilities. There are more than 10,000 long-term care facilities in California. According to KQED, over one-third of these facilities are in areas at

⁴ County of Santa Clara Office of Labor Standards Enforcement.
<https://www.sccgov.org/sites/olse/Pages/home.aspx>.

⁵ California Institute for Rural Studies. "COVID-19 Farmworker Study." July, 2020.
Covid19farmworkerstudy.org.

⁶ Anne Katten, California Rural Legal Assistance Foundation. Interviewed July 27, 2020.

⁷ CANHR COVID 19 News and Resources; June 9, 2020. "California Department of Public Health Gives Cover to Some of California's Most Dangerous Nursing Homes During Deadly Outbreaks."
<https://canhrnews.com/cdph-gives-cover-californias-most-dangerous-nursing-homes/>

⁸ Los Angeles Times; July 24, 2020. "As coronavirus ravaged nursing homes, inspectors were not being tested."
<https://www.latimes.com/california/story/2020-07-24/california-failure-covid-19-test-nursing-home-inspectors>

risk for wildfires. These facilities must now consider dangers related to smoke inhalation, and develop plans to evacuate during a pandemic.⁹

State oversight and licensing of these facilities is scattered across multiple agencies.

The Department of Social Services licenses and monitors Residential Care Facilities for the Elderly and Continuing Care Retirement Communities.¹⁰ The Department of Public Health's Center for Health Care Quality is responsible for regulatory oversight of all health care facilities and their health care staffs, and it monitors infection rates at these facilities and assists with strategies to reduce or eliminate outbreaks.¹¹ While Cal/OSHA issued "Interim Guidance for Protecting Workers at Skilled Nursing and Long-term Care Facilities from Exposure to Coronavirus Disease (COVID-19)."¹²

At the county level, all nine public health departments have identified long-term care facilities within their jurisdictions, and developed strategies to control future outbreaks of COVID-19, as elements of their *COVID-19 Variance Attestation Forms* with the State. None of the county strategies or work groups involve staff or their labor representatives in efforts to mitigate the chance of COVID infections at these facilities.

Staff at these facilities have an intimate understanding of the needs of their patients, and the daily challenges related to staffing, inadequate PPEs and training, and problems keeping the facility clean and disinfected. Yet they have little opportunity to participate in the development and implementation of safety plans and protocols for the specific conditions facing staff and patients at these facilities.

Conditions at Detention Facilities in the State

Detention facilities have become COVID-19 hotspots. While conditions at San Quentin State Prison have received the most attention in the media, a grievance filed by SEIU Local 1000 on behalf of staff at all detention facilities operated by the state Department of Corrections and Rehabilitation (CDCR) indicate that problems are persistent and widespread.¹³ The grievance cited health and safety violations, including:

- Lack of training on COVID-19 health and safety guidelines;
- Inadequate testing of staff and inmates, and failure to notify staff of positive cases;
- Failure to quarantine or isolate inmates with suspected exposure; and
- Failure to develop adequate safety protocols to protect staff and inmates.

⁹ KQED Radio; August 10, 2020. Even After Care Homes Abandoned Residents, California Still Isn't Ready for Wildfires. <https://www.kqed.org/science/1968076>

¹⁰ CA Dept. of Social Services, Senior Care Licensing Program. <https://www.cdss.ca.gov/inforesources/senior-care-licensing>.

¹¹ CA Department of Public Health Center for Health Care Quality. <https://www.cdph.ca.gov/Programs/CHCQ/Pages/CHCQHome.aspx>.

¹² CA Department of Industrial Relations, Cal/OSHA Division. <https://www.dir.ca.gov/dosh/Coronavirus/Skilled-Nursing.html>.

¹³ SEIU Local 1000; Employee Contract Grievance against CA Dept. of Corrections and Rehabilitation and CA Correctional Health Care Services. July 2020. https://www.seiu1000.org/sites/main/files/file-attachments/cdcr__cchcs_covid19_grievance.pdf?1596489108.

The AMEND program at the UCB School of Public Health sent an urgent memo to CDCR¹⁴ regarding the COVID-19 outbreak at San Quentin, that addresses the facilities failure to engage staff in the development and implementation of safety protocols and strategies, among other recommendations. AMEND calls for the establishment of a Staff Healthcare Liaison Leader to work with custody leadership and Union representatives to address staffing issues, provide training, and “investigate alternatives to potential staff/custody transmission.” BARHII would further recommend including an Inmate Healthcare Liaison Leader with similar responsibilities.

All nine Bay Area counties operate both adult and juvenile detention facilities. Staff and inmates at these facilities, like their state counterparts, have little opportunity to participate in the development and implementation of safety plans and protocols to address the specific conditions facing staff and inmates at these detention facilities.

IV. Initiatives and Models

Statewide Enforcement, Cal/OSHA and Labor

The Governor’s Office announced its “Strategic Enforcement” initiative on July 24, 2020. Cal/OSHA and the Labor Commissioner’s Office will convene multi-agency teams to launch “targeted investigations in high-risk industries, where the state has seen the most workplace outbreaks. Expedited enforcement authority and advanced reporting of health and safety hazards at work will improve enforcement outcomes. Requiring employers to report outbreaks to their local health departments will help track county transmission.”¹⁵

Maggie Robbins of Worksafe says the inspection teams will use a simplified checklist, rather than the more detailed CAL/OSHA workplace survey. But she says the teams will likely focus on advice and education, at least initially, not assessing fines for non-compliance.¹⁶

The Governor also created *Unified Support Teams* to “work side by side with local public health, emergency, medical, community and business organizations to evaluate on-the-ground needs and develop strategies and interventions to address them.” However, workers and their representatives are absent from governor’s collaborative effort.¹⁷

Labor and community advocates have sought to correct the governor’s oversight. In a May 19, 2020 letter to Governor Newsom, worker advocates urged California’s elected leaders to “ensure that

¹⁴ UCSF-UCB AMEND. “Urgent Memo Re COVID-19 Outbreak: San Quentin Prison.” June 15, 2020. <https://amend.us/amends-covid-in-california-prisons-program/>

¹⁵ Office of the Governor. “Governor Newsom Announces New Supports for California Workers.” July 24, 2020. <https://www.gov.ca.gov/2020/07/24/governor-newsom-announces-new-supports-for-california-workers/>.

¹⁶ Maggie Robbins. WorkSafe. Interviewed July 20, 2020.

¹⁷ Office of the Governor. “In Stockton, Governor Newsom Announces Actions to Slow the Spread of COVID-19 in the Central Valley.” July 27, 2020. <https://www.gov.ca.gov/2020/07/27/in-stockton-governor-newsom-announces-actions-to-slow-the-spread-of-covid-19-in-the-central-valley/>.

worker health and safety is prioritized, state agencies responsible for worker protection and enforcement are well-resourced, and workers' rights are safeguarded.”¹⁸

The letter calls for a “Worker Protection Response Team” of state agencies and worker organizations and advocates; workplace-based worker health and safety committees; and industry-specific economic recovery task forces.

WorkSafe also filed a petition in May 2020, with the Cal/OSHA Standards Board, requesting the development of an emergency standard for COVID-19. Such an emergency standard is needed to protect workers, “who in the course of their employment may be exposed to Covid-19 . . . but also protect the lives of their families and those in the communities in which they live.”¹⁹

These labor recommendations align with those cited in an April 2020 Issue Brief from the Roosevelt Institute, which argues for the establishment of sector-based COVID-19 safety commissions that include labor representation, as well as worksite safety committees, “to meet and confer with management on topics related to health and safety, testing, scheduling, and related matters.”²⁰

Agricultural Initiatives

While the COVID Farmworker Study found nearly all respondents are taking precautions to protect themselves and their families, at work they have no input in the implementation of safety measures to improve working conditions.

A number of counties have formed collaboratives between the public health department, agriculture commission, growers, philanthropy and community advocates to remove the barriers that prevent farmworkers from seeking housing, medical treatment, support services, and cash assistance that these essential workers and their families need, including:

- Lack of health insurance or paid sick leave,
- Fear of ICE and other government agencies, and changes to the “public charge” policy, and
- Fear of retaliation from their employer

Among these model initiatives are:

- In Monterey County, growers have funded housing, financial support, and services for farmworkers exposed to COVID, but few farmworkers have taken advantage of the employer-managed housing and related services.
- California’s “Housing for the Harvest” program may address the need for quarantine, but Katten (CRLA) is concerned the criteria for who qualifies may be too restrictive, and the necessary coordination between the state and county levels too cumbersome.

¹⁸ California Workers and Advocates. “Re: Worker Health and Safety - Urgent Priorities.” May 19, 2020. <https://worksafe.org/news-events/newsroom.html>.

¹⁹ WorkSafe Letter to Occupational Safety and Health Standards Board. “Re: Petition for an emergency temporary standard and permanent standard.” May 20, 2020.

²⁰ Block, Kahn, Rogers, Sachs. “How and Why to Empower Workers in the COVID-19 Response.” Roosevelt Institute. April 2020.

- UC Davis’ Western Center for Agriculture Worker Health and Safety proposes to combine low-cost antigen testing, which provides quick results, with community-based promotores so that needed services and contact tracing can begin immediately.²¹
- Napa Valley Community Foundation, in conjunction with community partners, On The Move and UpValley Family Centers, has repositioned its Emergency Financial Assistance Program to provide cash aid and case management services to eligible low-income residents who must go into quarantine and/or isolation.
- Líderas Campesinas has sent health care workers to job sites as part of their “Take it to the Field” program, and Fresno County is working with community-based promotores.²²

County Initiatives

Santa Clara County: The Health Department, working with representatives of the construction industry and building trades, developed model safety protocols for Large Construction Projects.²³ The protocols establish minimum standards tailored for construction job sites, including access to and training in the proper use of PPE, social distancing requirements, cleaning and sanitation practices, and actions to take in the event of a confirmed infection at a job site. In addition, the protocols establish two safety positions:

1. A COVID-19 Safety Compliance Officer to conduct daily staff briefings and “establish a daily screening protocol for arriving staff, to ensure that potentially infected staff do not enter the construction site;” and
2. A Third-Party Jobsite Safety Supervisor with OSHA-30 certificate, trained to implement and verify compliance with the protocols, and authorized to conduct onsite inspections and random interviews with workers.

The building trades and construction industry has long partnered on training, through the state-certified Joint Apprenticeship Training Centers. This partnership has contributed to an ethic of workplace safety, upon which the protocol is based.

David Bini, Executive Director of the Santa Clara and San Benito Counties Building Trades Council says there have been a number of construction sites that closed voluntarily after a worker tested positive, which triggered contact tracing and disinfection of the job site. But Bini says even in Santa Clara where the Public Health Department and Office of Labor Standards Enforcement are coordinating their efforts on compliance, “there is just insufficient staff to conduct needed job site inspections.”²⁴

Los Angeles County: The Board of Supervisors adopted a motion on July 21, 2020 by Supervisors Sheila Kuehl and Mark Ridley-Thomas to “Expand the Monitoring of Compliance with County Health Officer Orders in the Workplace to Slow COVID-19 Transmission,” by

²¹ Ed Kissam. Werner-Kohnstamm Family Giving Fund. WKFamilyfund.org. Interviewed August 10, 2020.

²² Testimony of Líderas Campesinas representative at the Agricultural Labor Relations Board public hearing; August 11, 2020.

²³ Santa Clara County Public Health Department Health Order, Appendix B-2, Large Construction Project Safety Protocol. <https://www.sccgov.org/sites/covid19/Documents/appendix-b-2-lg-project-04-29-2020.pdf>.

²⁴ David Bini. Santa Clara and San Benito Counties Building Trades Council. Interviewed August 5, 2020.

1. Requiring employers to allow the establishment of public health councils comprised of their workers at their worksites “to monitor, document and report any violations of the County’s HOOs and guidelines;” and
2. Certifying third-party worker and community-based organizations to train and provide technical assistance to public health councils in identifying non-compliance, and help in the preparation of reports and documentation.²⁵

V. Recommendations

Recommendation: Farmworker Health Collaborative

Napa, Solano and Sonoma Counties

Testing and Contact Tracing, Service Integration

Napa, Sonoma, Solano County Health Departments convene county-specific working groups of farmworker advocates, community-based clinics, academic and research institutions, and growers to implement an integrated program for:

1. Training for community-based contact tracers using the “promotores” model, including collection of accurate employment and occupation data;
2. Wide-spread antigen testing, or similar low-cost test with fast result, coupled with on-site, community-based contact tracing and support services; and
3. Community-based service delivery, including housing, childcare, food and nutrition, health care, and cash aid, funded by growers, public and philanthropic sources.

Job Site Safety

Napa and Sonoma County Health Departments increase their compliance and enforcement capacity by engaging relevant county and state agencies to:

1. Develop specific protocols for farm labor, including H2-A workers, covering the fields, transportation, job site compliance officers, and protections from retaliation for farmworkers who raise safety concerns;
4. Develop a simplified checklist based on these protocols for use by compliance/enforcement staff, farmworkers and their advocates;
5. Develop an inspection strategy, including staff and training, fines and sanctions, and site visits to ensure compliance; and
6. Train for farmworkers and their advocates to understand protocols and assist in their implementation.

Tri-County Initiative

Napa, Sonoma, and Solano County Health Departments convene a tri-county task force of relevant county agencies; city inspectors, to provide oversight of housing accommodations; growers and farm labor contractors; farmworker advocates and community partners to monitor the operations of labor

²⁵ Los Angeles County Board of Supervisors Meeting; July 21, 2020. Agenda Item #10. Expanding the Monitoring of Compliance with County Health Officer Orders in the Workplace to Slow COVID-19 Transmission. <https://file.lacounty.gov/SDSInter/bos/supdocs/147290.pdf>.

contractors with regard to the housing, transportation, and working conditions for H2-A workers, compliance with relevant health orders and with safety protocols (See Point II).

Potential Partners

- County partners: Napa and Sonoma, as primary growing regions; Solano, where farmworkers are often housed, due to lower costs.
- Academic/Research: UC Davis Western Center for Ag Worker Health and Safety, UCB Labor Occupational Health Program, California Institute for Rural Studies, WorkSafe.
- Community Partners: La Clinica de la Raza; Napa Valley Community Foundation, On The Move, and UpValley Family Centers; North Bay Organizing Project, North Bay Jobs with Justice; Radio Bilingue.
- Business: Western Growers Association, County Farm Bureaus; other representatives for growers, packers and labor contractors.
- Farmworkers: Líderas Campesinas, Centro Binational Para el Desarollo Indígena Oaxaqueño; Alianza Nacional de Campesinas; Mixteco/Indígena Community Organizing Project; California Rural Legal Assistance; others TBD.
- State: Housing for the Harvest program; CA Workforce Development Board, *High Road Training Partnerships*, Cal/OSHA.

Recommendation: Worker Safety Councils

County(ies) to Be Determined

Build on its existing partnerships in several counties between business, labor and local government to address workplace and public safety through the adoption of a “Worker Safety Council Ordinance.”

Modeled on the Los Angeles County ordinance, elements include:

1. Certification of third-party worker and community-based organizations to train and provide technical assistance to worker safety councils in identifying non-compliance, and help in the preparation of reports and documentation;
2. Identification and training of worksite leaders to educate co-workers, and work with employers to implement safety protocols;
3. Development and distribution of multi-lingual educational material and training to help businesses and workers understand and comply with health orders and guidances; and
4. Develop sector-specific safety protocols, including workplace safety compliance officers to implement health orders and guidances.

Potential Partners

- Business: Fair Workplace Collaborative, Latino Business Council of Silicon Valley, Vietnamese American Round Table, others TBD.
- Labor: Santa Clara Labor Council, Santa Clara and San Benito Counties Building Trades Council, SEIU Locals 521, 2015 and USWW, UFCW, others TBD.

- Academic/Research: Working Partnerships, UCB Labor Occupational Health Program and Labor Center; others TBD.
- State: CA Workforce Development Board, *High Road Training Partnerships*, Cal/OSHA.

Recommendation: Staff Safety Councils at Congregate Care Facilities

County(ies) to Be Determined

Identify a County Partner to develop and implement a model COVID-19 safety program for congregate care facilities. The County Public Health Department will work with facility operators and relevant contractors working within these facilities, staff and their labor representatives, community partners and patient advocates, academic and research institutions to:

1. Establish Staff Safety Councils at Congregate Care Facilities to develop model safety protocols for facilities, including the establishment of the positions of COVID-19 Safety Compliance Officer and Third-Party Jobsite Safety Supervisor; and
2. Identify and certify a third-party worker or community-based organization to train and provide technical assistance to staff safety councils in identifying non-compliance, and help in the preparation of reports and documentation.

Potential Partners

- Academic/Research: UCB Labor Occupational Health Program and Labor Center.
- Community Partners: Patient Advocates, Advocates for Seniors and people with disabilities.
- Labor: SEIU Local 2015 and other unions representing staff at these facilities and working for contractors serving these facilities.
- State: California Departments of Social Services and Public Health, Cal/OSHA.

Recommendation: Staff Safety Councils at Detention Facilities

County(ies) to Be Determined

Identify a County Partner to develop and implement a model COVID-19 safety program for its detention facilities. The County Public Health, Sheriff and Probation Departments will work with and relevant contractors working within these facilities, staff and their labor representatives, community partners and correction reform advocates, academic and research institutions to:

1. Establish Staff Safety Councils at County Detention Facilities to develop model safety protocols for detention facilities, including the establishment of the positions of COVID-19 Safety Compliance Officer and Third-Party Jobsite Safety Supervisor; and
2. Identify and certify a third-party worker or community-based organization to train and provide technical assistance to public health councils in identifying non-compliance, and help in the preparation of reports and documentation.

Potential Partners

- County Agencies: Health, Sheriff, Probation Departments.

- Academic/Research: UCB Labor Occupational Health Program and Labor Center; UCSF-UCB AMEND Program.
- Community Partners: Correction Reform Advocates, Prisoner and Legal Rights Advocates.
- Businesses: Contractors providing specific services to these facilities.
- Labor: SEIU, Deputy Sheriffs Association, and other unions representing staff at county detention facilities.
- State: CA Department of Correction and Rehabilitation, CA Correctional Health Care Services, Cal/OSHA.

Recommendation: Data Reporting and Visibility

Regional Collaboration

Convene public health leadership and epidemiological staff to develop shared data collection and reporting standards for workplace infections. Educate staff to ensure collection of occupation or job title on current confidential morbidity reports (CMR) and consider working with the state Health and Human Service Agency to alter the CMR form to produce more consistent occupation data (its currently a write-in response). Develop standards concerning the reporting of workplace outbreaks, with an aim to draw increased visibility to risks and prevention strategies in specific sectors, and in some cases, at specific worksites. Develop a regional dashboard that compiles these data, as well as race/ethnicity and other information necessary for health equity actions. Collaborated through BARHII on communications pieces to raise the profile of worker health risks and focus attention on potential solutions.

Enhance Local Health Department Enforcement Capacity

Regional Collaboration, Local Implementation

Convene public health department leadership to develop and introduce a set of best practices for local health department enforcement actions. These may include:

- Worker Safety Councils (see above)
- Enhanced roles for Environmental Health Inspectors: Include worker safety criteria on existing environmental health checklists. Train inspectors.
- Multi-Lingual Complaint Line and Follow Up Letters: Set up complaint line for workers, follow up with letters to offending employers
- Where possible arrange for follow-up visit
- Public guidance clarifying existing worker protections and enforcement protocols

Additional Partner Actions BARHII Could Support

Regional and Statewide Support

State – Petition for Emergency Standard, Cal/OSHA Standards Board

- **Problem:** Current standards are insufficient to protect workers during the COVID-19 pandemic.

- **Solution:** WorkSafe Petition for an Emergency Standard filed May 2020, requesting the development of a standard for COVID-19 that requires employers to develop a Compliance Action Plan to identify and control exposure, train employees, and maintain records.
- **BARHII Action:** support the petition, which may be heard as early as the August 19th Standards Board.
- **Partners:** WorkSafe, National Lawyers Guild.

Public Transit– Metropolitan Transportation Commission

- **Problem:** MTC is distributing emergency transit funding to local agencies without requiring agencies to implement minimum safety measures developed by MTC in its plan, “Riding Together: Bay Area Healthy Transit Plan
- **Solution:** MTC withhold a small percentage of funding that goes to each transit agency, and only release funding if agency is implementing safety measures. If necessary, this funding will be used to finance safety measures
- **BARHII Action:**
 1. Support Urban Habitat on this campaign
 2. Work with members to ensure a county health officer is advising their transit agency on safety practices;
 3. Ask MTC to appoint a public health officer/representative to the Blue Ribbon Transit Recovery Task Force.
- **Potential Partners:** ATU, Voices for Public Transportation, Urban Habitat, MTC.

Safe and Just Restaurant Reopening

- **Problem:** Early in the pandemic 2 out of every 3 of the nation’s 13 million restaurant employees lost their jobs, and 40% of restaurants closed their doors. Small and independent restaurants are being hit the hardest.
- **Solution:** One Fair Wage is working with restaurant owners to develop strategies to expand their services to new customers, such as catering for anchor institutions and “meal kits;” operating multiple “to go” operations out of a single location; developing in-house ordering systems to sidestep expensive delivery options; and adding a surcharge to bills to cover safe operations.
- **Potential Partners:** One Fair Wage and the Food Labor Research Center; Restaurant Opportunities Center-East Bay; UNITE HERE; Network of Bay Area Workers Cooperatives; Sustainable Economies Law Center; SPUR (Ground Floor Business Strategy); San José Downtown Business Association.
- **BARHII Action:** Work with local government agencies to develop policies and regulations that (1) relax planning and zoning requirements to give businesses greater operating flexibility; (2) Create permit-less registration process for COVID-19 alterations; (3) Allow businesses to operate in

under-used sidewalk, street, and parking spaces; and (4) bulk-purchase PPEs and other supplies for distribution to neighborhood-serving businesses.^{26 27}

Additional Actions BARHII Could Take

Regional/Local Collaboration

Childcare Providers

- **Problem:** Most center-based childcare operators and many home-based providers have closed due to COVID-19, and ones still open have reduced capacity and face increased costs. Nearly half of respondents to a statewide survey, say they need additional guidance and resources to protect themselves and the children in their care.
- **Solution:** A lead Public Health Department convenes a working group from the County Office of Education, First Five Commission, and the county's Resource and Referral Agency; Child Care Providers United, a partnership between SEIU and AFSCME which represents home-based providers; representatives of the Community College's Early Education program; and UCB's Center for the Study of Child Care Employment to develop a roadmap, training and resources for reopening home-based and center-based child care centers.
- **BARHII Action:** Identify one or more county public health departments to this work, and convene relevant partners.

Care-Givers, Domestic Workers, and Day Laborers

- **Problem:** Domestic workers - housekeepers, nannies, and personal care aides - often work for multiple families in their home. Their employers have little ability to provide training or PPEs to ensure the safety of the client or worker.
- **Solution:** County In-Home Supportive Services Programs already partner with homecare workers and their union representatives to improve training and the quality of care. County Social Service Agency can work with the Public Health Department, plus academic, community, and labor partners to extend the IHSS model of training and education to care-givers, domestic workers, and day laborers, and provide PPEs and disinfectants to these workers.
- **Potential Partners:** County Social Services Agency, In-Home Supportive Services Program and Public Health Dept.; Labor Occupational Health Program, and Labor Center; National Domestic Workers Alliance and its affiliates; National Day Laborers Organizing Network.

Interviews Conducted for this Report

1. Rafael Aguilera, California Workforce Development Board
2. Bob Allen, Urban Habitat
3. Jim Araby, UFCW Local 5

²⁶ One Fair Wage. "Roadmap to Reimagine Restaurants." May 2020.

<https://onefairwage.com/resources/research/>

²⁷ SPUR. "Keeping the Doors Open." June 2020. www.spur.org/publications/white-paper/2020-06-09/keeping-doors-open

4. Louise Auerhahn, Working Partnerships (WPUSA)
5. Marty Bennett, North Bay Jobs with Justice
6. David Bini, Santa Clara County Building Trades Council
7. Greg Bonato, IBEW Local 595
8. Ildi Carlisle-Cummins, California Institute for Rural Studies
9. Miya Chen, Chief of Staff, Oakland City Councilmember Nikki Bas
10. Shona Clarkson, Gig Workers Rising
11. Hazel Davalos, CAUSE
12. Gabriela Galicia, Oakland Workers Collective
13. Sanjay Garla, SEIU-USWW
14. Jonathan Heller, Alameda County HCSA Consultant
15. Saru Jayaraman, Food Labor Research Center, UCB
16. Anne Katten, California Rural Legal Assistance Foundation
17. Ed Kissam, Werner-Kohnstamm Family Giving Fund
18. Ian Lewis, UNITE HERE Local 2
19. Maria Moreno, Restaurant Opportunity Center (ROC the Bay)
20. Gabriela Orantes, North Bay Organizing Project
21. Yaya Raiz, National Domestic Workers Alliance
22. Maggie Robbins, WorkSafe
23. Laura Stock, UCB Labor Occupational Health Program
24. Regina Sutton, SEIU Local 2015
25. Sarah Thomason, UC Berkeley Labor Center
26. Don Villarejo, researcher for COVID-19 Farmworker Study
27. Marcy Whitebook and Ashley Williams, UCB Center for the Study of Child Care Employment