

COUNTY OF LAKE

COVID-19 Prevention Program (CPP)

March 2, 2021

This CPP is designed to control exposures to the COVID-19 virus that may occur in the workplace. **This CPP applies to all Lake County employees except those who are teleworking or subject to the County Aerosol Transmissible Diseases (ATD) program (Attachment D).**

I. Authority and Responsibility

All managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

II. Definitions

"COVID-19" means coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). (LC 3205)

"COVID-19 case" means a person who:

- (1) Has a positive "COVID-19 test" as defined in this section;
- (2) Is subject to COVID-19-related order to isolate issued by a local or state health official; or
- (3) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

A person is no longer a "COVID-19 case" in this section when a licensed health care professional determines that the person does not have COVID-19, in accordance with recommendations made by the California Department of Public Health (CDPH) or the local health department pursuant to authority granted under the Health and Safety Code or title 17, California Code of Regulations to CDPH or the local health department. (LC 3205)

"COVID-19 exposure" means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the "high-risk exposure period" defined by this section. This definition applies regardless of the use of face coverings. See the definition of Exposed Workplace for additional perspective on what constitutes exposure. (LC 3205)

"COVID-19 hazard" means exposure to potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons which may aerosolize saliva or respiratory tract fluids, among other things. This also includes objects or surfaces that may be contaminated with SARS-CoV-2. (LC 3205)

"COVID-19 outbreak"-

- (1) Applies to a place of employment if a local health department has identified the location of a COVID outbreak or when there are 3 or more COVID cases in an exposed workplace within a 14 day period
- (2) Applies until there are no new COVID cases detected in a workplace for a 14 day period.

(LC 3205.1)

“COVID-19 symptoms” means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19. (LC 3205)

“COVID-19 test” means a viral test for SARS-CoV-2 that is:

- (1) Approved by the United States Food and Drug Administration (FDA) or has an Emergency Use Authorization from the FDA to diagnose current infection with the SARS-CoV-2 virus; and
- (2) Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.

(LC 3205)

“Exposed workplace” means any work location, working area, or common area at work used or accessed by a COVID-19 case during the high-risk period, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. Effective January 1, 2021, the “exposed workplace” also includes but is not limited to the “worksite”¹ of the COVID-19 case as defined by Labor Code section 6409.6(d)(5). (LC 3205)

The exposed workplace includes only the areas of the building where the COVID-19 cases were present during the “high-risk exposure period. If, within 14 days, three COVID-19 cases share the same “exposed workplace,” then the Multiple COVID-19 Infections and COVID-19 Outbreaks standard (section 3205.1) applies and additional testing will be required. (CalOSHA FAQs dated 12/1/2020)

The exposed workplace does not include the employee’s home, or buildings or facilities or departments not entered by a COVID-19 case. (CalOSHA FAQs dated 1/26/2021)

When determining which areas constitute a single “exposed workplace” for purposes of enforcing testing requirements, Cal/OSHA does not expect employers to treat areas where masked workers momentarily pass through the same space without interacting or congregating as an “exposed workplace,” so they may focus on locations where transmission is more likely. (CalOSHA FAQs dated 12/1/2020)

“Face covering” means a tightly woven fabric or non-woven material with no visible holes or openings, which covers the nose and mouth. (LC 3205). The CDC recommends at least 2 layers of washable, breathable fabric.

“High-risk exposure period” means the following time period:

- (1) For persons who develop COVID-19 symptoms: from two days before they first develop symptoms until 10 days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or
- (2) For persons who test positive who never develop COVID-19 symptoms: from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

(LC 3205)

“Major COVID-19 outbreak”-

- 1) Applies to a place of employment when there are 20 or more COVID cases in an exposed workplace within a 30 day period
- 2) Applies until there are no new COVID cases detected in a workplace for a 14 day period. (LC 3205.2)

“Workplace” means the building, store, facility, agricultural field, or other location where a worker worked during the infectious period. It includes any work location, working area, or common area at work used or accessed by a worker, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting

¹ “Worksite” means the building, store, facility, agricultural field, or other location where a worker worked during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a qualified individual did not enter. In a multiworksite environment, the employer need only notify employees who were at the same worksite as the qualified individual. Labor Code section 6409.6(d)(5)

areas. It does not apply to buildings, floors, or other locations of the employer that a qualified individual did not enter. In a multi-worksite environment, the employer need only notify employees who were at the same worksite as the qualified individual.

III. Identification and Evaluation of COVID-19 Hazards

A. The County has implemented the following in the workplace:

1. Conducted workplace-specific assessment of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19 hazards using the Worksite-Specific Risk Assessment tool set forth in **Attachment A**. As part of this process, the County identified places and times when employees and individuals congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not, including, for example, during meetings or trainings, in and around entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas. In performing this assessment, the County treated all persons, regardless of symptoms or negative COVID-19 test results, as potentially infectious.
2. Evaluated employees' potential workplace exposures to all persons at, or who may enter, the workplace using the Risk Assessment tool set forth in **Attachment A**.
3. Reviewed applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
4. Evaluated existing COVID-19 prevention controls in the workplace and the need for different or additional controls. This includes evaluation of controls related to the correction of COVID-19 hazards, physical distancing, face coverings, engineering controls, administrative controls, and personal protective equipment (PPE) using the Risk Assessment tool set forth in **Attachment A**.
5. As needed, conducted periodic inspections, to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and for compliance with our COVID-19 guidance and procedures using the Compliance Inspection Checklist set forth in **Attachment C**.
6. For indoor County worksites and facilities, evaluated how to maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency to the highest level compatible with the worksites and facilities' existing ventilation systems.
7. Monitored applicable orders and guidance from the State of California and the local health department related to COVID-19 hazards and prevention, including information of general application and information specific to the County's location and operations.
8. Met and conferred with the local health officer regarding mitigation of site-specific hazards.
9. Complied with all applicable orders and guidance from the State of California and the local health department.

B. Employee screening

1. The County requires that employees self-screen for COVID-19 symptoms prior to reporting to any Lake County worksite or facility.
2. If an employee presents with COVID-19 symptoms during a self-screen, the employee should remain at or return to their home or place of residence and not report to work until the employee satisfies the minimum criteria to return to work.
3. If a supervisor or manager notices an employee with COVID-19 symptoms, they have the authority to send the employee home. The employee should remain at home and may not report to work until the employee satisfies the minimum criteria to return to work.

4. Further, the County has adopted policies and procedures to protect the confidentiality of employees and comply with the Confidentiality of Medical Information Act ("CMIA") and will not disclose to other employees the fact that the employee presented with COVID-19 symptoms.

IV. Correction of COVID-19 Hazards

- A. Lake County has implemented effective procedures for correcting unsafe or unhealthy conditions, work practices, policies and procedures in a timely manner based on the severity of the hazard, including the following:
 1. Each department will identify an on-site safety coordinator for each department worksite, a back-up and/or other person as being responsible for timely correction.
 2. Correction of hazards also includes implementing controls related to physical distancing, face coverings, engineering controls, administrative controls, and personal protective equipment (PPE).

V. Control of COVID-19 Hazards

A. Physical Distancing

Where possible, the County requires physical distancing. Specific workplace methods include:

1. Employees instructed to maintain at least six feet distance from customers and from each other to the extent possible.
2. Signs posted throughout County workplaces and facilities reminding employees and visitors to physically distance.
3. Eliminating the need for workers to be in the workplace by allowing telework on a wide-spread basis, including by temporarily relaxing telework policy requirements to allow employees to work from home that would not otherwise be permitted to do so.
4. Reducing the number of persons in an area (e.g., conference rooms, break rooms, lobbies) at one time, including visitors, by limiting lobby hours, requiring appointments to receive county services and by using barriers or by adjusting furnishings such as tables and chairs.
5. Providing visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel.
6. Adopting staggered arrival, departure, work, and break times.
7. Modification of processes including the use of telephone interviews and appointments, significantly fewer clients being seen in person and use of tele-medicine techniques.

B. Face Coverings

1. Pursuant to Labor Code 3205.3, the County has provided and continues to provide clean, undamaged face coverings and requires that they are properly worn by employees over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from the California Department of Public Health (CDPH) or local health department. Employees are encouraged to contact their supervisor if they need additional face coverings.
2. The following are exceptions to the use of face coverings in County workplaces pursuant to guidance issued by the State of California dated December 31, 2020:
 - a. In a car alone or solely with members of their own household.
 - b. Working in a fully enclosed office or room alone and with the door closed.
 - c. Actively eating and drinking at the workplace, provided employees are at least six feet apart and there is an outside air supply to the area, if indoors, has been maximized to the extent possible.

- d. Outdoors and maintaining at least 6 feet of social distance from others not in their household. You must have a face covering with you at all times and must put it on if you are within 6 feet of others who are not in your household.
 - e. Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service
 - f. Employees required to wear respiratory protection in accordance with CCR Title 8 section 5144 or other safety orders.
 - g. Employees who are specifically exempted from wearing face coverings by other CDPH guidance such as those who cannot wear face coverings due to a medical or mental health condition or disability documented by a medical provider, or who are hearing-impaired or communicating with a hearing-impaired person.
 - h. Specific tasks that cannot feasibly be performed with a face covering, where employees will be kept at least six feet apart.
3. In order to be exempted from wearing a face covering, an employee must provide their department head with a note from a health care provider stating that it is not advisable that the employee wear a face covering due to a medical condition, mental health condition, or disability. Those employees must wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it. Alternatives will be considered on a case-by-case basis. a. The County will provide a face shield with a drape to those employees approved by Risk Management.
 4. The County does not prevent any employee from wearing a face covering when wearing a face covering is not required by this section, unless not wearing a face covering would create a safety hazard, such as interfering with the safe operation of equipment.
 5. The County has posted signage to inform non-employees that the County requires the use of face coverings at all county facilities. Signs are posted at all facility entrances and throughout the interior of the facilities.

C. Engineering controls

We continue to implement the following measures for situations where we cannot maintain at least six feet between individuals:

1. Installed plexiglass, plastic sheeting or other physical barriers to separate employees from the public and from other employees at fixed work locations where it is not possible to maintain the physical distancing requirement.
2. Maximized, to the extent possible, the quantity of outside air provided with mechanical or natural ventilation systems, except when the United States Environmental Protection Agency ("EPA") Air Quality Index is greater than 100 for any pollutant or if opening windows or letting in outdoor air by other means would cause a hazard to county employees, for instance from excessive heat or cold. The County takes all reasonable precautions to prevent the distribution of unhealthy air circulating through County facility air distribution systems. These precautions include performing regular preventive maintenance and filter changes, exclusive use of high efficiency air filters, and maximizing outside fresh air intake in the operation of the County's buildings' air distribution systems wherever possible (weather permitting).

D. Cleaning and disinfecting

The County's cleaning and disinfecting protocol includes the following:

1. Each department head will ensure that staff is:
 - a. Trained on CDC cleaning and disinfecting protocols as outlined in **Addendum V of Attachment B**. Training shall also include:
 - Maintaining product contact time, i.e. the disinfectant is left wet on the surface in accordance with the contact time on label of the product.

- Use of PPE and safe work practices to prevent chemical exposures.
 - Only using EPA approved cleaning and disinfecting products which have been checked for EPA compliance using the EPA tool found at: <https://cfpub.epa.gov/giwiz/disinfectants/index.cfm>
 - Pre-cleaning with soap and water is performed IF the surface is visibly dirty or if the disinfectant requires pre-clean.
 - Garbage bags are tied and remove from container for disposal instead of being emptied into other containers.
- b. Routinely cleaning and disinfecting frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, bathroom surfaces, and steering wheels.
 - c. Routinely cleaning and disinfecting office equipment and tools used by them, including but not limited to: desks, computer keyboards, phones, headsets and cabinets.
 - d. Provided with adequate cleaning supplies and disinfecting wipes for conducting cleaning and disinfection of employee workplaces, and office equipment.
 - e. Prohibited from sharing personal protective equipment and to the extent feasible, items that employees come in regular physical contact with such as phones, headsets, desks, keyboards, writing materials, instruments, and tools. When it is not feasible to prevent sharing, sharing will be minimized and such items and equipment shall be disinfected between uses by different people. Sharing of vehicles will be minimized to the extent feasible, and high touch points (steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) shall be disinfected between users.
2. Enhanced cleaning and disinfection of areas, material, and equipment used by a COVID-19 case during the high-risk exposure period.
 3. Custodial staff working after-hours Monday through Thursday to provide cleaning of all public lobbies, stairwells, public door knobs, and restrooms.

E. Hand sanitizing

We have implemented effective hand sanitizing procedures by:

1. Evaluating handwashing facilities, determining the need for and installing additional handwashing facilities throughout county worksites.
2. Encouraging and allowing time for employee handwashing.
3. Providing employees with effective hand sanitizer.
4. Encouraging employees to wash their hands for at least 20 seconds each time.

F. Personal protective equipment (PPE) used to control employees' exposure to COVID-19

1. We continuously evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provided such PPE as needed.
2. The County provides eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

VI. Investigating and Responding to COVID-19 Cases

A. Response to COVID-19 Cases

If a County employee test positive for COVID-19 or are diagnosed with COVID-19 by a health care provider, upon notification to the employee's department head of the positive test, the department head will notify County Public Health which in turn will instruct the employee to remain at or return to their home or place of residence and not report to work until such time as the employees satisfy the minimum criteria to return to work.

1. Investigation. Within one business day from the employee's notice, the applicable department head or designee, will interview the COVID-19 case(s), if possible, to determine:
 - a. the day and time the Covid-19 case was last present and, the extent possible, the date of the positive COVID-19 test and or diagnosis, and the and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced. [LC 3205 (c)(3)]
 - b. who may have had a COVID-19 exposure. This requires an evaluation of the activities of the COVID-19 case and all locations at the workplace which may have been visited by the COVID-19 case during the high-risk exposure period. [LC 3205 (c)(3)]
 - c. The COVID-19 Investigation Form set form in **Addendum III(a) of Attachment B** (or other form authorized by County Public Health) shall be used to document the investigation.
2. Notify potential COVID-19 exposures. Upon conclusion of the County Public Health investigation, the department head will notify potential COVID-19 Exposures to: (a) employees who have had a potential COVID-19 exposure and their authorized representatives; and (b) independent contractor's employees who were present at the worksite.
3. COVID-19 exposures. Employees who have a potential COVID-19 exposure will be:
 - a. Instructed to remain at or return to their home or place of residence and not return until the employees satisfy the return to work criteria (see Section X). Telework may be available at this time.
 - b. Offered COVID-19 testing at no cost during their working hours.
 - c. Provided with information on benefits continuation.

This section 3 does not apply to those whose exposure did not occur in the workplace.

4. Leave and compensation benefits for potential COVID-19 exposures. The County will maintain an employee's earnings, seniority, and all other employee rights and benefits whenever the County has demonstrated that the COVID-19 exposure is work related.

The County may require that these employees use employer-provided employee sick leave benefits for this purpose and consider benefit payments from public sources in determining how to maintain earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.

5. Investigation to determine whether workplace conditions contributed to COVID-19 exposure. The County will review COVID-19 exposures to determine whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.

B. Confidentiality

1. Department Heads, Supervisors and any other employees with direct knowledge of another employee's positive Covid test, symptoms, medical services received by said employee or any other personal identifying information about said employee, shall not disclose such knowledge or information to other employees. [LC 3205 (c)(3)(C)]
2. Lake County shall ensure that all employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace. [LC 3205 (c)(3)(D)]

VII. System for Communicating

The County's goal is to ensure that we have effective communication with County employees in a form they can readily access, understand, and includes the following information:

- A. That employees should report COVID-19 symptoms, potential COVID-19 exposures and possible hazards to their supervisor or onsite safety coordinator.
- B. That employees can report symptoms and hazards without fear of reprisal.

- C. To request an accommodation for a medical or other condition that put an employee at increased risk of severe COVID-19 illness, employees will need to work with their supervisor and Human Resources.
- D. Where testing is not required, employees can access information about COVID-19 testing on the Public Health COVID-19 webpage.
- E. In the event the County is required to provide testing because of a potential COVID-19 exposure or outbreak, the County will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test, which may include, but is not limited to, a requirement that employees not report to work during the high-risk exposure period and satisfy the minimum criteria to return to work.
- F. Information about COVID-19 hazards employees (including other employers and individuals in contact with the workplace) may be exposed to, what is being done to control those hazards, and the County's COVID-19 policies and procedures.

[LC 3205(c)]

VIII. Training and Instruction

The County shall provide effective training and instruction that includes:

- A. This Covid Prevention Plan, including the **Worksite Protocols (Attachment B hereto)**, are to be routinely reviewed at departmental staff and departmental safety meetings and which inform employees of COVID-19 hazards at county worksites and how employees can protect themselves from COVID-19 hazards, including but not limited to the following information:
 - 1. COVID-19 is an infectious disease that can be spread through the air.
 - 2. COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - 3. An infectious person may have no symptoms.
 - 4. Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
 - 5. The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
 - 6. The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
 - 7. Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
 - 8. COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- B. COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.

IX. Exclusion of COVID-19 Cases

- A. Where there is a COVID-19 case in a county workplace, the County will, to the extent possible, limit transmission by:
 - 1. Ensuring that COVID-19 cases are excluded from the workplace until return-to-work criteria are met.
 - 2. Excluding employees with potential COVID-19 exposure from the workplace for 10 days after the last known COVID-19 exposure to a COVID-19 case by issuing the COVID-19 EXPOSURE NOTIFICATION set forth in **Addendum III(b) of Attachment B** along with **Addendum II to Attachment B** entitled: Home Quarantine Instructions for Close Contacts to COVID-19. These notifications shall be issued to:
 - a. employees who have had a potential COVID-19 exposure;

- b. their authorized representatives; and
 - c. independent contractors whose employees were present at the worksite.
- [LC 3205 (c)(3)(B)3]
3. Providing employees at the time of exclusion with information on available benefits.
 4. Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever the County has demonstrated that the COVID-19 exposure is work related. The County may require that these employees use employer-provided employee sick leave benefits for this purpose and consider benefit payments from public sources in determining how to maintain earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.
 - a. Employees who are approved by their supervisor and are able to, may telework during the isolation or quarantine period. The County will provide these employees their normal compensation for the work that they perform for the County during the isolation or quarantine period.
 - b. The provision of benefits described above does not apply to either: (i) employees with a potential COVID-19 exposure that was not work-related; and (2) employees who are unable to work for reasons other than protecting employees and non-employees county worksites and facilities from possible COVID-19 transmission. Such employees may still use paid sick leave for the purpose of receiving compensation during the isolation or quarantine period if they elect to do so.

X. Return-to-Work Criteria

The following return-to-work criteria are subject to change as may be imposed by the California Department of Health or the Lake County Public Health Officer:

A. COVID-19 cases (those with positive test) may return to work when any of the following conditions are met: *(per CalOSHA FAQs dated 1/26/21)*

1. For COVID-19 cases with symptoms all of these conditions must be met:
 - a. At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
 - b. COVID-19 symptoms have improved.
 - c. At least 10 days have passed since COVID-19 symptoms first appeared
2. For COVID-19 cases without symptoms:
 - a. May not return to work until a minimum of 10 days have passed since the COVID-19 case's first positive test, subject to the following requirements: *(per CDPH guidance issued 12/14/20)*
 - i. Adhere strictly to all recommended non-pharmaceutical interventions, including wearing face coverings at all times, maintaining a distance of at least 6 feet from others and the interventions required below, through Day 14.
 - ii. Use surgical face masks at all times during work for those returning after Day 7 and continue to use face coverings when outside the home through Day 14 after last exposure.
 - iii. Self-monitor for COVID-19 symptoms through Day 14 and if symptoms occur, immediately self-isolate and contact their local public health department or healthcare provider and seek testing.
3. If a licensed health care professional determines the person is not/is no longer a COVID-19 case, in accordance with California Department of Public Health (CDPH) or local health department recommendations.

- B. **Criteria for those exposed to COVID-19 but who have not developed symptoms or tested positive:**
Applying Executive Order N-84-20 (Gov. Order of 12/14/20) and CDPH quarantine guidance, while a 14-day quarantine is recommended, an exposed employee who does not develop symptoms of COVID-19 may return to work after 10 days have passed since the date of last known exposure. Additionally, CDPH has provided guidance permitting health care, emergency response and social services workers to return to work after 7 days with a negative PCR test result collected after day 5 when there is a critical staffing shortage (*per Cal/OSHA FAQs dated 1/26/21*)
- C. **Other applicable criteria: LC 3205 (c) (11)**
 - 1. A negative COVID-19 test will not be required for an employee to return to work.
 - 2. If an order to isolate or quarantine an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 10 days from the time the order to quarantine was effective.
 - 3. If there are no violations of state or local health officer orders for isolation or quarantine, Cal/OSHA may, upon request, allow employees to return to work on the basis that the removal of employees would create undue risk to a community's health and safety.

XI. Reporting, Recordkeeping, and Access

It is County policy to:

- A. Report information about COVID-19 cases at the workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- B. Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in the workplace or in connection with any employment.
- C. Maintain records of the steps taken to implement the written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- D. Make the written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- E. Keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

Multiple COVID-19 Infections and COVID-19 Outbreaks

This section of the CPP becomes effective if Public Health identifies an exposed workplace as the location of a COVID-19 outbreak or if there are three (3) or more COVID-19 cases in a workplace within a 14-day period. Once effective, this section will stay in effect until there are no new COVID-19 cases detected in that workplace for a 14-day period.

A. COVID-19 testing

1. The County will provide COVID-19 testing to all employees in an exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during employees' working hours. [LC 3205.1(b)(1)]
2. COVID-19 testing consists of the following: [LC 3205.1(b)(2)]
 - a) All employees in the exposed workplace shall be immediately offered testing and then offered testing again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
 - b) After the first two COVID-19 tests, the County will continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in the workplace for a 14-day period.
 - c) The County will provide additional testing when deemed necessary by Cal/OSHA.

B. Exclusion of COVID-19 cases

The County will exclude COVID-19 cases and employees who had COVID-19 exposure from the workplace in accordance with the CPP **Exclusion of COVID-19 Cases and Return to Work Criteria** requirements, and local health officer orders if applicable.

C. Investigation of workplace COVID-19 illness

The County Public Health department will investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with the CPP **Investigating and Responding to COVID-19 Cases**.

D. COVID-19 investigation, review and hazard correction

In addition to the CPP **Identification and Evaluation of COVID-19 Hazards and Correction of COVID-19 Hazards**, the County will perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review will be documented and include:

1. Investigation of new or unabated COVID-19 hazards including:
 - a) The County leave policies and practices and whether employees are discouraged from remaining home when sick.
 - b) The County COVID-19 testing policies.
 - c) Insufficient outdoor air.
 - d) Insufficient air filtration.
 - e) Lack of physical distancing.
2. Updating the review:
 - a) Every thirty days that the outbreak continues.
 - b) In response to new information or to new or previously unrecognized COVID-19 hazards.
 - c) When otherwise necessary.

3. Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. The County will consider:
 - a) Moving indoor tasks outdoors or having them performed remotely.
 - b) Increasing outdoor air supply when work is done indoors, if possible.
 - c) Improving air filtration.
 - d) Increasing physical distancing as much as possible.
 - e) Respiratory protection.

E. Notifications to Public Health

1. Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in a workplace, The County will contact Public health for guidance on preventing the further spread of COVID-19 within the workplace.
2. The County will provide Public Health the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. We will continue to give notice to Public Health of any subsequent COVID-19 cases at the workplace.

Major COVID-19 Outbreaks

This section becomes effective if a workplace experiences 20 or more COVID-19 cases within a 30-day period. This section of the CPP will stay in effect until there are no new COVID-19 cases detected in the workplace for a 14-day period.

A. COVID-19 testing

The County will provide twice a week COVID-19 testing, or more frequently if recommended by the local health department, to all employees present at the exposed workplace during the relevant 30-day period(s) and who remain at the workplace. COVID-19 testing will be provided at no cost to employees during employees' working hours.

B. Exclusion of COVID-19 cases

The County will exclude COVID-19 cases and employees with COVID-19 exposure from the workplace in accordance with the CPP **Exclusion of COVID-19 Cases and Return to Work Criteria**, and any relevant local health department orders.

C. Investigation of workplace COVID-19 illnesses

The County will comply with the requirements of the County's CPP **Investigating and Responding to COVID-19 Cases**.

D. COVID-19 hazard correction

In addition to the requirements of the County's CPP **Correction of COVID-19 Hazards**, the County will take the following actions:

1. In buildings or structures with mechanical ventilation, we will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems would reduce the risk of transmission and implement their use to the degree feasible.
2. We will determine the need for a respiratory protection program or changes to an existing respiratory protection program under CCR Title 8 section 5144 to address COVID-19 hazards.
3. We will evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
4. Implement any other control measures deemed necessary by Cal/OSHA.

E. Notifications to Public Health

The County will comply with the requirements of the County's **Multiple COVID-19 Infections and COVID-19 Outbreaks-Notifications to the Local Health Department**.

ATTACHMENT A - WORKPLACE SPECIFIC ASSESSMENT

ATTACHMENT B – COVID-19– Worksite Protocol

ATTACHMENT C – COMPLIANCE CHECKLIST

ATTACHMENT D – ATD EXPOSURE CONTROL PLAN

END

ATTACHMENT A

WORKPLACE-SPECIFIC RISK ASSESSMENT

Department Name: _____

Workplace location

<i>Office/Facility Name</i>	<i>Address</i>

1. IDENTIFICATION OF RESPONSIBLE INDIVIDUALS

List the individuals responsible for implementing, evaluating and updating this plan:

<i>Name</i>	<i>Phone or Email</i>	<i>Role in Implementing Plan</i>

2. RISK ASSESSMENT and WORKPLACE-SPECIFIC INFECTION CONTROL MEASURES

THIS RISK ASSESSMENT TOOL IS TO BE USED IN CONJUNCTION WITH THE COVID-19 COMPLIANCE INSPECTION CHECKLIST

ID vulnerable workers i.e. those with underlying health conditions, those over 65, those pregnant, those with chronic health conditions and those who may have difficulty wearing face covering for an extended period of time, (e.g. those with sensory sensitivities, those at risk of respiratory distress, or those unable to wear a face covering due to a disability)

- Have the following options been discussed with vulnerable workers:

Shelter in place	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work from home (where feasible)	Yes <input type="checkbox"/> No <input type="checkbox"/>
A flexible work schedule	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other accommodations	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe: _____

ID workspaces and work practices where interaction between employees may challenge physical distancing requirements (e.g. adjoining cubicles, conference rooms, break rooms, file rooms, hallways, walkways, vehicles):

- Do any workspaces need to be physically modified in order to maintain physical distancing? (e.g. limit number of people, reconfigure seating space, install barriers, floor markings, establish directional passageways to traffic flow, install signage)? Yes ☐ No ☐
- Can work practices be modified to limit the number of employees in the space at one time, such as remote-work, modified work schedules (e.g. alternating days, shift modifications), or staggering breaks? Yes ☐ No ☐

ATTACHMENT A

- Are there employee spaces where social distancing is routinely not possible? Yes ☐ No ☐
If YES, which spaces, and indicate how the risk will be mitigated (e.g. use discontinued, installation of Plexiglas or other physical barriers, use restricted to one person at a time): _____

- Are employees required to wear face coverings when physical distancing with co-workers is not possible? Yes ☐ No ☐

- In-lieu of conducting in-person meetings, have you identified other means of communication (e.g. telephone calls, e-mails, videoconferences): Yes ☐ No ☐

- Where in-person meetings are not avoidable, have you identified an in-person meeting space that can be reconfigured to accommodate social distancing? Yes ☐ No ☐

If YES, Who will be responsible for disinfecting the meeting space immediately after use: _____

If NO, then how will you facilitate compliance with physical distancing and face masking requirements? _____

ID shared equipment/surfaces and mitigate exposure (e.g. copy machines, paper shredders, light switches, push bars, door knobs, elevator buttons, chairs, phones, computers, cash & paper, common surfaces)

- Have employees been cautioned to avoid use of shared equipment/surfaces and to take infection control measures when they must utilize such equipment such as: using tissues or disposable gloves and washing/sanitizing hands immediately after use of shared equipment/surfaces? Yes ☐ No ☐
- Are disinfecting resources, face coverings and disposable gloves readily available in proximity of shared equipment/shared surfaces? Yes ☐ No ☐
- Who will be responsible for routinely disinfecting the shared equipment/surfaces and how often?

Determine how to facilitate Public Contact. Assess scope of public contact and ability to facilitate access and service of the public in light of physical distancing requirements. (e.g. limit number of people in a particular space, appointment only visits, directional constraints, or identifying engineering controls such as reconfiguring seating or access, installing Plexiglas or other physical barriers).

- Do any public spaces need to be modified in order to maintain physical distancing? (e.g. limit number of people, installation of Plexiglas barriers, floor markings, signage)? Yes ☐ No ☐

If YES, which spaces and what modifications will be (or have been) implemented: _____

ATTACHMENT A

- Are there public spaces where physical distancing is not possible? Yes ☐ No ☐
 If YES, which spaces and how will the risk be mitigated (e.g. use discontinued, installation of Plexiglas or other physical barriers): _____

- Are employees required to wear face coverings in public spaces? Yes ☐ No ☐
- Are disinfecting resources, face coverings and disposable gloves readily available at the point of public contact? Yes ☐ No ☐

Establish Individual Control Measures. The following measures must be communicated to employees:

- They are to wash and sanitize their hands frequently and thoroughly.
- They are required to maintain physical distancing of at least six feet apart whenever possible. Remind employees that people may be able to spread COVID-19 even if they do not show symptoms. Consider all close interactions (within 6 feet) with employees, clients, and others as a potential source of exposure.
- They are required to use face coverings at all times during the workday including in workstations equipped with partitions (unless subject to one of the expectations established by the California Department of Public Health)
- They are to stay home if they are sick.
- They are to practice cough and sneeze etiquette.
- They should avoid face touching.
- They should discontinue handshakes, or other forms of greeting that break physical distance.
- They should avoid direct physical touching of shared-equipment/surfaces by use of tissue, gloves or other adequate means.
- They should take it upon themselves to frequently disinfect shared equipment/surfaces.

Have employees been apprised of the foregoing? Yes ☐ No ☐
 If YES, how has this been communicated? _____

Establish Engineering and Administrative Infection Control Protocols.

- Who will be responsible for disinfecting workspaces and how often, including but not limited to:
 Break room: _____
 Restrooms: _____
 Conference room: _____
 Workstations _____
 Offices: _____
 Countertops: _____
 Other (identify): _____

Possible responses to the foregoing might include (but not be limited to):

1. Shall be disinfected/sanitized by employees after every use.
2. Cleaned daily by janitorial
3. Cleaned by staff at the beginning and end of every shift with disinfectant or sanitizing wipes.
4. Employees are responsible for cleaning their own work areas.

- Can the utilized public spaces be routinely disinfected? Yes ☐ No ☐
 If YES, who will be responsible for disinfecting? _____

ATTACHMENT A

- Can the quantity of outdoor air be increased (maximized) and is it possible to increase filtration efficiency to the highest level compatible with the existing ventilation system? Yes ☐ No ☐
- Where it is not possible to maintain the physical distancing requirement at all times, can cleanable solid partitions that effectively reduce aerosol transmission between the employee and other persons be installed? Yes ☐ No ☐

Provision of Sufficient Supplies. The department has a responsibility for a clean and safe environment at each workplace and to make all efforts necessary to ensure that the following supplies are available to reduce the transmission of COVID-19. Managers should ensure that the following supplies are made available at no cost to employees and that any deficiencies in supplies are addressed through normal channels:

Sanitizing wipes

Tissues

Cleaning/sanitizing spray

Hand sanitizer (that contains at least 60% alcohol...per the CDC)

Disposable gloves

Face coverings

- Have supplies been made available to employees in accordance with the foregoing? Yes ☐ No ☐
- Do all employees know where disinfecting supplies are located? Yes ☐ No ☐
If YES, how have locations been communicated? _____

- Who will be responsible for alerting management to a shortage of supplies? _____

Implement Adequate Signage

Each workplace should be evaluated for placement of appropriate signage. The nature and placement of the signage will depend on the outcomes of the Risk Assessment, configuration of the space and its occupancy. There are examples in the "[Covid-19 Public Health Emergency - Worksite Protocol](#)" as well as abundant examples on the internet but common signage address the following:

- Please do not Congregate in this area
- Elevator occupancy limited to _____:
- Remember to Wash your hands often for 20 seconds.
- Please do not enter without a face covering.
- Signage informing all employees and members of the public that they must not enter the facility/workplace if they are sick. Such signs should be posted at entrances and may even list COVID symptoms including cough, fever, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, or other symptoms consistent with COVID-19. Signs may also indicate that "if sick, please call Lake County Public Health at 707-263-1090."
- Signs encouraging Physical Distancing

Has a signage evaluation been conducted and signage placed accordingly? Yes ☐ No ☐

Return copy of this Risk Assessment to Risk Management

ATTACHMENT B

COVID 19 WORKSITE PROTOCOL**COVID-19 Public Health Emergency – Worksite Protocol****Originally Approved May 19, 2020****Amended 2/09/2021****Table of Contents**

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COVID 19 WORKSITE PROTOCOL**COVID-19 Workplace Protections**

All County offices will maintain a supply and shall require the use of the following:

- Face Coverings with two or more layers of washable breathable fabric
- Surgical masks, N95 masks, or respirators if required for your position
- Disinfecting wipes or spray disinfectant and paper towels hand sanitizer
- Gloves
- Protective shields at customer service counters

Face Coverings

The Emergency Temporary Standards (ETS) requires employers to provide employees with face coverings (or reimburse employees for the cost) and ensure they are worn over the nose and mouth when indoors and when outdoors, and within 6 feet of another.

Exceptions include: when an employee is alone in a room, when eating or drinking, when using a respirator or respiratory protection, when an employee cannot use a face covering due to a medical or mental condition; if hearing impaired or communicating with a hearing-impaired person; when specific work tasks cannot be performed with a face covering. Other measures to protect against COVID-19 infection must be implemented when face coverings cannot be used.

Unless exempt, all Californians must wear face coverings as defined by State guidance issued November 16, 2020.

In consultation with Human Resources and County Counsel, Department Heads will reasonably accommodate employees meeting any exemption criteria detailed in the guidance linked above.

In any in-person interactions where a member of the public cannot wear a face covering and there is no option of either six-foot social distancing or protective shielding, the County employee should courteously advise the individual that when the County's workplace COVID-19 safety protocols cannot be followed, service must be provided to the individual by telephone or other means that do not require in-person interaction.

Employees are responsible for regularly washing and/or sanitizing their face coverings. See State Face Covering and sector-specific occupational guidance for further information.

This protocol is not intended to, and shall not, replace or supplant the Personal Protective Equipment (PPE) requirements of those certain County positions which mandate said use.

Enhanced Hand Washing, Sanitizing and Disinfecting

To reduce the spread of COVID-19, it is essential that employees practice frequent hand washing and sanitizing of high-touch areas such as door handles, desk phones and cell phones, remote controls, countertops, tables, desktops, light switches and restroom fixtures.

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COVID 19 WORKSITE PROTOCOL**Handwashing technique:**

Wet hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails. Scrub hands for at least 20 seconds.

Additional key times to wash hands include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance.

Frequent sanitizing:

- Train employees on proper disinfecting guidelines.
- Clean and disinfect surfaces frequently touched.
- Encourage employees to clean and disinfect work surfaces and equipment.
- Do not reuse wipes to wipe down multiple surfaces.
- Do not dry the surface after wiping.

In addition:

- Provide gloves for employee use when handling cash, checks, credit cards, and paperwork from the public.
- Provide hand sanitizer and hourly relief to customer service employees, to provide an opportunity to frequently wash hands.
- Review and complete refresher training with janitorial staff on sanitizing, general cleaning and site specific protocols.

Physical Distancing / Social Distancing

Social distancing means avoiding large gatherings and maintaining distance of at least 6 feet from others when possible. This includes employee work areas.

Social distancing strategies include:

- Practice 6 foot social distancing.
- Continue to allow telework when possible and as needed to make social distancing feasible.
- Allow flexible work hours, such as staggered shifts.
- Increase physical space between employees and the public such as; installing protective shielding, erecting partitions, and marking floors to guide spacing at least six feet apart.☐
- Advise employees not to use other employee's phones, desks, offices, or other work tools and equipment, when possible.
- Encourage "no contact greetings"; do not shake hands or touch elbows when greeting.
- Deliver services remotely, without in-person contact by phone, email, video, or web.
- Cease working in or visiting other County Departments or Offices, except in situations where in-person contact is unavoidable due to court obligations and state law requirements, or where limited in-person contact is necessary for purposes of service of process, recordation of property-related documents, and/or providing fiscal services to public entities and independent special districts.

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COVID 19 WORKSITE PROTOCOL

- Limit employee use of common areas, including breakrooms, coffee areas, copy machines, printers to one person at time, with each user responsible to sanitize at the close of his or her use to ensure the safety of the next user.

Employee Self Screening / Symptom Check / Temperature Self Checks

Under the California Occupational Safety and Health Act ("Cal-OSHA"), employers are required to maintain safe and healthy working conditions for employees.

During the Public Health Emergency, if an employee comes to work sick, is symptomatic, or has a medical diagnosis of COVID-19, the responsible manager must immediately send the employee home to quarantine for ten (10) days in order to manage the risk to other employees and to the public.

Before an employee starts work each day, for the safety of all of us, s/he must ask himself/herself the following questions:

- ☐ Am I currently experiencing (or have I experienced in the last 14 days) one or more of the following symptoms: temperature over 100 degrees, difficulty breathing, sore throat, new or worsening cough, muscle pain, headache, chills, and new loss of taste or smell?
- ☐ Have I had contact with anyone with confirmed COVID-19 in the last 14 days?

If an employee answers yes to any of the above, s/he must take responsibility for the safety of fellow employees and the public and not enter any County facility or report to work. S/he must quarantine, call his or her primary care provider for further direction, and notify the supervisor as soon as possible.

Some departments have elected to provide no-touch thermometers for employee temperature self-checks and this practice may be offered to employees on a voluntary basis. It is essential that thermometers must be sanitized after each use.

If an employee has a temperature of 100 degrees or higher during a self-temperature check, s/he must notify the supervisor, quarantine, and call the primary care provider for further direction.

Employee Comes to Work Sick or with Symptoms

During the Public Health Emergency, employees who have symptoms when they arrive at work or become sick during the day should immediately be separated from other employees, customers, and visitors and sent home. Employees who develop symptoms outside of work should notify their supervisor and stay home.

COVID-19 symptoms mean that the employee has any one of the following signs or symptoms:

- Fever
- Runny or congested nose
- Cough
- Sore Throat
- Shortness of Breath, Difficulty Breathing
- Chills, or Repeated Shaking/Shivering
- Feeling Unusually Weak or Fatigued

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COVID 19 WORKSITE PROTOCOL

- New Loss of Taste or Smell
- Muscle pain
- Headache
- Diarrhea

In the event an employee is sick, s/he must quarantine up to 10 days, while either working remotely (subject to department approval), using paid leave accruals or taking leave without pay.

The employee may return to work in less than ten (10) days if cleared to do so by his/her health care provider.

If an Employee Tests Positive for COVID 19

1. S/he must quarantine up to 10 days since symptoms first appeared and
2. 24 hours with no fever without the use of fever-reducing medications and
3. Other symptoms of COVID-19 are improving

If an employee has clinical questions or concerns, s/he is encouraged to contact his or her health care provider directly.

Employee has had Close Contact with Person who Tests Positive

Prolonged contact with the affected person within 6 feet for greater than 15 minutes in a 24 hour period.

1. Instruct the employee to quarantine up to 10 days, while either working remotely (subject to department approval), using paid leave accruals or taking leave without pay.
2. The employee should contact the County Department of Public Health.
3. The employee should contact and follow any instructions/orders from their health care provider.
4. Notify other employee(s) within one day that may have been in prolonged contact with the affected employee (within 6 feet for greater than 15 minutes in a 24 hour period). Do not disclose the identity of any person, in the workplace, who tested positive for COVID-19.
5. Temporarily close the general area where the positive employee worked until cleaning and sanitizing of the area where the employee worked and may have been, including cubes, offices, file rooms, common areas, break rooms, restrooms and County-owned vehicles (if applicable) can be completed.
6. If there has been a possible exposure to any employee(s) in the workplace, due to prolonged contact with the affected employee, client, or member of the public, send the exposed employee(s) to quarantine for up to 10 days, and complete Workers Compensation claims forms.

The employee cannot come back prior to quarantining 10 days since the last contact, even with a negative test.

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COVID 19 WORKSITE PROTOCOL**Multiple COVID-19 Infections and COVID Outbreaks COVID 19 WORKSITE PROTOCOL**

- ☐ COVID-19 outbreak is defined when there are three or more COVID-19 cases in an exposed workplace within a 14-day period.
- ☐ Major outbreak is defined when there are 20 or more COVID-19 cases within a 30-day period in an exposed workplace.

COVID-19 Outbreak Testing Requirements

We will provide COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period.

COVID-19 testing will be provided at no cost to employees during employees' working hours.

COVID-19 testing consists of the following:

1. All employees in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
2. After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
3. We will provide additional testing when deemed necessary by Cal/OSHA.

COVID-19 Major Outbreak Testing Requirements

We will provide twice a week COVID-19 testing, or more frequently if recommended by the local health department, to all employees present at our exposed workplace during the relevant 30-day period(s) and who remain at the workplace. COVID-19 testing will be provided at no cost to employees during employees' working hours.

County COVID-19 Testing

OptumServe is now offering testing services

- ☐ SCHEDULE ONLINE AT [HTTPS://LHI.CARE/COVIDTESTING](https://LHI.CARE/COVIDTESTING)
- ☐ Call 888-634-1123 for assistance with scheduling.

Testing is available Monday through Saturday, 7 am - 7 pm, excluding holidays at the following locations:

- ☐ Mondays, Fridays & Saturdays: City of Lakeport Silveira Community Center (500 N. Main Street)
- ☐ Tuesdays, Wednesdays & Thursdays: Lower Lake at Town Hall (16195 Main Street)
- ☐ **Appointments are highly recommended; limited on-site registration is available.**

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COVID 19 WORKSITE PROTOCOL**Alternative Testing Resources COVID 19 WORKSITE PROTOCOL**

- Rite Aid is conducting Drive-Thru testing in Clearlake and Ukiah. Appointments can be made online at <https://www.riteaid.com/pharmacy/services/covid-19-testing>. Insurance is not required.
- Lake County Tribal Health offers testing by appointment to established patients with or without symptoms. For appointments, call 707-263-1000. For pediatric appointments, call 707-263-1010.

Exclusion of COVID-19 cases

We will ensure COVID-19 cases and employees who had COVID-19 exposure are excluded from the workplace in accordance with our COVID Prevention Plan (CPP) Exclusion of COVID-19 Cases and Return to Work Criteria requirements, and local health officer orders if applicable.

Investigation of Workplace COVID-19 Illness

We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with our CPP Investigating and Responding to COVID-19 Cases.

COVID-19 Investigation, Review and Hazard Correction

In addition to our CPP Identification and Evaluation of COVID-19 Hazards and Correction of COVID-19 Hazards, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

Notifications to the Local Health Department

- Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in our workplace, we will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- We will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. We will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.

COVID Training

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
 - ☐ COVID-19 is an infectious disease that can be spread through the air.

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COVID 19 WORKSITE PROTOCOL

- COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
- An infectious person may have no symptoms.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test **and not coming to work if the employee has any COVID-19 symptoms.**

Facility Signage

Signage, regarding requirements for face coverings, social distancing and other practices to reduce or prevent the spreading of germs, will be placed at each public entrance and throughout interior areas including customer service counters, elevators, lobbies, and employee work areas of County facilities to inform employees and the public.

Employees Working in the Field

For employees working in the field, for example, to do home inspections or client home meetings, if a face to face meeting outside the office is required and no other form of remote contact is available or allowable:

- Call ahead to determine if the individual(s) to be contacted are symptomatic (temperature over 100 degrees, difficulty breathing, sore throat, new or worsening cough, muscle pain, headache, chills, and new loss of taste or smell.) or have had contact with anyone with confirmed COVID-19 in the last 14 days?
 - If YES, reschedule after a 14 day period has passed, and restart this process when the new date is imminent. OR, if rescheduling is not possible due to program mandates, consult with supervision.
 - If NO, proceed with the face to face meeting utilizing all safety measures outlined in this protocol to the fullest extent.

Employees Who Are at Higher Risk for Severe Illness

Adults 65 years and older and/or those who have serious underlying medical conditions are at higher risk for severe illness from COVID-19 and the Governor's guidance continues to strongly encourage such persons to shelter in place.

ATTACHMENT B

COVID 19 WORKSITE PROTOCOL

The following strategies will be used to support employees who are at high risk:

- Strongly encouraged to Shelter in Place.
- Allowing telework, when possible.
- Supporting flexible work schedules.

Paper Handling – Best Practices

While the risk of transmission of the virus through paper handling is considered to be low, employees should be provided the option to wear gloves and of course, reminded of the need for frequent hand washing. When possible, setting paper received from an outside source aside for 24 hours is reasonable.

Meetings and Training - Cancel, Postpone, Conduct Electronically

- All in person meetings should be avoided when possible. Meetings should be conducted electronically.
- When videoconferencing or teleconferencing is not possible, employees and the public must wear face coverings, meet in open, well-ventilated spaces, and practice minimum 6 foot social distancing.

Employee Travel

All non-essential travel, as defined by the Department Head, is canceled until further notice. When more than one employee must travel to the same essential destination, to the greatest extent possible, employees should travel separately. When separate travel is not possible, employees traveling together must use face coverings.

Additional COVID 19 - Resources:

- CDC COVID: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- U.S. Department of Health & Human Services: <https://www.hhs.gov/coronavirus/index.html>
- Lake County Public Health: <http://health.co.lake.ca.us/Coronavirus.htm>
- CDC guidance for cleaning your office / facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

COVID 19 Training, Posters, Benefit & Leave Information

- Lake County Intranet: <http://lcnet.co.lake.ca.us/Departments/HR/COVID-19.htm>
- http://www.lakecountycalifornia.gov/Government/Directory/Human_Resources/COVID-19.htm

ADDENDUM I
COVID-19 Public Health Emergency – Worksite Protocol
County Of Lake
FAQ's for Managers and Supervisors

The management COVID FAQ's have been developed in partnership with the Public Health for Lake County to answer FAQ's related to COVID.

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COVID-19 Public Health Emergency – Worksite Protocol
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What should I do if an Employee Comes to Work Sick or with COVID Symptoms?

During the Public Health Emergency, employees who have symptoms when they arrive at work or become sick during the day should immediately be separated from other employees, customers, and visitors and sent home.

COVID-19 symptoms mean that the employee has any one of the following signs or symptoms:

- Fever
- Runny or congested nose
- Cough
- Sore Throat
- Shortness of Breath, Difficulty Breathing
- Chills, or Repeated Shaking/Shivering
- Feeling Unusually Weak or Fatigued
- New Loss of Taste or Smell
- Muscle pain
- Headache
- Diarrhea

In the event an employee is sick, s/he must quarantine up to 10 days, while either working remotely (subject to department approval), using paid leave accruals or taking leave without pay.

The employee may return to work in less than ten (10) days if cleared to do so by his/her health care provider or the Health Department.

What should I do If an Employee Tests Positive for COVID 19?

- If the employee is at work send the employee home immediately to quarantine for at least 10 days. Even if the employee shows no symptoms, he or she may still be able to spread the virus during that time frame, according to the CDC.
- The employee should contact and follow any instructions/orders from their health care provider.
- The manager should contact the Health Department at (707) 263-1090 and Risk Management at (707) 263-2580 and provide the following information:
 - Employee's name
 - Date of positive PCR COVID Test
 - Date symptoms started
 - Employee's contact information
 - Employee's occupation
 - Location where the employee worked
 - Business address
 - Hospital address if employee is hospitalized
 - Date of the last day at the workplace
 - Compile information on individuals the employee had close contact with
- Send employee exposure notification (*new law effective 11/2020) to those who may have been exposed.

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- Temporarily close the general area where the positive employee worked until cleaning and sanitizing of the area where the employee worked and may have been, including cubes, offices, file rooms, common areas, break rooms, restrooms and County-owned vehicles (if applicable) can be completed.
- Management should supervise the cleaning and disinfecting of work areas and other visited areas or work with Public Services to do so.
- The CDC recommends waiting 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- Notify other employee(s) that may have been in prolonged contact with the affected employee within 6 feet for greater than 15 minutes, cumulatively within 24 hours. Do not disclose the identity of any person, in the workplace, who tested positive for COVID-19.
- Instruct employees to clean their office and work areas.
- Staff should wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. Clean hands immediately after gloves are removed.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary beyond routine cleaning procedures.
- If there has been a possible exposure to any employee(s) in the workplace, due to prolonged contact with the affected employee, client, or member of the public, complete Workers Compensation claims forms.

When can an employee that tested positive for COVID come back to work?

1. S/he must quarantine up to 10 days since the start of symptoms or since first positive PCR test if a person is asymptomatic **and**
2. 24 hours with no fever without the use of fever-reducing medications **and**
3. Other symptoms of COVID-19 are improving

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

If an employee has been exposed to COVID-19 but is not showing symptoms, should I allow him or her to work?

Employees may have been exposed if they are a "close contact" of someone who is infected, which is defined as being within 6 feet for greater than 15 minutes should remain at home or in a comparable setting and practice social distancing for 10 days and should be tested after day 5 from last exposure to the positive case..

If I send an employee home to quarantine due to prolonged contact with the affected employee, client, or member of the public, is it covered by Workers' Comp?

Maybe, Workers' Compensation injury is defined as an employee who tests positive for COVID-19 as a result of a workplace exposure and meets the additional qualifications of a COVID-19 work-

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FAQ's for Managers and Supervisors

related injury. For non-first responder personnel, an outbreak must also occur within 14 days of the employee testing positive. An outbreak is defined as follows: For employers and specific locations with fewer than 100 employees, 4 employees must test positive within the 14 day period, or for locations with more than 100 people, 4% of the employees working in that specific location must test positive within the 14 day period.

What should I do if Employee has had Close Contact with Person who Tests Positive

- Supervisor should contact employees directly who were identified as having close contact. Recommend they get tested for COVID-19 and quarantine for 10 days.
- Employees should begin quarantine as soon as they are notified, they should wait to be tested for at least 120 hours (5 days) after the exposure.
- The manager and the employee should contact the County Department of Public Health.

What do I do if the employee's family member has had close contact with someone who has tested positive for COVID-19?

Employees should self-monitor for symptoms and wear cloth face coverings when in public. If they develop symptoms, or their family member subsequently tests positive, they should notify their supervisor and stay home.

What should I do if I find out several days later, after an employee has worked, that they were diagnosed with COVID-19?

- If it has been **less than 7 days** since the sick employee used the facility, clean and disinfect all areas used by the sick employee following the [CDC cleaning and disinfection recommendations](#).
- If it has been **7 days or more** since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.
- Other employees may have been exposed to the virus if they were in "close contact" (within approximately 6 feet for 15 minutes cumulatively) of the sick employee.
- If an employee is confirmed to have COVID-19, inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
- Those who have symptoms should self-isolate and follow [CDC recommended steps](#).
- In most workplaces, those potentially exposed but with no symptoms should remain at home or in a comparable setting and practice social distancing for 10 days.
- Employees not considered exposed should self-monitor for symptoms. If they develop symptoms, they should notify their supervisor and stay home.

If I shut down my office/ facility as a result of a COVID -19 case or outbreak, what is the recommended way to clean and disinfect and what is the appropriate time frame to resume operations?

- Follow [CDC cleaning and disinfection recommendations](#).
- Wait 24 hours before cleaning and disinfecting to minimize potential for exposure to respiratory droplets. If 24 hours is not feasible, wait as long as possible.
- Open outside doors and windows to increase air circulation in the area.

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COVID-19 Public Health Emergency – Worksite Protocol
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- Cleaning staff should clean and disinfect all areas including offices, bathrooms, and common areas, focusing especially on frequently touched surfaces.
- Clean dirty surfaces with soap and water prior to disinfection.
- Disinfect surfaces using products that meet EPA's criteria for use against the virus that causes COVID-19, and that are appropriate for the surface.
- Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method, contact time, and required PPE.
- Operations can resume as soon as the cleaning and disinfection are completed.

Who do I contact if my staff does not want to clean our office after a COVID-19 case?
 Call Public Services at 707-262-1618 to arrange cleaning.

What precautions should staff take for routine cleaning?

- Follow [CDC cleaning and disinfection recommendations](#).
- Clean surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily.
- Do not empty garbage bags into other containers. Tie bag and remove from container for disposal.
- Staff should wear disposable gloves when cleaning and disinfecting surfaces.
- Gloves should be discarded after each cleaning.
- Clean office surfaces and counters after each visitor.
- Staff should clean hands often, including immediately after removing gloves, by washing hands with soap and water for 20 seconds.
- If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Is it ok to have a holiday lunch, potluck, or birthday cake?

No, to limit possible exposure it is not advisable at this time.

Additional resources can be found at the links below:

CDC guidance for cleaning your office / facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

U.S. Department of Health & Human Services: <https://www.hhs.gov/coronavirus/index.html>

Lake County Public Health: <http://health.co.lake.ca.us/Coronavirus.htm>

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COVID-19 Testing

OptumServe is now offering testing services

- SCHEDULE ONLINE AT [HTTPS://LHI.CARE/COVIDTESTING](https://LHI.CARE/COVIDTESTING)
- Call 888-634-1123 for assistance with scheduling.

Testing is available Monday through Saturday, 7 am - 7 pm, excluding holidays at the following locations:

- Mondays, Fridays & Saturdays: City of Lakeport Silveira Community Center (500 N. Main Street)
- Tuesdays, Wednesdays & Thursdays: Lower Lake at Town Hall (16195 Main Street)
- Appointments are highly recommended; limited on-site registration is available.

Alternative Testing Resources

- Rite Aid is conducting Drive-Thru testing in Clearlake and Ukiah. Appointments can be made online at <https://www.riteaid.com/pharmacy/services/covid-19-testing>. Insurance is not required.
- Lake County Tribal Health offers testing by appointment to established patients with or without symptoms. For appointments, call 707-263-1000. For pediatric appointments, call 707-263-1010.

Public Health Contact Information

922 Bevins Court

Lakeport, CA 95453

Phone: (707) 263-1090 or **Toll Free:** (800) 794-9291

24 Hour Public Health Emergency Reporting

(707) 263-1090, option 9

Human Resources Contact Information

Pam Samac

Pam.samac@lakecountyca.gov

(707)263-2213

Risk Management Contact Information

Jeff Rein

Jeff.Rein@lakecountyca.gov

(707)263-2532

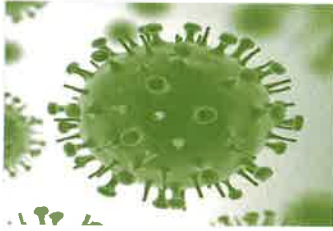
Public Services Contact Information

Lars Ewing

Lars.Ewing@lakecountyca.gov

707-262-1618

ADDENDUM II
COVID-19 Public Health Emergency – Worksite Protocol



Home Quarantine Instructions for Close Contacts to COVID-19

SUMMARY

If you have been in close contact with a person diagnosed with COVID-19 you are required to:

- 1 Quarantine - stay home and separate yourself from others for 10 days**
- 2 Monitor your health for 14 days**
- 3 Follow the Quarantine Order along with the steps below**

It is recommended that you get tested for COVID-19.

Please help slow the spread of COVID-19. Answer your phone if you get a call from “Lake County Public Health” or **Phone: (707) 263-1090 or Toll Free: (800) 794-9291.**



QUARANTINE

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease before a person knows they are sick or if they are infected with the virus without feeling symptoms.

What is a Close Contact?

You are a “close contact” if:

- a. You were within 6 feet of someone with COVID-19 for a total of 15 minutes or more over a 24-hour period.
- b. You had unprotected contact with the body fluids and/or secretions from someone with COVID-19. For example, you were coughed or sneezed on, you shared a drinking cup or eating utensils, you kissed, or you provided care to them without wearing the right protective equipment.

A person with COVID-19 can infect others from 2 days before their symptoms first started until they are allowed to end their home isolation (as described in Home Isolation Instructions). A person with a positive COVID-19 test but who does not have symptoms is considered to be infectious from 2 days before their test was taken until 10 days after their test.

ADDENDUM II COVID-19 Public Health Emergency – Worksite Protocol

How long to I have to quarantine?

If you have been in contact with someone with COVID-19, you must quarantine for 10 full days from you last contact with the infected person*.

- You can end your quarantine after Day 10 if you never had any symptoms and you take the following precautions:

From Day 11 through Day 14:

- Be extra careful. Wear a face covering when around other people (including those in your household), stay at least 6 feet away from others, wash your hands often, and take other steps to protect others (and yourself).
- Keep checking for COVID-19 symptoms every day. If you do get symptoms, isolate at home and follow the “If you develop symptoms” instructions below.

It is best to keep away from people at high risk for getting very sick from COVID-19 for the full 14 days.

If you don't know when you were exposed to the infected person and you received a Public Health Emergency Quarantine Order, you can end your quarantine 10 days after the date the order was issued (as long as your don't have symptoms).

If you have a test for COVID-19, and it is negative, you must still quarantine for at least 10 days.

How to calculate when your quarantine period ends

If you have no more contact with the infectious person

Your last day of quarantine is 10 days from the date after you last had close contact.
For example:



If you continue to have contact with the infected person

For example, you live with and/or care for the person with COVID-19:

ADDENDUM II

COVID-19 Public Health Emergency – Worksite Protocol

- If you can avoid close contact, your last day of quarantine is after 10 days from when the person with COVID-19 started to follow the Home Isolation Instructions.
- *But*, if you have close contact with them again while they are still in isolation, your 10- day quarantine period will have to restart from the last day that you had close contact.
- If you cannot avoid close contact, your last day of quarantine is 10 days from the date that the person with COVID-19 was told their isolation ends.

Restrictions during quarantine

To prevent you from spreading COVID-19, you must restrict activities and limit actions that may put you in contact with others.

- Stay home. Do not go to work, school, or public areas. You may only leave quarantine to get needed medical care.
- Do not allow visitors.
- Separate yourself from others in your home (unless they are also in quarantine).
- If you need to be in the same room as other people in your home, set it up so that you can stay 6 feet apart if possible. It is important to stay away from people who are at higher risk of serious illness. This includes people who are age 65 years or older or have a health problem such as a chronic disease or a weak immune system.
- Use a separate bathroom, if available.
- Stay at least 6 feet away from others. When this cannot be done, wear a face covering (see Guidance for Face Coverings for more information).
- Do not make or serve food to others.

Work and School

- Workers' Comp, Exclusion Pay, Disability Insurance, Unemployment & Paid Family Leave may be available for people who cannot work because they, or a family member, need to isolate or quarantine.
- When your quarantine period is over, you may return to work or school. You do not need a letter from Public Health and should not need a negative test.

Steps to take when getting medical care or COVID-19 testing

- Wear a mask. If you don't have one, wear a cloth face covering (see Guidance for Cloth Face Coverings for more information).
- Children under the age of 2 should not wear cloth face coverings. Children between the ages of 2 and 8 should use them but must be supervised by an adult to make sure they can breathe safely and avoid choking or suffocation. A mask or cloth face covering should not be placed on anyone who has trouble breathing or would need help to remove it. See Guidance for Cloth Facing Coverings for more information.
- Use a private car if possible. If you cannot drive yourself, be sure to keep as much distance as possible between you and the driver.
- Wear a mask or cloth face covering and leave the windows down. You should not use public transportation.

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COVID-19 Public Health Emergency – Worksite Protocol



TESTING FOR COVID-19

As a close contact to someone with COVID-19, it is recommended that you get tested. This is to check if you are already infected. If you test negative, you still need to quarantine for 10 days.

Testing is not recommended for people who had a positive viral COVID-19 test in the last 90 days **and** do not currently have symptoms of COVID-19.

COVID-19 Testing

OptumServe is now offering testing services

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- Call 888-634-1123 for assistance with scheduling.

Testing is available Monday through Saturday, 7 am - 7 pm, excluding holidays at the following locations:

- Mondays, Fridays & Saturdays: City of Lakeport Silveira Community Center (500 N. Main Street)
- Tuesdays, Wednesdays & Thursdays: Lower Lake at Town Hall (16195 Main Street)
- Appointments are highly recommended; limited on-site registration is available.

Alternative Testing Resources:

- Rite Aid is conducting Drive-Thru testing in Clearlake and Ukiah. Appointments can be made online at <https://www.riteaid.com/pharmacy/services/covid-19-testing>. Insurance is not required.
- Lake County Tribal Health offers testing by appointment to established patients with or without symptoms. For appointments, call 707-263-1000. For pediatric appointments, call 707-263-1010.

If your test result is positive:

- You have COVID-19
- You need to isolate.
- You need to tell all of your close contacts to quarantine and give them these quarantine instructions.

If your test result is negative:

- You may still be infected, but it is too early to show on the test.
- You need to quarantine for 10 days after you last had close contact with the person with COVID-19.
- Monitor your symptoms and follow the instructions below.

ADDENDUM II
COVID-19 Public Health Emergency – Worksite Protocol



MONITOR YOUR HEALTH

It is important to monitor your health for symptoms of COVID-19 for 14 days from your last contact with the infected person.

Symptoms of COVID-19 may include any of the following:

- fever
- chills
- cough
- shortness of breath or difficulty breathing
- feeling tired
- muscle or body aches
- headache
- sore throat
- nausea or vomiting
- diarrhea
- congestion or runny nose
- new loss of taste or smell

Call 911 or go to an emergency room if you are having serious symptoms. Serious symptoms include difficulty breathing, pain or pressure in your chest, have bluish lips or face or being confused or having difficulty waking up.

If you develop symptoms

Isolate yourself at home (this means if you left quarantine and it is Day 11-14 you need to return home immediately and strictly stay away from others except for medical care).

Contact your healthcare provider, clinician advice line, or telemedicine provider for a medical assessment and arrange a test for COVID-19. Tell them that you have been in contact with someone who has COVID-19.

- If you test positive for COVID-19 or your provider thinks you have COVID-19, you must follow the "Public Health Emergency Isolation Order" for COVID-19 and the "Home Isolation Instructions for People with COVID-19 Infection.
- If you test negative for COVID-19 and/or our provider thinks that you do not have COVID-19, you must complete your quarantine period and stay home until at least 24 hours have passed since you have been fever-free without using fever reducing medications.
- If you don't get tested, you should isolate for at least 10 days from when your symptoms first started and at least 24 hours have passed since you have been fever-free without using fever reducing medications.

ADDENDUM III (a)
COVID-19 Public Health Emergency – Worksite Protocol

Worksite Location/Division (if applicable)

COVID-19 INVESTIGATIVE FORM

Employee Confirmed COVID-19 Test

To determine potential COVID-19 exposure employees and independent contractors.

INSTRUCTIONS FOR COMPLETING FORM:

1. Complete and send the investigative form via email with "Employee Positive" in the subject line to:
 - A. County Public Health (PublicHealth.LakeDiseaseReporting@lakecountycal.gov)
 - B. County Administration (carol.huchingson@lakecountycal.gov)
 - C. County Risk Management (jeff.rein@lakecountycal.gov)
 - D. County Human Resources (pam.samac@lakecountycal.gov)
 - Public Health will conduct contact tracing for contacts outside the workplace.
 - Risk Management will report to the County's workers compensation carrier.
 - Human Resources will advise on available leave.
2. Determine the "High Risk Exposure Period" which means:
 - (1) for those with COVID-19 symptoms, from two days before they first developed symptoms until 10 days after symptoms appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or
 - (2) for those who test positive who never developed symptoms, from two days before ten days after they tested.
3. Contact employees and subcontractors identified in question #6 as potential "COVID-19 exposures" by phone or email within one business day and advise them that they have potentially been exposed to COVID-19 and quarantine protocols (see below).
 - A. Do not identify the employee who tested positive.
 - B. Potential COVID-19 exposures must quarantine for 10 days after the last known COVID-19 exposure. At the discretion of the Department, and based on operational needs, the potential COVID-19 exposure(s) may telework during quarantine.
 - C. If teleworking is not possible, the potential COVID-19 exposure may use Emergency Paid Sick Leave, if available, or accrued sick leave.
4. **If the answer to question # 5 below is YES, send a County of Lake COVID-19 Exposure Notification within one business day.**
 - A. The notice should go to any employee or subcontractor who was present at the same worksite as the COVID-19 case during the infectious period. For persons who develop COVID-19 symptoms, that period begins two days before they first develop symptoms. For persons who test positive but never develop COVID-19 symptoms, the period begins two days before the date of their test.
 - B. Use the response to question #5 to determine applicable worksite. Risk Management can help determine the scope of the worksite that must be noticed.
 - C. Provide a copy of the notice to any union with a member that receives the notice.
5. Determine whether there are any workplace conditions that could have contributed to the risk of COVID-19 exposure and address.
6. The department head should contact Public Services at 707-262-1618 to arrange cleaning.

ADDENDUM III (a)
COVID-19 Public Health Emergency – Worksite Protocol

COVID-19 INVESTIGATIVE FORM

Employee Confirmed COVID-19 Test

To determine potential COVID-19 exposure employees and independent contractors

Employee Name: Title: Date:
 Department: Supervisor: Union:
 Employee Location: Employee Phone: Employee Email:

Instructions: the supervisor should ask the employee who has tested positive the following questions and record the responses on this form.

1. What date did you take a test?
2. What date did you receive your test result?
3. If you experienced symptoms, what date did you first experience them? Indicate N/A if not symptomatic.
4. When was the last time you were at your work location or other work-related location (i.e., client's residence, subcontractor's office, care facility)?
5. Were you in a County building or other work-related location in the two days prior to experiencing symptoms, if symptomatic, or in the two days prior to taking your COVID test if asymptomatic? ☐ YES ☐ NO
 - a. If yes, what locations? List all locations including any County buildings or worksites other than your normal work location, including going into other departments or onto other floors.
 - b. If no, there is no chance of exposure/transmission.

If yes to Question 5, ask Question 6. If no to Question 5, no additional questions are needed.
6. During the two days prior to experiencing symptoms through the days you worked while symptomatic, did you have close contact with any co-workers?
 - a. Close contact is defined as being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the "high-risk exposure period". This definition applies regardless of the use of face coverings.
 - b. If YES, who?
7. Are there any workplace conditions that may have contributed to the risk of COVID-19 exposure and address?

ADDENDUM III (B)
COVID-19 Public Health Emergency – Worksite Protocol
COUNTY OF LAKE COVID-19 EXPOSURE NOTIFICATION

To: **Employee Name**

From: **Employee Email**

From: **Department Head**

RE: Notification to Employees When Coworker is Diagnosed with COVID-19

Date:

CC: Risk Management: Jeff.Rein@lakecountyca.gov
 Human Resources: Pam.samac@lakecountyca.gov
 Health Department: PublicHealth.LakeDiseaseReporting@lakecountyca.gov
 Employee Union:

The County of Lake has been notified that one of our employees or another individual, such as contractor, has been diagnosed with COVID-19 at the following location:

Department

Location address

As an immediate response to protect the health and safety of our workforce, we conducted an investigation to determine co-workers who may have had close contact, which is defined contact with the affected employee within 6 feet for greater than 15 minutes cumulatively within 24 hour period, with the confirmed-positive individual. You have been identified as an employee who may have been exposed to the virus between Exposure Dates.

According to the Centers for Disease Control and Prevention (CDC), the virus is spread primarily through respiratory droplets between people who are in close contact with one another. Individuals are contagious up to 48 hours before they exhibit symptoms or test positive for COVID-19.

Please see below, the responsive steps we are taking, steps all employees must take, and work exclusion and sick leave information.

Responsive Steps We Are Taking

We are taking the following steps to mitigate the risk of COVID spread:

Check all that apply

- ☐ Sanitizing the workplace
- ☐ Implementing COVID-19 close contact quarantine procedures
- ☐ Offering remote work
- ☐ Closing the workplace
- ☐ Notifying Risk Management
- ☐ Notifying local Department of Public Health

ADDENDUM III (B)
COVID-19 Public Health Emergency – Worksite Protocol

- ☐ Risk Management report sickness, injury, or exposure to Cal OSHA if applicable
- ☐ Notifying Labor Union
- ☐ Other: List all other actions taken

We have taken the following ongoing preventive measures:

1. Implemented COVID-19 Public Health Emergency -Worksite Protocol
2. Implemented social distancing
3. Offering remote work, if applicable
4. Encouraging employees to stay home when sick
5. Encouraging frequent hand washing and /or sanitizing
6. Conducting virtual meetings via zoom
7. Limited non-essential travel
8. Encouraging frequent cleaning of high touch surfaces
9. Providing hand sanitizer and cleaning supplies to all departments
10. Providing free masks to our employees and the public
11. Providing N95 masks to employees, if applicable for their position
12. Posters and visual reminders for social distancing and masking

Steps All Employees Must Take

We would like to remind all employees to abide by the CDC and California Dept. of Public Health guidelines to protect your health and the health of those around you. That includes: (1) washing your hands often with soap and water for at least 20 seconds, especially if you have been in a public place and after blowing your nose, coughing or sneezing; (2) if soap and water are not readily available, use a hand sanitizer that includes at least 60 percent alcohol; (3) avoid touching your eyes, nose, and mouth with unwashed hands; (4) wearing a face covering when around others or in a public place; and (5) maintaining a physical distance of at least 6 feet from all coworkers at the workplace.

During this time if you experience any of the symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea), please inform the following departments so that we may track potential outbreaks within the County of Lake:

List Department Head

Risk Management at (707) 263-2532

Human Resources at (707) 263-2213

You should also contact your health care provider to determine if you should be tested for COVID-19.

The County of Lake will keep all medical information confidential and will only disclose it on a need-to-know basis, as required by the Americans with Disabilities Act (ADA).

Under the ADA, we are required to maintain the confidentiality of any medical information we receive, including the name of any affected employee.

Work Exclusion

Until further notice, you are excluded from physically coming to work as to help prevent potential spread of the virus. You will be on home quarantine for 10 days after your last date of exposure to the ill employee. Please know

ADDENDUM III (B) COVID-19 Public Health Emergency – Worksite Protocol

we are offering telework opportunities where possible and will work with you to make this transition smooth. Contact List Department & contact information To determine if teleworking is an option for you. If telework is not an option, we will discuss the options that may be available.

County COVID-19 Testing

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- Appointments are highly recommended; limited on-site registration is available.

Alternative Testing Resources:

- Rite Aid is conducting Drive-Thru testing in Clearlake and Ukiah. Appointments can be made online at <https://www.riteaid.com/pharmacy/services/covid-19-testing>. Insurance is not required.
- Lake County Tribal Health offers testing by appointment to established patients with or without symptoms. For appointments, call 707-263-1000. For pediatric appointments, call 707-263-1010.

Sick Leave & Pay

Please note if you are unable to telework, or if you become ill, you have options to take sick leave or use benefits provided by the federal government under the FFCRA (Families First Coronavirus Response Act.)

Families First Coronavirus Response Act: <http://www.lakecountyca.gov/Assets/Intranet/Departments/HR/COVID-19/Payroll/PaidSickEng.pdf>

COVID Information, Payroll Forms, and Instructions:

<http://www.lakecountyca.gov/Government/Directory/Human Resources/COVID-19.htm>

If you are able and available to work, the County will offer exclusion pay. You will be required to exhaust paid sick leave benefits before providing exclusion pay, to the extent permitted by law. Exclusion pay will not apply if we establish the employee's exposure was not work-related.

Returning to Work

You may return to work upon clearance by [name/contact information of HR representative]. No employees will be allowed to return to work less than 10 days after the last date of exposure to an infected coworker. Moreover, employees who have had symptoms may not return to work until they have been fever free (without fever reducing medication) for 72 hours, at least 10 days have passed since the onset of their symptoms and they are showing an improvement in symptoms. Finally, employees who have been asymptomatic but who tested positive may not return to work until 10 days have passed since the date of their first positive test.

Please contact your supervisor or HR with any questions or concerns. We appreciate everyone continuing to do

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their best to support the health and safety of our work environment and each other. These are trying times for us all, and we are here for you.

Employee Exclusion Pay and Benefits FAQ's

Q: Must an employer pay an employee while the employee is excluded from work?

A: If the employee is able and available to work, the employer must continue to provide the employee's pay and benefits. An employer may require the employee to exhaust paid sick leave benefits before providing exclusion pay, to the extent permitted by law, and may offset payments by the amount an employee receives in other benefit payments. (Please refer to the [Labor Commissioner's COVID-19 Guidance and Resources](#) for information on paid sick leave requirements.). These obligations do not apply if an employer establishes the employee's exposure was not work-related.

Q: Does an employer have to "maintain an employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to their former job status, as if the employee had not been removed from their job" if the employee is unable to work because of his or her COVID-19 symptoms?

A: No, if an employee is unable to work because of his or her COVID-19 symptoms, then he or she would not be eligible for exclusion pay and benefits under section 3205(c)(10)(C). The employee, however, may be eligible for Workers' Compensation or State Disability Insurance benefits.

Q: How long does an employee with COVID-19 exposure, or who tests positive for COVID-19 from the workplace, receive pay while excluded from the workplace?

A: An employee would typically receive pay for the period the employee is quarantined, which could be up to 14 days (see above for potential impact of [EO N-84-20](#)). If an employee is out of work for more than a standard quarantine period based on a single exposure or positive test, but still does not meet the regulation's requirements to return to work, that extended quarantine period may be an indication that the employee is not able and available to work due to illness. . The employee, however, may be eligible for temporary disability or other benefits.

Q: Must an employer exclude an employee who claims a COVID-19 workplace exposure?

A: An employer should take any reports seriously and should investigate any evidence of an exposure. It is ultimately the employer's responsibility to determine if an exposure occurred.

Q: Does an employer have to maintain an employee's earnings and benefits under section 3205(c)(10)(C) if the employee is unable to work because of reasons other than protecting persons at the workplace from possible COVID-19 transmission?

A: No, the employer need not maintain the exposed employee's earnings and benefits under section 3205(c)(10)(C) if the employee with COVID-19 exposure from the workplace is unable to work because of reasons other than protecting persons at the workplace from possible COVID-19 transmission (e.g., a business closure, caring for a family member, disability, or vacation). Such employees may be eligible for other benefits, including Disability Insurance, Paid Family Leave, or Unemployment Insurance benefits

Q: The ETS states that an employer is not required to provide exclusion pay if the employer can establish that an employee's COVID-19 exposure was not work related. What does that mean?

A: The ETS does not require employers to pay workers who are excluded from work under section 3205(c)(10) if the employer can show that the employee's COVID-19 exposure was not work related. In such circumstances, employers may have other legal or contractual payment obligations, but pay and benefits are not mandated by section 3205.

Q: How are employers proving that a COVID-19 exposure is not work related and rebutting the presumption under SB 1159 related?

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A: SB 1159 provides a rebuttable presumption for certain workers and workplaces that an employee's COVID-19-related illness is an occupational injury entitling the employee to workers' compensation benefits. Rebutting that presumption and proving that COVID-19 exposure is not work related to avoid the ETS' exclusion pay requirement involve an employer conducting comparable investigations and producing comparable evidence to show it is more likely than not that an employee's COVID-19 exposure did not occur in the workplace.

Q: How will the exclusion pay provision be enforced?

A: As with any violation, Cal/OSHA has the authority to issue a citation and require abatement. Whether employees or another agency can bring a claim in another forum is outside the scope of Cal/OSHA's authority.

Q: Can an employee receive both temporary disability benefits under workers' compensation and receive their regular wages (or a portion of them) because they are excluded for work under section 3205(c)(10)(C)?

A: No. Cal/OSHA does not consider an employee receiving workers' compensation temporary disability benefits for wages lost during the period in which they are excluded from the workplace to be "able and available to work" within the meaning of section 3205(c)(10)(C). Therefore, an employee cannot receive both types of benefits.

Q: If an employee is receiving temporary disability benefits through workers' compensation because they test positive for COVID-19 but do not have symptoms that would otherwise prevent them from working, should they receive workers' compensation benefits or exclusion pay under the ETS?

A: As noted above, Cal/OSHA does not consider an employee receiving temporary disability benefits through workers' compensation to be considered "able and available to work" within the meaning of section 3205(c)(10)(C). However, if an asymptomatic employee is able and available to work but is not eligible to receive payment through workers' compensation for lost wages during the period in which they are excluded from work, they should be paid for that time according to section 3205(c)(10)

Additional resources and contact information can be found below:

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

Lake County Public Health: <http://health.co.lake.ca.us/Coronavirus.htm>

Public Health

publichealth@lakecountyca.gov

922 Bevins Court

Lakeport, CA 95453

Phone: (707) 263-1090 or **Toll Free:** (800) 794-9291

24 Hour Public Health Emergency Reporting

Duty Officer: (707) 263-1090, option 9

Risk Management

Jeff Rein

Jeff.Rein@lakecountyca.gov

(707)263-2532

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Cal OSHA Frequently Asked Questions Related to COVID-19

Updated January 8, 2021: <https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html#effDate>

Scope of Coverage

Q: Which employers must comply with the [COVID-19 emergency temporary standards \(ETS\)](#)?

A: The ETS applies to all employers, employees, and to all places of employment with three exceptions:

- Workplaces where there is only one employee who does not have contact with other people
 - Employees who are working from home
 - Employees who are covered by the [Aerosol Transmissible Diseases](#) regulation
2. **Q:** Does the ETS apply for employees who split their work time between home and the workplace?
A: Yes, however, the regulation applies only when the employees work at the workplace, or are exposed at work, but not when they work from home.
 3. **Q:** Does the regulation apply to workplaces with only one employee who has brief contact with other persons?
A: Yes, the regulation applies to such workplaces (other than the home); however, the measures that the employer must implement to comply with the ETS will reflect this type of limited exposure.
 4. **Q:** Does the regulation apply for employees who are working from remote locations other than their home?
A: No, the regulations do not apply to employees an employer assigns to telework but who choose to work elsewhere, such as at a hotel or rental property. The regulation on employer-provided housing (3205.3) applies when a person is working from a hotel arranged for or provided by the employer; however, the rule would not impose additional requirements for business travel by employees not sharing a room or suite.
 5. **Q:** Does the regulation apply to any facility that is subject to the Aerosol Transmissible Diseases (ATD) standard?
A: The ETS applies to employees at these facilities who are not identified in the employer's Aerosol Transmissible Diseases Exposure Control Plan, as required under California's Aerosol Transmissible Diseases (ATD) standard ([CCR section 5199](#)), as having occupational exposure to aerosol transmissible diseases, such as administrative employees who work only in an office environment separated from patient care facilities.
 6. **Q:** The regulation exempts "Employees when covered by section 5199". Can an employee in a single workplace be subject to both the ETS and section 5199 at different times?
A: No. In a facility or operation that is within the scope of section 5199, employees with occupational exposure to aerosol transmissible diseases (ATDs), as defined in section 5199, are covered by the requirements of section 5199, and not the ETS. This is true even when an employee who has occupational exposure performs tasks that do not include exposure to ATDs, e.g., when a hospital nurse who performs patient care spends time in the hospital's human resources office.

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7. **Q:** Can an employer at a workplace covered by section 5199 deem all employees on site to have occupational exposure to COVID-19 and exempt them from the ETS?
- A:** If the employer provides all employees with protections under its ATD Exposure Control Plan and has incorporated those employees into the plan in accordance with section 5199 because they have an occupational exposure to COVID-19, then those employees would not be subject to the ETS.

Effective Date

8. **Q:** When must employers comply with the ETS?
- A:** November 30, 2020, the day the Office of Administrative Law approved the ETS.
9. **Q:** What if an employer is unable to comply with the ETS by its effective date?
- A:** Many of the provisions of these regulations have already been required under [employers' Injury and Illness Prevention Programs](#) (IIPP), including the requirement to identify and address hazards, use of face coverings, and physical distancing. As employers implement the new regulations, Cal/OSHA enforcement personnel will consider an employer's good faith efforts in working towards compliance, but some aspects, such as eliminating hazards and implementing testing requirements during an outbreak, are essential.

Enforcement

10. **Q: How will Cal/OSHA enforce the ETS as employers implement the rule?**
- A:** All employers are expected to comply with all provisions of the ETS, and Cal/OSHA will enforce the ETS, taking into consideration an employer's good faith efforts to comply.
- In addition to consideration of an employer's good faith effort to comply before issuing a citation, for the first two months the rules are in effect (i.e., through February 1, 2021), Cal/OSHA will cite but not assess monetary penalties for violations of the ETS that would not have been considered a violation of the employer's Injury and Illness Prevention Program, respiratory protection program or other applicable Cal/OSHA standard in place prior to November 30, 2020. This brief period of relief from monetary penalties will allow Cal/OSHA and employers to focus on obtaining compliance, while ensuring workers still benefit from the protections in the ETS. This policy will not apply where an employer fails or refuses to abate a violation of the ETS Cal/OSHA has identified, or in the case of imminent hazards.

The COVID-19 Prevention Program

11. **Q:** What are the main requirements of the ETS?
- A:** To comply with the ETS, an employer must develop a written COVID-19 Prevention Program or ensure its elements are included in an existing [Injury and Illness Prevention Program](#) (IIPP). The employer must implement the following in accordance with their written program:
- Communication to employees about the employer's COVID-19 prevention procedures

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- Identify, evaluate and correct COVID-19 hazards
- Physical distancing of at least six feet unless it is not possible
- Use of face coverings
- Use engineering controls, administrative controls and personal protective equipment as required to reduce transmission risk
- Procedures to investigate and respond to COVID-19 cases in the workplace
- Provide COVID-19 training to employees
- Provide testing to employees who are exposed to a COVID-19 case, and in the case of multiple infections or a major outbreak, implement regular workplace testing for employees in the exposed work areas
- Exclusion of COVID-19 cases and exposed employees from the workplace until they are no longer an infection risk
- Return to work criteria
- Maintain records of COVID-19 cases and report serious illnesses and multiple cases to Cal/OSHA and the local health department, as required

Cal/OSHA has posted a [Model COVID-19 Prevention Program](#) on its website for employers to use.

Communication with Employees

12. **Q:** What does the ETS require employers to communicate to employees?

A: Requirements include:

- How to report COVID-19 symptoms, exposures and hazards to the employer without fear of reprisal
- COVID-19 hazards in the workplace and the employer's policies and procedures to address them
- Any procedures the employer may have for accommodating employees with elevated risk factors for COVID-19, which can be found on the CDC's website (this is an obligation to communicate about existing procedures, not to create new ones, although reassigning employees with elevated COVID-19 risk factors to jobs with less exposure risk is encouraged and may be required under federal and state disability laws)
- How the employee can obtain testing for COVID-19, such as through the employer's workplace-based testing program, or through the local health department, a health plan, or at a community testing center
- Notice of potential exposure to COVID-19
- Cleaning and disinfection protocols
- How to participate in workplace hazard identification and evaluation

Identifying, Evaluating and Correcting COVID-19 Hazards

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13. **Q:** What must an employer do to identify, evaluate and correct workplace hazards?

A: Identifying, evaluating and correcting workplace hazards includes:

- Developing and implementing a process for screening employees for and responding to employees with COVID-19 symptoms
- Reviewing state and local guidance and orders on hazard prevention, [including industry-specific guidance found on Cal/OSHA's website](#) or at [Covid19.ca.gov](#)
- Reviewing existing practices for controlling COVID-19
- Conducting a site-specific evaluation of where COVID-19 transmission could occur, including interactions between employees and any other persons, and places employees may congregate or interact with members of the public
- Allowing employees or employees' authorized representatives to participate in hazard identification and evaluation
- Ensuring a process is in place to immediately address COVID-19 cases
- Conducting periodic inspections of the workplace to ensure compliance with the ETS and check for new hazards
- Implementing procedures to correct identified hazards

14. **Q:** How does an employer allow employees or employees' representatives to participate in hazard identification or evaluation?

A: The employer has flexibility in how it allows worker participation in hazard identification and evaluation. The rule does not explicitly require employee participation, but employers must allow it. Cal/OSHA encourages the participation of employees and employees' authorized representatives in hazard identification and evaluation.

Physical Distancing, Face Coverings and Other Controls

15. **Q:** What are the physical distancing requirements of the ETS?

A: An employer must ensure that employees maintain at least six feet of distance from other persons unless it is not possible, in which case employees should be as far from others as possible. Momentary contact closer than 6 feet while in movement, such as in a hallway or aisle, would not be considered a violation. An employer must be prepared to demonstrate to Cal/OSHA why physical distancing of at least six feet is not possible.

Methods of physical distancing include: telework or other remote work arrangements; reducing the number of persons in an area at one time, including visitors; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.

16. **Q:** How should an employer measure between people when implementing the physical distancing requirement?

A: The ETS does not specify a method of measuring 6 feet of physical distancing, or in the cases of workers being transported to and from work in a vehicle, 3 feet of physical distancing. Measuring the space between two peoples' bodies or measuring the distance between two peoples' breathing zones (distance between their heads) are both methods Cal/OSHA would accept.

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17. Q: What are the engineering requirements if physical distancing is not possible?

A: In addition to maximizing physical distance, at fixed work locations an employer must install cleanable solid partitions that reduce the risk of aerosol transmission (such as Plexiglas barriers).

18. Q: What is a “fixed work location” that would require solid partitions?

A: A “fixed work location” is a workstation where a worker is assigned to work with minimal movement from that location for extended periods of time. Examples include cashiers, greeters, receptionists, workers at desks or in cubicles, and food production line workers. It does not include construction or maintenance work.

19. Q: How large should partitions be?

A: They should be large enough to reduce the risk of aerosol transmission. Unless they are complete barriers, partitions do not eliminate the risk of transmission between workers. Workers within six feet of one another are considered a close contact for determining COVID-19 exposure, regardless of partitions.

20. Q: What are the face covering requirements of the ETS?

A: The ETS requires employers to provide employees with face coverings (or reimburse employees for the cost) and ensure they are worn over the nose and mouth when indoors and when outdoors, and within 6 feet of another. Exceptions include: when an employee is alone in a room, when eating or drinking, when using a respirator or other respiratory protection, when an employee cannot use a face covering due to a medical or mental condition; if hearing impaired or communicating with a hearing-impaired person; or when specific work tasks cannot be performed with a face covering. Other measures to protect against COVID-19 infection must be implemented when face coverings cannot be used.

21. Q: What engineering controls, administrative controls, and personal protective equipment must an employer implement?

A: Requirements include:

- Engineering controls
 - Install cleanable solid partitions that reduce the risk of aerosol transmission between fixed work locations where it is not possible to physically distance (such as Plexiglas barriers)
 - Maximize the amount of outside air to the extent feasible, unless there is poor outside air quality (an AQI of 100 or higher for any pollutant) or some other hazard to employees such as excessive heat or cold
- Administrative controls
 - Implement effective cleaning procedures of commonly touched surfaces, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, bathroom surfaces, and steering wheels
 - Inform employees and employees’ authorized representatives of cleaning and disinfection protocols and planned frequency and scope of cleaning
 - Minimize to the extent feasible the sharing of tools, equipment and vehicles
 - If tools, equipment and vehicles must be shared, disinfect between users

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- Clean areas where a COVID-19 case has been during the “high risk period”, as defined in these FAQs
- Provide for, encourage and allow time for frequent hand washing, and provide hand sanitizer
- Personal protective equipment (PPE)
 - Evaluate the need for PPE, including but not limited to gloves, eye protection and respiratory protection as required by Cal/OSHA standards
 - Provide eye and respiratory protection for employees exposed to procedures that aerosolize saliva or other potentially infectious materials, such as some dental procedures
 - Prohibit the sharing of PPE

Ventilation

22. Q: How can employers who rent buildings or workspace in buildings over which they do not have control comply with the requirements regarding maximizing outdoor air and increase filtration efficiency of the ventilation system?

A: Employers in these circumstances should request that the building operator assist with compliance with the emergency regulation. It should be noted that if the building operator has employees that work on the premises, it is also subject to the rule.

23. Q: What if an employer has processes that prevent the use of outdoor air?

A: The ETS requires, with some exceptions, the employer to maximize the use of outdoor air to the extent feasible. Cal/OSHA will consider the processes or environments necessary to perform the work when assessing feasibility.

Vaccines

24. Q: Once an employee is vaccinated, must the ETS still be followed for vaccinated persons?

A: For now, all prevention measures must continue to be implemented. The impact of vaccines will likely be addressed in a future revision to the ETS

Training

25. Q: What training must an employer provide employees under the ETS?

A: Employee training must cover:

- Employer policies and procedures to protect employees from COVID-19 hazards
- COVID-19 related benefit information, from either the employer or from federal, state or local government, that may be available to employees impacted by COVID-19. Information on COVID-19 benefits such as paid sick leave and workers' compensation benefits is posted on the [Department of Industrial Relations' Coronavirus Resources](#) webpage.

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- The fact that COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may show no symptoms
- The importance of physical distancing and wearing face coverings
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective
- The importance of frequent hand washing for at least 20 seconds and use of hand sanitizer when handwashing facilities are not available
- Proper use of face coverings, and the fact that they are not respiratory protection
- The symptoms of COVID-19 and the importance of not coming to work and getting tested if an employee has symptoms

Cal/OSHA will provide training resources on its website for employers to use to supplement site-specific training to comply with the ETS.

Addressing COVID-19 Cases in the Workplace

26. Q: What must an employer do to investigate and respond to a COVID-19 case?

A: Investigating and responding to a COVID-19 case in the workplace includes the following:

- Determining when the COVID-19 case was last in the workplace, and if possible the date of testing and onset of symptoms
- Determining which employees may have been exposed to COVID-19
- Notifying employees of any potential exposures within one business day (and notifying any other employer who has potentially exposed employees in the workplace)
- Offer testing to potentially exposed employees at no cost and during working hours
- Investigate the exposure, whether workplace conditions could have contributed to the risk of exposure, and what corrections would reduce exposure

Testing

27. Q: What are the testing requirements in the ETS?

A: An employer's testing obligations are the following:

- Inform all employees on how they can obtain testing. This could be through the employer, local health department, a health plan, or at a community testing center. The only obligation to all employees is to provide information.
- Offer testing to an employee at no cost and during working hours in the event of a potential COVID-19 work-related exposure.
- Provide periodic (at least weekly or twice per week depending on the magnitude of the outbreak) COVID-19 testing to all employees in an "exposed workplace" during an outbreak.

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- Testing must be provided in a manner that ensures employee confidentiality.
28. **Q:** Is there a difference between “offer testing” and “provide testing” in the ETS?
A: No. The meaning is the same for both terms.
29. **Q:** Does the employer have to provide testing to employees at their work location?
A: No. The employer may provide testing to employees at a testing site separate from their work location.
30. **Q:** Can employers send their employees to a free testing site for testing (e.g., run by their county) and is this considered to be “at no cost to employees?”
A: Yes, as long as employees incur no cost for the testing. Ensuring that an employee does not incur costs would include paying employees’ wages for their time to get tested, as well as travel time to and from the testing site. It would also include reimbursing employees for travel costs to the testing site (e.g., mileage or public transportation costs).
31. **Q:** What do employers do if employees refuse to take the tests required by various provisions of the emergency regulations?
A: An employer that offers a test at no cost to the employee does not violate the regulation if an employee declines or refuses to take it. The employer is not required to obtain a signed declination from employees who refuse to take a COVID-19 test offered by the employer.
32. **Q:** What does “during their working hours” or “during employees’ working hours” mean, in relation to providing COVID-19 testing?
A: These terms, as used in the regulations, mean that the test must be provided during paid time. While the employee must be compensated for their time and travel expenses, the employer is not obligated to provide the test during the employee’s normal working hours.
33. **Q:** What kinds of tests are acceptable to comply with the regulations’ testing requirements?
A: Tests approved by the United States Food and Drug Administration (FDA) or that have an Emergency Use Authorization (EUA) from the FDA to diagnose current infection with the SARS-CoV-2 virus may be used. These include both PCR and antigen tests. The test must be administered in accordance with the FDA approval or FDA EUA, as applicable.
34. **Q:** In a non-outbreak setting, how does an employer determine which employees may have had a COVID-19 exposure?
A: Employers must: determine which if any employee was within 6 feet of a COVID-19 case for a cumulative total of 15 minutes within any 24-hour period during the COVID-19 case’s “high risk exposure period.” The high-risk exposure period is:
 - For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until 10 days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved.
 - For persons who test positive but never develop COVID-19 symptoms, from two days before until ten days after the specimen for their first positive test for COVID-19 was collected.
35. **Q:** In a non-outbreak setting, what are employers required to do when they learn that one or more of their employees had a COVID-19 exposure at the workplace?
A: Employers must:

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- Notify all employees and employees' authorized representatives who may have had COVID-19 exposure within one business day in a manner that does not reveal the COVID-19 case's personal identifying information
- Offer testing at no cost to any employee potentially exposed to COVID-19 in the workplace, and provide applicable benefit information. The time an employee spends being tested is considered compensable hours worked.
- Exclude from the workplace employees who test positive for COVID-19 and employees with COVID-19 exposure, and follow the requirements for preserving their pay and benefits
- Follow the return to work criteria for returning excluded employees to work
- Investigate the exposure and address hazards
- Follow all recordkeeping and reporting requirements for employee COVID-19 cases.

Outbreaks and the “Exposed Workplace”

36. Q: In an outbreak (three or more COVID-19 cases in an “exposed workplace” within a 14-day period or identified as an outbreak by a local health department), what are an employer's requirements?

A: In addition to the requirements for non-outbreak settings, an employer must:

- Immediately provide testing to all employees in the exposed workplace and exclude positive cases and exposures from work; repeat the testing one week later; and
- Continue testing employees at least weekly until the workplace no longer qualifies as an outbreak.

37. Q: What are an employer's requirements in a major outbreak (20 or more COVID-19 cases in an “exposed workplace” within a 30-day period)?

A: In addition to the requirements for non-outbreak settings, an employer must:

- Provide testing to all employees in the exposed workplace at least twice weekly and exclude positive cases and exposures until there are no new cases detected for a 14-day period;
- Implement ventilation changes to mechanical ventilation systems including increasing filtration efficiency to at least MERV-13, or the highest efficiency compatible with the ventilation system.
- Evaluate whether HEPA air filtration units are needed in poorly ventilated areas;
- Determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards; and
- Consider halting all or part of operations to control the virus.

38. Q: What is an “exposed workplace” and how should an employer determine which work areas are included?

A: An exposed workplace is a work location, working area, or common area used or accessed by a COVID-19 case during the high-risk period, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. If, within 14 days, three COVID-19 cases share the same “exposed workplace,” then the Multiple COVID-19 Infections and COVID-19 Outbreaks standard (section [3205.1](#)) applies and additional testing will be

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required. When determining which areas constitute a single “exposed workplace” for purposes of enforcing testing requirements, Cal/OSHA does not expect employers to treat areas where masked workers momentarily pass through the same space without interacting or congregating as an “exposed workplace,” so they may focus on locations where transmission is more likely.

39. **Q:** Does the “exposed workplace” mean the entire workplace? Does this change after January 1, 2021 when AB 685 goes into effect?

A: No, the “exposed workplace” includes only the areas of the building where the COVID-19 cases were present during the “high-risk exposure period.” This will not change after January 1, 2021.

40. **Q:** Why does the standard use “exposed workplace” instead of a percentage of the entire workforce or some other method?

A: Focusing on three or more cases as an “exposed workplace” is preventative, to initiate testing at the beginning of an outbreak in the area where workers are at risk of exposure, and to contain the outbreak to the affected area. Typically, once an employer is aware of three or more COVID-19 cases in an exposed workplace, there is a likelihood that there are more unknown cases. Testing in the “exposed workplace” is intended to balance the need to tailor testing to the areas where workers have a risk of exposure to known COVID-19 cases and the need to do that on a comprehensive basis to contain transmission and account for the possibility that transmission is already occurring.

41. **Q:** Is the testing requirement for outbreaks triggered by three or more cases in an entire building?

A: No, the testing requirement is triggered by three or more cases in a 14-day period present in the same “exposed workplace” during the “high-risk exposure period.” For other areas of the workplace, follow the requirements for employees who are exposed to COVID-19 cases.

42. **Q:** How does an employer determine what part of a workplace is an “exposed workplace” for purposes of determining if an outbreak has occurred and who must be tested?

A: An “exposed workplace” is defined at section 3205(b)(7) and includes “any work location, working area or common area used or accessed by a COVID-19 case during the ‘high-risk period.’” For purposes of determining whether an outbreak has occurred, there must be three COVID-19 cases, all of whom worked in, used, or accessed the same “work location, working area or common area used or accessed” in a 14-day period. If one of the three cases is in a different work location within an establishment, an outbreak has not occurred.

Areas a COVID-19 case passed through (i.e., travelled through en route to a work area and did not stop or stopped momentarily while wearing a face covering) are not considered in determining the area of an “exposed workplace.” For example, if all three COVID-19 cases have been in a common area, but one of the cases only passed through while wearing a face covering, an outbreak has not occurred for purposes of the ETS.

43. **Q:** Can an employer separate employees into cohorts to reduce the likelihood of COVID-19 cases occurring in the same work locations/areas?

A: Yes, that is an acceptable strategy to reduce risk and reduce testing obligations. The ETS requirements must still be implemented in the exposed workplace.

44. **Q:** For employers who have several non-overlapping work shifts at a facility, can each shift be considered as a separate “exposed workplace”, as defined by the ETS?

A: If the facility is well ventilated and the cleaning and disinfection requirements of the ETS

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are met between or before shift changes, each shift may be considered as a separate “exposed workplace.”

45. **Q:** How can an employer measure the 14- or 30-day period in which to look for positive cases to determine if there has been an outbreak or major outbreak?
A: The employer should look to the testing date of the cases. Any cases for which the tests occurred within a 14-day period would be reviewed to see if the other criteria for an outbreak have been met.
46. **Q:** Is the “three or more cases” outbreak requirement limited to employee cases, or do cases involving anyone that has been in the workplace count towards the requirement?
A: Any confirmed COVID-19 case who has been in the exposed workplace during the high-risk exposure period counts towards the three-case threshold.
47. **Q:** When must an employer exclude employees from work?
A: Employers must exclude from work employees who (1) are COVID-19 cases, or (2) have had COVID-19 exposure from the workplace.
48. **Q:** What are the criteria for a COVID-19 case to return to work?
A: A COVID-19 case may return to work when any of the following occur:
- For employees with symptoms all of these conditions must be met:
 1. At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications;
 2. COVID-19 symptoms have improved; and
 3. At least 10 days have passed since COVID-19 symptoms first appeared
 - For employees without symptoms, at least 10 days have passed since the COVID-19 case's first positive test
 - If a licensed health care professional determines the person is not/is no longer a COVID-19 case, in accordance with California Department of Public Health (CDPH) or local health department recommendations.
49. **Q:** What are the criteria for an employee exposed to a COVID-19 case in the workplace to return to work?
A: Applying Executive Order N-84-20 and [current CDPH quarantine guidance](#), while a 14-day quarantine is recommended, an exposed employee who does not develop symptoms of COVID-19 may return to work after 10 days have passed since the date of last known exposure. Additionally, CDPH has provided guidance permitting health care, emergency response and social services workers to return to work after 7 days with a negative PCR test result collected after day 5 when there is a critical staffing shortage."
50. **Q:** Is a negative test required for an employee to return to work?
A: No, the ETS does not require an employee to have a negative test to return to work. The criteria for returning to work are listed above.

Exclusion Pay and Benefits

51. **Q:** Must an employer pay an employee while the employee is excluded from work?
A: If the employee is able and available to work, the employer must continue to provide the employee's pay and benefits. An employer may require the employee to exhaust paid sick leave benefits before providing exclusion pay, to the extent permitted by law, and may offset payments by the amount an employee receives in other benefit payments. (Please

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refer to the [Labor Commissioner's COVID-19 Guidance and Resources](#) for information on paid sick leave requirements.). These obligations do not apply if an employer establishes the employee's exposure was not work-related.

52. **Q:** Does an employer have to “maintain an employee’s earnings, seniority, and all other employee rights and benefits, including the employee’s right to their former job status, as if the employee had not been removed from their job” if the employee is unable to work because of his or her COVID-19 symptoms?

A: No, if an employee is unable to work because of his or her COVID-19 symptoms, then he or she would not be eligible for exclusion pay and benefits under section 3205(c)(10)(C). The employee, however, may be eligible for Workers’ Compensation or State Disability Insurance benefits.

53. **Q:** How long does an employee with COVID-19 exposure, or who tests positive for COVID-19 from the workplace, receive pay while excluded from the workplace?

A: An employee would typically receive pay for the period the employee is quarantined, which could be up to 14 days (see above for potential impact of [EO N-84-20](#)). If an employee is out of work for more than a standard quarantine period based on a single exposure or positive test, but still does not meet the regulation’s requirements to return to work, that extended quarantine period may be an indication that the employee is not able and available to work due to illness. . The employee, however, may be eligible for temporary disability or other benefits.

54. **Q:** Must an employer exclude an employee who claims a COVID-19 workplace exposure?

A: An employer should take any reports seriously and should investigate any evidence of an exposure. It is ultimately the employer’s responsibility to determine if an exposure occurred.

55. **Q:** Does an employer have to maintain an employee’s earnings and benefits under section 3205(c)(10)(C) if the employee is unable to work because of reasons other than protecting persons at the workplace from possible COVID-19 transmission?

A: No, the employer need not maintain the exposed employee’s earnings and benefits under section 3205(c)(10)(C) if the employee with COVID-19 exposure from the workplace is unable to work because of reasons other than protecting persons at the workplace from possible COVID-19 transmission (e.g., a business closure, caring for a family member, disability, or vacation). Such employees may be eligible for other benefits, including Disability Insurance, Paid Family Leave, or Unemployment Insurance benefits

56. **Q:** The ETS states that an employer is not required to provide exclusion pay if the employer can establish that an employee’s COVID-19 exposure was not work related. What does that mean?

A: The ETS does not require employers to pay workers who are excluded from work under section 3205(c)(10) if the employer can show that the employee’s COVID-19 exposure was not work related. In such circumstances, employers may have other legal or contractual payment obligations, but pay and benefits are not mandated by section 3205.

57. **Q:** How are employers proving that a COVID-19 exposure is not work related and rebutting the presumption under SB 1159 related?

A: [SB 1159](#) provides a rebuttable presumption for certain workers and workplaces that an employee’s COVID-19-related illness is an occupational injury entitling the employee to workers’ compensation benefits. Rebutting that presumption and proving that COVID-19 exposure is not work related to avoid the ETS’ exclusion pay requirement involve an employer conducting comparable investigations and producing comparable evidence to

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show it is more likely than not that an employee's COVID-19 exposure did not occur in the workplace.

58. **Q:** How will the exclusion pay provision be enforced?

A: As with any violation, Cal/OSHA has the authority to issue a citation and require abatement. Whether employees or another agency can bring a claim in another forum is outside the scope of Cal/OSHA's authority.

59. **Q:** Can an employee receive both temporary disability benefits under workers' compensation and receive their regular wages (or a portion of them) because they are excluded for work under section 3205(c)(10)(C)?

A: No. Cal/OSHA does not consider an employee receiving workers' compensation temporary disability benefits for wages lost during the period in which they are excluded from the workplace to be "able and available to work" within the meaning of section 3205(c)(10)(C). Therefore, an employee cannot receive both types of benefits.

60. **Q:** If an employee is receiving temporary disability benefits through workers' compensation because they test positive for COVID-19 but do not have symptoms that would otherwise prevent them from working, should they receive workers' compensation benefits or exclusion pay under the ETS?

A: As noted above, Cal/OSHA does not consider an employee receiving temporary disability benefits through workers' compensation to be considered "able and available to work" within the meaning of section 3205(c)(10)(C). However, if an asymptomatic employee is able and available to work but is not eligible to receive payment through workers' compensation for lost wages during the period in which they are excluded from work, they should be paid for that time according to section 3205(c)(10).

Waivers of Exclusion Requirements Based on Community Health and Safety

61. **Q:** What should an employer consider before seeking a waiver from Cal/OSHA from the return-to-work requirements of section 3205(c)(11)?

A: The ETS provides that employers can request a waiver of the requirement to quarantine/isolate exposed or COVID-19 positive employees from the workplace if doing so would create an undue risk to public health and safety. Cal/OSHA will not grant a waiver in violation of any order issued by a local or state health official pertaining to isolation or quarantine. An operation must provide goods or services, the interruption of which would cause an undue risk to a community's health and safety in order to qualify. This exception is narrower than the definition of "critical infrastructure," though such operations may qualify if there is an adverse impact on a community's health and safety. A facility must be facing a potential staffing shortage based on actual COVID-19 cases or exposures in order to qualify for a waiver. Requests should not be made in anticipation of a future outbreak.

62. **Q:** What information should an employer provide to Cal/OSHA in seeking a waiver of the requirement to exclude COVID-19 exposed and COVID-19 positive employees from the workplace?

A: In seeking a waiver, employers should submit the request to rs@dir.ca.gov. In the event of an emergency, an employer may request a provisional waiver by calling the local district office while it prepares its written request. While there is no set criteria for granting a waiver in the ETS, the following information would constitute a complete waiver request which Cal/OSHA could quickly review and provide a response:

1. Employer name and business or service;

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2. Employer point-of-contact name, address, email and phone number;
3. Statement that there are no local or state health officer orders for isolation or quarantine of the excluded employees;
4. Statement describing the way(s) in which excluding the exposed or COVID-19 positive employees from the workplace impacts the employer's operation in a way that creates an undue risk to the community's health and safety;
 - a. Number of employees required to be quarantined under the ETS, and whether each was exposed to COVID-19 or tested positive for COVID-19;
5. The employer's control measures to prevent transmission of COVID-19 in the workplace if the employee(s) return or continue to work in the workplace, including the prevention of further exposures. These include measures such as isolating the returned employee(s) at the workplace, use of respiratory protection by other employees in the exposed workplace, or other equally effective measures.

Providing clear, specific responses to these information needs will help Cal/OSHA respond as efficiently as possible to waiver requests.

Recordkeeping and Reporting

63. **Q:** What reporting and recordkeeping requirements are in the ETS?

A: An employer's reporting and recordkeeping requirements include the following:

- Following state and local health department reporting requirements.
- Contacting the local health department when there are three or more COVID-19 cases in the workplace within a 14-day period.
- Provide the following information:
 - The total number of COVID-19 cases.
 - For each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case
 - Any other information requested by the local health department.
- The employer shall continue to give notice to the local health department of any subsequent COVID-19 cases at the workplace.
- Reporting serious occupational illnesses to Cal/OSHA, consistent with existing regulations.
- Maintaining records required by [8 CCR section 3203\(b\)](#), which include inspection records, documentation of hazard corrections, and training records (requirements vary by employer size).
- Making the written COVID-19 Prevention Program available upon request to employees and employees' authorized representatives.
- Recording and tracking all COVID-19 cases with the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test. Medical information

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shall be kept confidential. The information shall be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed. This does not prevent employees or their representatives from obtaining an employer's Log of Work-Related Injuries and Illnesses or other information as allowed by law.

Advisory Committees and Possible Changes to the ETS

64. Q: When is the advisory committee scheduled to meet?

A: Cal/OSHA intends to hold a stakeholder meeting in December to explain the rule, answer questions and give interested parties an opportunity to provide feedback on the rule. An advisory committee meeting will be scheduled soon after that. The Occupational Safety and Health Standards Board (OSHSB) has formally requested that Cal/OSHA report the results of this advisory process to the Board within four months.

Employer-Provided Housing

65. Q: Is the Housing for the Harvest program covered by section 3205.3, which addresses COVID-19 Prevention in Employer-Provided Housing?

A: Housing for the Harvest is a program that offers temporary hotel housing to agricultural workers who need to isolate or quarantine due to COVID-19. The purpose of the ETS is to prevent transmission to workers who are working while living together in employer-provided housing. Once an employee is isolated or quarantined, the prevention elements of the regulation designed to protect employees living together are no longer applicable and the only part of section 3205.3 that would apply is subsection 3205.3(h), which addresses isolation of COVID-19 cases and quarantining persons with COVID-19 exposure.

66. Q: Many growers have rented hotel rooms for COVID-19 positive employees to isolate them and reduce the spread of COVID-19 in housing, many of which do not include a kitchen. Does this violate section 3205.3?

A: Section 3205.3 does not require providing separate cooking and eating facilities to COVID-19 positive employees if they are not sharing cooking and eating facilities with others who are not positive.

67. Q: Does the ETS' housing requirements apply to housing of H-2A employees subject to a federal agreement, even if that agreement allows for a greater number of employees in a given space?

A: Yes, the ETS applies to housing subject to an H-2A contract. Cal/OSHA may set stricter requirements than those set by contract or federal requirements.

68. Q: How does an employee enforce physical distancing and face covering requirements in employer provided housing?

A: Section 3205.3 does not require employers to enforce physical distancing and face covering requirements. The employer obligations include:

- Ensuring that the premises are of sufficient size and layout to permit at least six feet of physical distancing.
- Providing face coverings to all residents and provide information to residents on when they should be used in accordance with state or local health officer orders or guidance.

CDC GUIDELINES for Cleaning and Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.



High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.**

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label)
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for at least 1 minute

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water

OR

- 4 teaspoons bleach per quart of water

- **Alcohol solutions with at least 70% alcohol**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



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- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA's criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the sick person.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- If **more than 7 days** since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.



Laundry

For clothing, towels, linens and other items

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people's items.**
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.



When cleaning

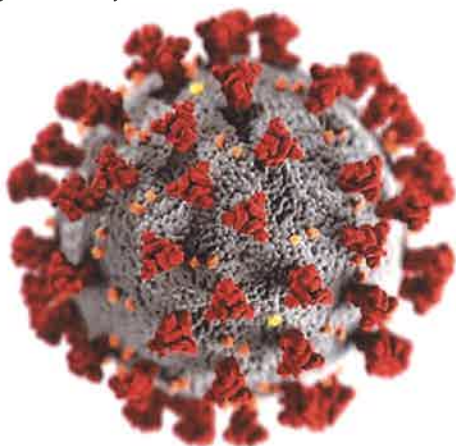
- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a sick person.



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- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to wash hands** include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance (e.g., a child).



Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

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Cómo limpiar y desinfectar su establecimiento

Medidas diarias, medidas cuando alguien está enfermo y consideraciones para empleadores

Otros idiomas [Imprimir la página](#)

Cómo limpiar y desinfectar

ícono de limpieza Limpie

- **Use guantes desechables** para limpiar y desinfectar.
- **Limpie las superficies con agua y jabón, y luego use desinfectante.**
- Limpiar con agua y jabón **reduce la cantidad de gérmenes, suciedad e impurezas** sobre la superficie. **La desinfección mata los gérmenes** en las superficies.
- **Limpie de manera rutinaria** las superficies que se tocan con frecuencia.
 - Podría ser necesario limpiar y desinfectar con mayor frecuencia según el nivel de uso.
 - Las superficies y los objetos en espacios públicos, como carritos de compras y teclados en puntos de venta, deben limpiarse y desinfectarse antes de cada uso.
- **Las superficies de contacto frecuente incluyen:**
 - Mesas, manijas de las puertas, interruptores de luz, mesones, manijas, escritorios, teléfonos, teclados, inodoros, grifos, lavabos, etc.

ícono de rociador
 Desinfecte

- **Recomiende el uso de desinfectantes de uso doméstico registrados por la EPA** [ícono de sitio externo.](#)

Siga las instrucciones que figuran en la etiqueta para garantizar un uso seguro y eficaz del producto.

Muchos productos recomiendan:

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- Mantener húmeda la superficie por un tiempo (vea la etiqueta del producto).
- Precauciones como el uso de guantes y asegurarse de ventilar bien los ambientes durante el uso del producto.

Siempre lea y siga las instrucciones que figuran en la etiqueta para garantizar un uso seguro y eficaz del producto.

- Use protección para la piel y considere utilizar protección para los ojos en caso de salpicaduras peligrosas
- Garantice una ventilación adecuada
- No use más que la cantidad recomendada en la etiqueta
- Use agua a temperatura ambiente para la dilución (a menos que la etiqueta especifique otra cosa)
- Evite mezclar producto químicos
- Etiquete las soluciones de limpieza diluidas
- Almacene y use los productos químicos fuera del alcance de niños y mascotas

Nunca debe ingerir, beber, respirar o inyectarse estos productos en el cuerpo ni aplicarlos directamente sobre la piel ya que pueden provocar daños graves. No limpie ni bañe a sus mascotas con estos productos ni con ningún otro producto que no haya sido aprobado para usar en animales.

Vea [6 medidas de la EPA para un uso seguro y eficaz de los desinfectantes](#) [ícono de sitio externo](#)

- **También se pueden usar soluciones de cloro diluido** si son apropiadas para la superficie.
 - Consulte la etiqueta para ver si su blanqueador con cloro puede usarse para desinfectar y tiene una concentración de hipoclorito de sodio del 5 % al 6 %. Verifique que el producto no esté vencido. Algunos blanqueadores con cloro, como los diseñados para usar de manera segura sobre ropa de color o para blanquear, posiblemente no sean útiles para desinfectar.
 - El blanqueador con cloro que no esté vencido será eficaz contra los coronavirus si se diluye adecuadamente.

Siga las instrucciones del fabricante para conocer la forma de aplicación y ventile el ambiente. Nunca mezcle el blanqueador con cloro con amoníaco ni con otros productos de limpieza.

Deje la solución sobre la superficie por **al menos 1 minuto**.

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Para hacer una solución de cloro, mezcle:

- - 5 cucharadas (1/3 de taza) de blanqueador con cloro por galón de agua a temperatura ambiente
 - 4 cucharaditas de blanqueador con cloro por cuarto de galón de agua a temperatura ambiente
- Las soluciones de blanqueador con cloro serán efectivas para desinfectar por hasta 24 horas.
- **También puede utilizar soluciones con al menos un 70 % de alcohol.**

ícono de sofá Superficies
blandas

En superficies blandas como pisos alfombrados, tapetes y cortinas

- **Limpie la superficie con agua y jabón** o utilice limpiadores apropiados para esas superficies.
- **Lave los objetos** (de ser posible) según las instrucciones del fabricante. Use la máxima temperatura de agua permitida y séquelos completamente.
-
- **Desinfectelos con un desinfectante de uso doméstico registrado por la EPA.** [Estos desinfectantes ícono de sitio externo](#) cumplen los criterios de la EPA para combatir el COVID-19.
- **Use la aspiradora como de costumbre.**

ícono de teléfono celular
Artículos electrónicos

Para artículos electrónicos como tabletas, pantallas táctiles, teclados, controles remotos y cajeros automáticos

- Considere colocarles a los artículos electrónicos una **funda que pueda limpiarse**
- **Siga las instrucciones** del fabricante para la limpieza y desinfección.

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- Si no se incluye ninguna instrucción, **use toallitas a base de alcohol o rociadores que contengan al menos un 70 % de alcohol**. Seque la superficie por completo.

ícono de lavadora Ropa

Para lavar ropa, toallas, ropa de cama y otros artículos

- Lave los artículos según las instrucciones del fabricante. Use la máxima temperatura de agua permitida y séquelos completamente.
- **Use guantes desechables** al manipular ropa sucia de una persona enferma.
- La ropa sucia de una persona enferma se puede lavar con la de otras personas.
- **No sacuda** la ropasucia.
- Limpie y **desinfecte los cestos de ropa** según la guía para superficies detallada arriba.
- Quítese los guantes y lávese las manos de inmediato.

ícono de ciudad

Cómo limpiar y desinfectar su edificio o establecimiento si alguien está enfermo

- **Cierre las áreas** utilizadas por la persona enferma.
 - Las compañías no necesitan cerrar necesariamente sus operaciones si pueden cerrar las áreas afectadas.
- **Abra las puertas y ventanas exteriores** para aumentar la circulación de aire en el área.
- **Espere 24 horas** antes de limpiar o desinfectar. Si no puede dejar pasar 24 horas, espere tanto como sea posible.
- Limpie y desinfecte **todas las áreas utilizadas por la persona enferma**, como oficinas, baños, y áreas comunes, además de los equipos electrónicos compartidos, como tablets, pantallas táctiles, teclados, controles remotos y cajeros automáticos.
- [Aspire el lugar si es necesario](#). Use una aspiradora que tenga un filtro de aire de alta eficiencia para partículas (HEPA, por sus siglas en inglés), si está disponible.
 - No use la aspiradora dentro de una habitación o un espacio donde hay personas. Espere hasta que la habitación o el lugar estén vacío para utilizar la aspiradora; por ejemplo, aspire de noche en los espacios comunes o durante el día en las habitaciones privadas.
 - Apague momentáneamente los ventiladores y el sistema central de calefacción, ventilación y aire acondicionado (HVAC) para que las partículas que se desprenden al aspirar no circulen por todo el establecimiento.

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- Una vez que el área fue **debidamente desinfectada**, se **puede abrir para su uso**.
 - **Los trabajadores que no hayan tenido contacto cercano** con la persona enferma pueden volver a trabajar de inmediato luego de la desinfección.
- Si pasaron **más de 7 días** desde que la persona enferma estuvo en el establecimiento o utilizó las instalaciones, no es necesario realizar tareas de limpieza y desinfección adicionales.
 - Continuar con la limpieza y desinfección habituales. Esto incluye las prácticas cotidianas que las empresas y comunidades implementan normalmente para mantener un entorno saludable.

ícono del sol

Limpieza y desinfección de áreas al aire libre

- Las áreas al aire libre, como **patios de juego en escuelas y parques** por lo general requieren **una limpieza normal de rutina**, pero **no requieren desinfección**.
 - No rocíe desinfectante en área de juego al aire libre. No es un uso eficiente de los suministros y no se ha comprobado que reduzca el riesgo del público de contraer el COVID-19.
 - Las superficies de alto contacto hechas de plástico o metal, como las barras de agarre y pasamanos, deben limpiarse de manera rutinaria.
 - No se recomienda limpiar ni desinfectar las superficies de madera (estructuras de juegos, bancos, mesas) ni los cubresuelos (mantillo, arena).
- **No se deben desinfectar las aceras ni las calles.**
 - La propagación del COVID-19 a partir de estas superficies es muy baja y la desinfección no es eficaz.

ícono de perfil con mascarilla Al
limpiar

- **El personal normal de limpieza** puede limpiar y desinfectar los espacios comunitarios.
 - Asegúrese de que esté capacitado sobre cómo usar correctamente los productos químicos de limpieza y desinfección.
- **Use guantes y batas desechables para todas las tareas involucradas en el proceso de limpieza, incluida la manipulación de basura.**

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- Podría requerirse el uso de equipo de protección personal (EPP) adicional según los productos de limpieza/desinfección que se utilicen y si existe riesgo de salpicadura.
- Los guantes y batas deben retirarse cuidadosamente para evitar contaminar a quien los lleva puestos así como al área circundante.
- **Lávese las manos frecuentemente** con agua y jabón durante 20 segundos.
 - Lávese siempre las manos de inmediato después de quitarse guantes y luego de tener contacto con una persona enferma.
 - Desinfectante de manos: si no dispone de agua y jabón y sus manos no están visiblemente sucias, puede usar un desinfectante de manos a base de alcohol que contenga al menos un 60 % de alcohol. No obstante, si sus manos están visiblemente sucias, siempre debe lavárselas con agua y jabón.

Siempre lea y siga las instrucciones que figuran en la etiqueta para garantizar un uso seguro y eficaz del producto.

- Mantenga los desinfectante de manos lejos del fuego o la llama
- En niños menores de seis años de edad, el desinfectante de manos debe usarse con la supervisión de un adulto
- Siempre almacene el desinfectante de manos fuera del alcance de niños y mascotas

Vea [Consejos de la FDA para el uso seguro de desinfectantes](#) [ícono de sitio externo](#) y [Consideraciones de los CDC para el uso de desinfectante de manos](#)

- **Otros momentos clave en que debe lavarse las manos incluyen:**
 - Después de sonarse la nariz, toser o estornudar.
 - Después de ir al baño.
 - Antes de comer o preparar la comida.
 - Después de estar en contacto con animales o mascotas.
 - Antes y después de brindar cuidados de rutina a otra persona que necesite asistencia (p. ej., un niño).

ícono de tablero con lista

Otras consideraciones para los empleadores

- **Enseñe a los trabajadores** que desempeñan tareas de limpieza, lavandería y recolección de residuos a reconocer los síntomas del COVID-19.

ADDENDUM V

COVID-19 Public Health Emergency – Worksite Protocol

- Proporcione instrucciones sobre qué deben hacerse si manifiestan [síntomas](#) dentro de los 14 días posteriores a su última posible exposición al virus.
- **Cree políticas que protejan a los trabajadores y capacite** a todo el personal de limpieza en el lugar antes de asignar tareas de limpieza.
 - La capacitación debe explicar cuándo usar el EPP, qué EPP se necesita, cómo colocarse, usar y quitarse correctamente el EPP, y cómo desechar correctamente el EPP.
- Garantice que los trabajadores estén capacitados acerca de los peligros de los productos químicos de limpieza que se usan en el lugar de trabajo, de conformidad con la Norma de Comunicación de Riesgos de la OSHA ([29 CFR 1910.12](#)[ícono de sitio externo](#)).
- **Cumpla con las normas de la OSHA** sobre Agentes Patógenos Transmitidos por la Sangre ([29 CFR 1910.1](#)[ícono de sitio externo](#)), incluida la eliminación correcta de residuos regulados y de EPP ([29 CFR 1910.13](#)[ícono de sitio externo](#)).

ícono de signo de pregunta

Métodos alternativos de desinfección

- Aún no se conoce la eficacia de los métodos alternativos de desinfección, como las ondas de ultrasonido, la radiación UV de alta intensidad y la luz LED azul, contra el virus del COVID-19.
 - La EPA no revisa rutinariamente la seguridad o eficacia de los dispositivos pesticidas, como las luces UV, las luces LED o los dispositivos ultrasónicos. Por lo tanto, la EPA no puede confirmar si tales productos podrían ser eficaces contra la propagación del COVID-19 y, en caso afirmativo, bajo qué condiciones podrían serlo.
- Los CDC no recomiendan los túneles de desinfección. No hay evidencia de que sean eficaces para reducir la propagación del COVID-19. Los productos químicos usados en los túneles de desinfección podrían provocar daño o irritación cutánea, ocular o respiratoria.
- Los CDC solo recomiendan el uso de los [desinfectantes de superficies identificados en la lista N](#)[ícono de sitio externo](#)[ícono de sitio externo](#) para combatir el virus que causa el COVID-19.

ADDENDUM VI
COVID-19 Public Health Emergency – Worksite Protocol



**COPIES OF THIS CERTIFICATE
SHALL BE POSTED AT ENTRANCES
OF EVERY OFFICE LOCATION**

**DEPARTMENT SELF-CERTIFICATION FORM
WORKSITE PROTOCOL COMPLIANCE**

Certification instructions: Department Heads please review the Protocol, sign, and repost this Certification Form each time it is amended.

I, _____ hereby certify that I am the Department Head of the _____
Department, of the County of Lake and I have authority to bind this office to the
requirements of this Self-Certification Form:

Address of Office: _____

I hereby declare under penalty of perjury under the laws of the State of California
that the following is true and correct:

1. I have reviewed and I understand the terms and conditions of the County of Lake COVID-19 Worksite Protocol.
2. I have implemented all terms and conditions for the reopening of this office as detailed in the County of Lake Return to Work – Worksite Prevention Protocol and I shall continue to do so for the extent of the COVID-19 Public Health emergency, unless or until this protocol is modified or determined by the County Health Officer, or by the Lake County Board of Supervisors, to no longer be necessary.
3. In addition to my compliance, I ensure that this protocol has been reviewed with all employees in my department and re-reviewed each time it is amended. On an ongoing basis, I shall ensure compliance with the terms and conditions protocol by all employees in my department.
4. My department shall also adhere to and remain in compliance with all state and local laws, including but not limited to the Executive Orders of the Governor issued consequent to the COVID-19 emergency.
5. Any concerns or complaints regarding my department's implementation and ongoing compliance with the County of Lake Return to Work – Worksite Prevention protocol should be submitted to:

Name: _____ Email: _____ Phone: _____
Address: _____

ADDENDUM VII
COVID-19 Public Health Emergency – Worksite Protocol
POST COVID-19 IMMUNIZATION SYMPTOM SCREENER GUIDANCE

This tool was developed to help healthcare facilities with determining post-vaccination signs and symptoms that can be challenging to distinguish from COVID-19 or other infectious disease. In recognizing post-vaccination signs and symptoms, healthcare facilities can avoid unnecessary work restrictions that can have negative consequences for healthcare workers and patients.



Stop - Exclude

EXCLUDE from work and test for COVID-19 +/- influenza if ANY of the following (non-baseline) symptoms occur because these symptoms are NOT known immunization side effects:

- Cough
- Shortness of breath
- Runny nose
- Sore Throat
- Loss of taste
- Loss of Smell

CAUTION - Reevaluate

Reevaluate HCW's who feel well enough to work if any of the following for more than 48 hours post-immunization:

- Fever (temp greater than 100.0o F)
- Fatigue (does not need to be resolved, but requires eval if not improving)
- Headache (does not need to be resolved, but requires eval if not improving)
- Chills (does not need to be resolved, but requires eval if not improving)
- Myalgia (does not need to be resolved, but requires eval if not improving)
- Arthralgia (does not need to be resolved, but requires eval if not improving)

GO-May work

For the first 48 hours post-immunization HCW who are afebrile without reliance on antipyretic medications and feel well enough to work do not need to be excluded for the following symptoms:

Resolved post-immunization fever

- Fatigue
- Headache
- Chills
- Myalgia
- Arthralgia

CDC Reference:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>

ADDENDUM VII
COVID-19 Public Health Emergency – Worksite Protocol

Inmunización posterior a COVID-19 evaluación de síntomas

Esta herramienta fue desarrollada para ayudar a los centros de salud a determinar los signos y síntomas posteriores a la vacunación que pueden ser difíciles de distinguir de COVID-19 u otras enfermedades infecciosas. Al reconocer los signos y síntomas posteriores a la vacunación, las instalaciones de salud pueden evitar restricciones laborales innecesarias que pueden tener consecuencias negativas para los trabajadores de salud (TDS) y los pacientes.



ALTO-Excluir

EXCLUYE del trabajo y tome la prueba para COVID-19 +/- gripe si CUALQUIERA de los siguientes (no basal) síntomas se producen porque estos síntomas NO son conocidos efectos secundarios de la inmunización:

- Tos
- Dificultad para respirar
- Rinorrea
- Dolor de garganta
- Pérdida del gusto
- Pérdida del olfato

CUIDADO-Reevaluar

Reevaluar TDS que se sienten lo suficientemente bien como para trabajar si alguno de los siguientes durante más de 48 horas después de la inmunización:

- Fiebre (temperatura superior a 100.0°F)
- Fatiga (no es necesario resolver, pero requiere evaluación si no mejora)
- Dolor de cabeza (no es necesario resolverlo, pero requiere evaluación si no mejora)
- Enfriamientos (no es necesario resolver, pero requiere evaluación si no mejora)
- Mialgia (no es necesario resolver, pero requiere evaluación si no mejora)
- Artralgia (no es necesario resolver, pero requiere evaluación si no mejora)

SIGA-Podría trabajar

Durante las primeras 48 horas después de la inmunización TDS que están sin fiebre sin depender de medicamentos antipiréticos y se sienten lo suficientemente bien como para trabajar no es necesario excluir para los siguientes síntomas:

- Fiebre post-inmunización resuelta
- Fatiga
- Dolor de cabeza
- Resfriado
- Mialgia
- Artralgia

CDC Reference:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>

Addendum VIII

CDC GUIDE TO MASKS

COVID-19 – WORKSITE PROTOCOL

See following pages

Addendum VIII CDC Guide to Masks

ACT NOW!



WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS

Your Guide to Masks

Updated Jan. 30, 2021

[Print](#)

CDC recommends that people wear masks in public settings, at events and gatherings, and anywhere they will be around other people. Effective February 2, 2021, **masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

How to Select

When selecting a mask, there are many choices. Here are some do's and don'ts.

DO choose masks that



Have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



Fit snugly against the sides of your face and don't have gaps

DO NOT choose Masks that



Are made of fabric that makes it hard to breathe, for example, vinyl



Have exhalation valves or vents which allow virus particles to escape



Are intended for healthcare workers, including N95 respirators or surgical masks

Special Considerations

Gaiters & face shields



Wear a gaiter with two layers, or fold it to make two layers



Not recommended: Evaluation of face shields is ongoing, but effectiveness is unknown at this time.

Glasses

If you wear glasses, find a mask that fits closely over your nose or one that has a nose wire to limit fogging.



Children



Find a mask that is made for children to help ensure proper fit



Check to be sure the mask fits snugly over the nose and mouth and under the chin and that there are no gaps around the sides



Do NOT put on children younger than 2 years old

Cold weather gear



Wear your scarf, ski mask or balaclava over your mask



Scarves, ski masks and balaclavas are not substitutes for masks

How to Wear

Wear a mask **correctly** and **consistently** for the best protection.

- Be sure to [wash your hands](#) or use [hand sanitizer](#) before putting on a mask.
- Do NOT touch the mask when wearing it. If you have to often touch/adjust your mask, it doesn't fit you properly, and you may need to find a different mask or make adjustments.

For more information, visit our [How to Wear Masks](#) web page.

Do wear a mask that



- Covers your nose and mouth and secure it under your chin.
- Fits snugly against the sides of your face.

How NOT to wear a mask



Around your neck



On Your forehead



Under your nose



Only on your nose



On your chin



Dangling from one ear



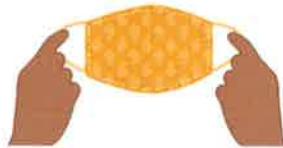
On your arm

How to Take off a Mask



①

Carefully, untie the strings behind your head or stretch the ear loops



②

Handle only by the earloops or ties



③

Fold the outside corners together



④

Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing

How to Clean

Reusable masks should be washed regularly. Always [remove masks correctly](#) and [wash your hands after handling or touching a used mask](#).

- Include your mask with your regular laundry
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask
- Use the highest heat setting and leave in the dryer until completely dry

For more information, visit our [How to Wash Masks](#) web page.



For more information, see our [Masks](#) web site. For information on the sources for our mask guidance, see [Recent Studies](#).

Last Updated Jan. 30, 2021



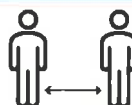
Centros para el Control y la Prevención de Enfermedades
CDC 24/7: Salvamos vidas. Protegemos a la gente™

Addendum VIII CDC Guide to Masks - Spanish

ACT NOW!



WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS

Descargo de responsabilidad: Este sitio web se actualiza con frecuencia. Parte de su contenido puede estar disponible en inglés hasta que se haya traducido todo el contenido.

Su guía para el uso de mascarillas

Actualizado el 30 de ene. del 2021

[Imprimir](#)

Los CDC recomiendan que las personas usen mascarillas en entornos públicos, eventos y congregaciones, y en cualquier lugar donde vayan a estar rodeadas de otras personas. A partir del 2 de febrero del 2021, **será obligatorio usar mascarillas** en aviones, autobuses, trenes y otros medios de transporte público que llegan o salen de los Estados Unidos y circulan por el país y en centros de transporte de los EE. UU. como aeropuertos y estaciones.

Cómo elegir

Al elegir una mascarilla, hay varias opciones. Aquí tiene algunos consejos sobre las que debe elegir y las que no debe elegir.

Sí elija mascarillas que



Tengan dos o más capas de tela lavable y respirable



Cubran completamente la nariz y la boca



Se ajusten con precisión a los lados de la cara, sin huecos

NO elija mascarillas que



Estén hechas de una tela que dificulta la respiración, como vinilo



Tengan válvulas de exhalación o ventilación que permitan el paso de partículas del virus



Estén destinadas a trabajadores de atención médica, como las mascarillas de respiración N95 o las mascarillas quirúrgicas

Consideraciones especiales

Cubrecuellos y protectores faciales



Use un cubrecuello de dos capas o dóblelo para que tenga dos capas



No recomendado: la evaluación de los protectores faciales sigue en curso, pero su eficacia por el momento se desconoce.

Anteoios



Si usa gafas, use una mascarilla que se ajuste bien sobre su nariz o una que tenga un alambre para ajustar a la nariz de manera de limitar que se empañen las lentes.

Niños



Busque una mascarilla que esté hecha para niños, para ayudar a garantizar un buen ajuste



Revise que la mascarilla se ajuste bien sobre la nariz y la boca y debajo del mentón, y que no queden huecos a los lados



Los niños menores de 2 años NO deben usar mascarilla

Ropa para el clima frío



Use su mascarilla, mascarilla para esquiar o pasamontañas sobre su mascarilla



Las bufandas, las mascarillas para esquiar y los pasamontañas no sustituyen las mascarillas

Cómo usar

Use la mascarilla de manera **correcta** y **sistemáticamente** para mayor protección.

- Asegúrese de **lavarse las manos** o **usar desinfectante de manos** antes de colocarse una mascarilla.
- **NO** toque la mascarilla cuando la tiene puesta. Si debe tocar/ajustarse la mascarilla con frecuencia, quiere decir que no se ajusta bien a su cara y posiblemente deba buscar otro tipo de mascarilla o hacerle algún ajuste.

Para obtener más información, visite nuestra página web sobre [Cómo usar las mascarillas](#).

Use una mascarilla que



- Cubra su nariz y boca y se ajuste bien debajo de su mentón.
- Se ajuste correctamente a los lados de su cara.

Cómo NO usar la mascarilla



Alrededor del cuello



En la frente



Debajo de la nariz



Solo en la nariz



En el mentón



Colgando de una oreja



En el brazo

Cómo quitarse la mascarilla



①

Desate cuidadosamente las tiras detrás de la cabeza o estire las bandas para las orejas



②

Manipúlela solo mediante las tiras o bandas para las orejas



③

Pliegue los extremos externos



④

Evite tocarse los ojos, la nariz y la boca al quitarse la mascarilla, y lávese las manos de inmediato después de quitársela

Cómo limpiar

Las mascarillas reutilizables se deben lavar con frecuencia. Siempre **quítese las mascarillas de manera correcta** y **lávese las manos** luego de manipular o tocar una mascarilla usada.

- Lave la mascarilla con el resto de su ropa
- Use su detergente para ropa habitual y la temperatura de agua máxima permitida para la tela usada para confeccionar la mascarilla
- Use la temperatura máxima y déjela en la secadora hasta que esté completamente seca

Para obtener más información, visite nuestra página web sobre [Cómo lavar las mascarillas](#).



Para obtener más información, vea nuestro sitio web [Mascarillas](#). Para obtener información sobre las fuentes de nuestra guía para mascarillas, vea [Estudios recientes](#).

Última actualización: 30 de ene. del 2021

Addendum IX

Informational Attachments, Training, Signage & Posters

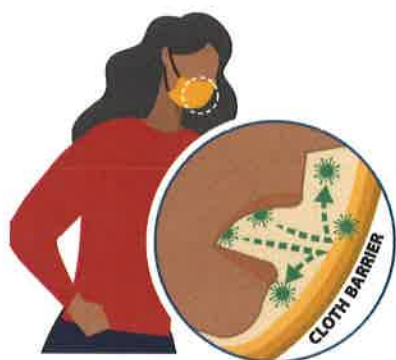
COVID-19 – WORKSITE PROTOCOL

See following pages

How to Safely Wear and Take Off a Cloth Face Covering

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



USE THE FACE COVERING TO PROTECT OTHERS

- Wear a face covering to protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

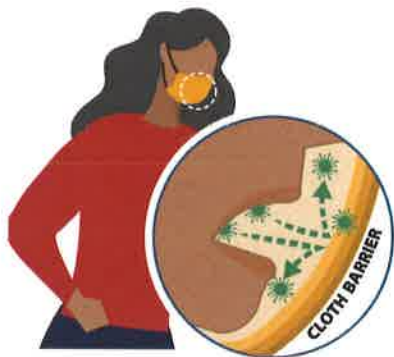
For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Como usar y quitarse con seguridad una mascarilla de tela para la cara

USE LA MASCARILLA DE BOCA CORRECTAMENTE

- Lave las manos antes de ponerse la mascarilla de boca
- pongase la mascarilla sobre la nariz y boca y asegurela debajo de la barbilla
- Intente ajustarla bien a los lados de su cara
- Asegurese de poder respirar facilmente
- No coloque una mascarilla en un niño menor de 2 años



USE LA MASCARILLA DE BOCA PARA PROTEGER A OTROS

- Use una mascarilla de boca para proteger a los demás en caso de que usted esté infectado pero no tenga síntomas
- Mantenga la mascarilla en la cara todo el tiempo que esté en público
- No se cubra el cuello o la frente con la mascarilla
- No toque la mascarilla, y si lo hace, lávese las manos

SEGUIR HABITOS SALUDABLES TODOS LOS DIAS

- Manténgase al menos 6 pies de distancia de los demás
- Evite el contacto con personas enfermas
- Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos
- Use desinfectante para manos si no hay agua y jabón disponibles



QUÍTESE LA MASCARILLA DE TELA CON CUIDADO CUANDO ESTE EN CASA

- Deslice las cuerdas detrás de tu cabeza o estire las lazas
- Toque la mascarilla solo por las orejeras o lazos
- Doble las esquinas exteriores juntas
- Coloque la cubierta en la lavadora
- Lávese las manos con jabón y agua

Las mascarillas de tela no son mascarillas quirúrgicas o respiradores N-95, los cuales deben guardarse para los trabajadores de salud y otros equipos de primeros auxilios médicos.

Para obtener instrucciones sobre cómo hacer una mascarilla de tela vea

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



Important Information About Your Cloth Face Coverings

As COVID-19 continues to spread within the United States, CDC has recommended additional measures to prevent the spread of SARS-CoV-2, the virus that causes COVID-19. In the context of community transmission, CDC recommends that you:



Stay at home as much as possible



Practice social distancing (remaining at least 6 feet away from others)



Clean your hands often



In addition, CDC also recommends that everyone wear cloth face coverings when leaving their homes, regardless of whether they have fever or symptoms of COVID-19. This is because of evidence that people with COVID-19 can spread the disease, even when they don't have any symptoms. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

How cloth face coverings work

Cloth face coverings prevent the person wearing the mask from spreading respiratory droplets when talking, sneezing, or coughing. If everyone wears a cloth face covering when out in public, such as going to the grocery store, the risk of exposure to SARS-CoV-2 can be reduced for the community. Since people can spread the virus before symptoms start, or even if people never have symptoms, wearing a cloth face covering can protect others around you. Face coverings worn by others protect you from getting the virus from people carrying the virus.



How cloth face coverings are different from other types of masks

Cloth face coverings are NOT the same as the medical facemasks, surgical masks, or respirators (such as N95 respirators) worn by healthcare personnel, first responders, and workers in other industries. These masks and respirators are personal protective equipment (PPE). Medical PPE should be used by healthcare personnel and first responders for their protection. Healthcare personnel and first responders should not wear cloth face coverings instead of PPE when respirators or facemasks are indicated.



N95 respirator



Cloth covering

General considerations for the use of cloth face coverings

When using a cloth face covering, make sure:

- The mouth and nose are fully covered
- The covering fits snugly against the sides of the face so there are no gaps
- You do not have any difficulty breathing while wearing the cloth face covering
- The cloth face covering can be tied or otherwise secured to prevent slipping



Avoid touching your face as much as possible. Keep the covering clean. Clean hands with soap and water or alcohol-based hand sanitizer immediately, before putting on, after touching or adjusting, and after removing the cloth face covering. Don't share it with anyone else unless it's washed and dried first. You should be the only person handling your covering. Laundry instructions will depend on the cloth used to make the face covering. In general, cloth face coverings should be washed regularly (e.g., daily and whenever soiled) using water and a mild detergent, dried completely in a hot dryer, and stored in a clean container or bag.

For more information, go to: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html>



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Información importante acerca de las cubiertas de tela para la cara

Página web de recursos para imprimir: <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html>

A medida que el COVID-19 continúa propagándose dentro de los Estados Unidos, los CDC han recomendado medidas adicionales para prevenir la propagación del SARS-CoV-2, el virus que causa el COVID-19. Con respecto a la transmisión en la comunidad, los CDC recomiendan que usted:



Se quede en casa lo más posible



Practique el distanciamiento social (se mantenga al menos a 6 pies de los demás)



Se limpie las manos con frecuencia



Además, los CDC también recomiendan que todas las personas usen cubiertas de tela para la cara al salir de su casa, ya sea que tengan o no fiebre o síntomas del COVID-19. Esto se debe a la evidencia de que las personas con COVID-19 pueden propagar la enfermedad, incluso cuando no tienen ningún síntoma. No se deben poner cubiertas de tela para la cara a niños pequeños menores de 2 años, ni a personas con problemas para respirar, o que estén inconscientes o incapacitadas, o que de otra forma no puedan quitársela sin ayuda.

Cómo funcionan las cubiertas de tela para la cara

Las cubiertas de tela para la cara podrían impedir que la persona que las usa propague gotitas respiratorias al hablar, estornudar o toser. Si todos usan una cubierta de tela para la cara al salir a lugares públicos, como al ir al supermercado, el riesgo de exposición al SARS-CoV-2 puede reducirse para la comunidad. Debido a que las personas podrían propagar el virus antes del comienzo de los síntomas, o incluso si nunca los presentan, usar una cubierta de tela para la cara podría proteger a las demás personas a su alrededor. Las cubiertas de tela para la cara que usan otras personas podrían protegerlo a usted de contraer el virus de las personas que lo tienen.



Consideraciones generales para el uso de cubiertas de tela para la cara

Cuando use una cubierta de tela para la cara asegúrese de lo siguiente:

- Que la nariz y la boca estén cubiertas totalmente.
- Que la cubierta se ajuste bien contra los lados de la cara para que no queden espacios abiertos.
- Que no tenga ningún problema para respirar mientras use la cubierta de tela.
- La cubierta de tela para la cara puede atarse o asegurarse de otra manera para evitar que se deslice.



Lave la cubierta después de cada uso en la máquina lavadora o a mano usando una solución de blanqueador con cloro (*bleach*).

Deje que se seque completamente.

Para obtener más información, consulte <https://espanol.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-make-cloth-face-covering.html>



cdc.gov/coronavirus-es

Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated.
- **Get medical care when needed.** Call your doctor before you go to their office for care. But, if you have trouble breathing or other concerning symptoms, call 911 for immediate help.
- **Avoid public transportation, ride-sharing, or taxis.**



Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
- See COVID-19 and Animals if you have questions about pets: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>



Monitor your symptoms.

- **Common symptoms of COVID-19 include fever and cough.** Trouble breathing is a more serious symptom that means you should get medical attention.
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately.**

Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Call 911 if you have a medical emergency. If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office.** This will help the office protect themselves and other patients.



If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.



Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.



Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.



Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.



Clean all “high-touch” surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.



High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective.

How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:



- **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)

AND

- other symptoms have improved (for example, when your cough or shortness of breath has improved)

AND

- at least 10 days have passed since your symptoms first appeared.

- **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:

- You no longer have a fever (without the use of medicine that reduces fevers)

AND

- other symptoms have improved (for example, when your cough or shortness of breath has improved)

AND

- you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

Si está enfermo, prevenga la propagación del COVID-19

Versión accesible: <https://espanol.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Si está enfermo con el COVID-19 o cree que podría tener el COVID-19, siga los pasos detallados a continuación para ayudar a proteger a otras personas en su casa y comunidad.

Quédese en casa, excepto para buscar atención médica.

- **Quédese en casa.** La mayoría de las personas con COVID-19 tienen un caso leve de la enfermedad y se pueden recuperar en casa sin atención médica. No salga de casa, excepto para buscar atención médica. No visite áreas públicas.
- **Cuídese.** Descanse y manténgase hidratado.
- **Busque atención médica cuando sea necesario.** Llame al médico antes de ir al consultorio para que lo atienda. Sin embargo, si tiene dificultad para respirar u otros síntomas preocupantes, llame al 911 para obtener ayuda inmediata.
- **Evite el servicio de transporte público,** vehículos compartidos o taxis.



Manténgase alejado de otras personas y de las mascotas en su casa.

- **En la medida de lo posible, permanezca en una habitación específica** y lejos de las demás personas y mascotas que estén en su casa. Además, debería usar un baño aparte, de ser posible. Si es necesario estar cerca de otras personas o animales dentro o fuera de la casa, use una cubierta de tela para la cara.



Si tiene preguntas sobre las mascotas, vea El COVID-19 y los animales: <https://espanol.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Animals>



Vigile sus síntomas.

- **Los síntomas comunes del COVID-19 incluyen fiebre y tos.** La dificultad para respirar es un síntoma más grave, lo cual significa que debe buscar atención médica.
- **Siga las instrucciones sobre cuidados que le den su proveedor de atención médica y departamento de salud local.** Las autoridades de salud locales le darán instrucciones sobre cómo vigilar sus síntomas y notificar la información.

Si presenta signos de COVID-19 que indican una emergencia busque atención médica de inmediato.

Estos signos de advertencia de una emergencia incluyen*:

- Dificultad para respirar
- Dolor o presión persistentes en el pecho
- Confusión que no haya tenido antes, o que no lo puedan despertar
- Labios o cara azulados

*Esta lista no incluye todos los signos. Consulte a su proveedor médico si tiene cualquier otro síntoma que sea grave o que le preocupe.

Llame al 911 si tiene una emergencia médica. Si tiene una emergencia médica y necesita llamar al 911, avísele al operador que usted tiene, o cree que podría tener, COVID-19. De ser posible, póngase una mascarilla antes de que llegue la ayuda médica.

Llame antes de ir al médico.

- **Llame antes.** Muchas visitas médicas para cuidados de rutina están posponiéndose o realizándose por teléfono o telemedicina.
- **Si tiene una cita médica que no puede posponerse, llame al consultorio de su médico.** Esto ayudará a las personas que estén allí a protegerse y a proteger a otros pacientes.



Si está enfermo, póngase una cubierta de tela que le cubra la nariz y la boca.

- **Debe usar una cubierta de tela para la cara que le cubra la nariz y la boca** si tiene que estar alrededor de otras personas o animales, como las mascotas (incluso en su casa).
- Si está solo, no es necesario que use la cubierta de tela para la cara. Si no puede usar una cubierta de tela para la cara (debido a que tiene dificultad para respirar, por ejemplo), cúbrase la nariz y la boca de alguna otra forma al toser y estornudar. Trate de mantenerse al menos a 6 pies de distancia de otras personas. Esto ayudará a proteger a las personas que estén a su alrededor.



Nota: Durante la pandemia del COVID-19, las mascarillas de grado médico se reservan para los trabajadores de la salud y algunos miembros del personal de respuesta a emergencias. Es posible que usted tenga que hacer una cubierta de tela para la cara con una bufanda o una *bandana* o pañuelo.



cdc.gov/coronavirus-es

Cúbrase la nariz y la boca cuando tosa y estornude.

- **Cúbrase la nariz y la boca** con un pañuelo desechable al toser o estornudar.
- **Bote los pañuelos desechables usados** a un bote de basura con una bolsa de plástico adentro.
- **Lávese las manos de inmediato** con agua y jabón por al menos 20 segundos. Si no hay agua y jabón disponibles, límpiese las manos con un desinfectante de manos a base de alcohol que contenga al menos un 60 % de alcohol.



Límpiese las manos con frecuencia.

- **Lávese frecuentemente las manos** con agua y jabón por al menos 20 segundos. Esto es especialmente importante después de sonarse la nariz, toser o estornudar, ir al baño, y antes de comer o preparar alimentos.
- **Use un desinfectante de manos** si no hay agua y jabón disponibles. Use un desinfectante de manos a base de alcohol que contenga al menos un 60 % de alcohol, cubra todas las superficies de las manos y fróteselas hasta que sienta que se secaron.
- **El agua y jabón son la mejor opción**, en especial si las manos están visiblemente sucias.
- **Evite tocarse** los ojos, la nariz y la boca con las manos sin lavar.



Evite compartir artículos del hogar de uso personal.

- **No comparta** platos, vasos, tazas, cubiertos, toallas o ropa de cama con otras personas que estén en su casa.
- **Lave bien con agua y jabón** estos artículos después de usarlos o póngalos en la lavadora automática de platos.



Limpie todos los días todas las superficies de contacto frecuente.

- **Limpie y desinfecte** las superficies de contacto frecuente en su "habitación para el enfermo" y el baño. Deje que otra persona limpie y desinfecte las superficies en las áreas comunes, pero no su habitación ni su baño.
- **Si un cuidador u otra persona necesitan limpiar y desinfectar** la habitación o el baño del enfermo, deben hacerlo solamente según sea necesario. El cuidador o la otra persona deben usar una mascarilla y esperar tanto como sea posible después de que el enfermo haya usado el baño.



Las superficies de contacto frecuente incluyen los teléfonos, los controles remotos, los mesones, las mesas, las manijas de las puertas, las llaves y grifos del baño, los inodoros, los teclados, las tabletas y las mesas de noche.

- **Limpie y desinfecte las áreas que puedan tener sangre, heces o líquidos corporales.**

- **Use productos de limpieza y desinfectantes para el hogar.** Si están sucios, limpie el área o el artículo con agua y jabón u otro detergente. Luego use un desinfectante de uso doméstico.

“Asegúrese de seguir las instrucciones de la etiqueta para garantizar que el producto se use de manera segura y eficaz. Muchos productos recomiendan mantener la superficie húmeda durante varios minutos para asegurarse de que se eliminen los microbios. Muchos también recomiendan tomar medidas de precaución, como usar guantes y asegurarse de tener buena ventilación durante el uso del producto.

“La mayoría de los desinfectantes de uso doméstico registrados en la EPA deberían ser eficaces.

Cómo discontinuar el aislamiento en la casa

- Las personas **con el COVID-19 que se quedaron en casa (aislados en casa)** pueden ponerle fin al aislamiento bajo las siguientes condiciones:



“**Si no se hará la prueba** para determinar si todavía es contagioso, puede salir de la casa después de que hayan sucedido estas tres cosas:

- no ha tenido fiebre por al menos 72 horas (o sea, tres días enteros sin fiebre sin el uso de medicamentos que reducen la fiebre)

Y

- los otros síntomas han mejorado (por ejemplo, cuando la tos o la dificultad para respirar han mejorado)

Y

- han pasado al menos 10 días desde que comenzó a tener síntomas.

“**Si se hará la prueba** para determinar si todavía es contagioso, puede salir de la casa después de que hayan sucedido estas tres cosas:

- ya no tiene fiebre (sin el uso de medicamentos que reducen la fiebre)

Y

- los otros síntomas han mejorado (por ejemplo, cuando la tos o la dificultad para respirar han mejorado)

Y

- los resultados de la prueba han dado negativo dos veces seguidas, con una separación de 24 horas. Su médico seguirá las directrices de los CDC.

En todos los casos, siga la orientación de su proveedor de atención médica y departamento de salud local. La decisión de suspender el aislamiento en la casa debe tomarse en consulta con su proveedor de atención médica y los departamentos de salud estatales y locales. Las decisiones locales dependen de las circunstancias locales.

10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes.**



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



cdc.gov/coronavirus

10 maneras de manejar los síntomas respiratorios en casa

Si tiene fiebre, tos o dificultad para respirar, llame a su proveedor de atención médica. Es posible que le recomienden manejar el cuidado de su salud en casa. Siga estos consejos:

- 1. Quédese en casa**, no vaya al trabajo ni a la escuela, y evite visitar otros lugares públicos. Si debe salir, evite usar transporte público, vehículos compartidos o taxis.



- 2. Monitoree sus síntomas** con mucha atención. Si sus síntomas empeoran, llame de inmediato a su proveedor de atención médica.



- 3. Descanse y manténgase hidratado.**



- 6. Cúbrase la nariz y la boca al toser o estornudar.**



- 7. Lávese las manos frecuentemente** con agua y jabón por al menos 20 segundos o límpieselas con un desinfectante de manos que contenga al menos un 60 % de alcohol.



- 8.** En la medida de lo posible, **quédese** en una habitación específica y **alejado de las demás personas** que viven en su casa. Además, de ser posible, debería utilizar un baño separado. Si debe estar en contacto con otras personas dentro o fuera de su casa, use una mascarilla.



- 4.** Si tiene una cita médica, **llame al proveedor de atención médica** antes de ir, e infórmele que tiene o podría tener COVID-19.



- 9. Evite compartir artículos personales** con las demás personas en su casa, como platos, vasos, cubiertos, toallas y ropa de cama.



- 5.** Si tiene una emergencia médica, llame al 911 y **avísele a la operadora** que tiene o podría tener COVID-19.



- 10. Limpie todas las superficies** que se tocan frecuentemente, como los mesones, las mesas y las manijas de las puertas. Utilice limpiadores de uso doméstico, ya sea en rociador o toallitas, según las instrucciones de la etiqueta.



Para obtener más información: www.cdc.gov/COVID19-es

Handwashing and Hand Sanitizer Use

at Home, at Play, and Out and About



Germs are everywhere! They can get onto hands and items we touch during daily activities and make you sick. Cleaning hands at key times with soap and water or hand sanitizer is one of the most important steps you can take to avoid getting sick and spreading germs to those around you.

There are important differences between washing hands with soap and water and cleaning them with hand sanitizer. For example, alcohol-based hand sanitizers don't kill ALL types of germs, such as a stomach bug called norovirus, some parasites, and *Clostridium difficile*, which causes severe diarrhea. Hand sanitizers also may not remove harmful chemicals, such as pesticides and heavy metals like lead. Handwashing reduces the amounts of all types of germs, pesticides, and metals on hands. Knowing when to clean your hands and which method to use will give you the best chance of preventing sickness.

When should I use?

Soap and Water

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal food or treats, animal cages, or animal waste
- After touching garbage
- If your hands are visibly dirty or greasy

Alcohol-Based Hand Sanitizer

- Before and after visiting a friend or a loved one in a hospital or nursing home, unless the person is sick with *Clostridium difficile* (if so, use soap and water to wash hands).
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.

* Do **NOT** use hand sanitizer if your hands are visibly dirty or greasy: for example, after gardening, playing outdoors, or after fishing or camping (unless a handwashing station is not available). Wash your hands with soap and water instead.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

How should I use?

Soap and Water

- **Wet** your hands with clean running water (warm or cold) and apply soap.
- **Lather** your hands by rubbing them together with the soap.
- **Scrub** all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for 20 seconds. Need a timer? Hum the "Happy Birthday" song twice.
- **Rinse** your hands under clean, running water.
- **Dry** your hands using a clean towel or air dry them.



Alcohol-Based Hand Sanitizer

Use an alcohol-based hand sanitizer that contains at least 60% alcohol. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.

- **Apply.** Put enough product on hands to cover all surfaces.
- **Rub** hands together, until hands feel dry. This should take around 20 seconds.

Note: Do not rinse or wipe off the hand sanitizer before it's dry; it may not work as well against germs.



For more information, visit the CDC handwashing website, www.cdc.gov/handwashing.



**CLEAN
HANDS KEEP
YOU HEALTHY.**

**Wash your hands with soap
and water for at least**

20 SECONDS.

LIFE IS BETTER WITH

**CLEAN
HANDS**



www.cdc.gov/handwashing



This material was developed by CDC. The Life Is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



**LAS MANOS
LIMPIAS LO
MANTIENEN SANO.**

**Lávese las manos con agua
y jabón por al menos**

20 SEGUNDOS.

LA VIDA ES MEJOR CON LAS

**MANOS
LIMPIAS**



www.cdc.gov/lavadodemanos

Este material fue elaborado por los CDC. La campaña "La Vida es Mejor con las Manos Limpias" es posible gracias a una asociación entre la Fundación de los CDC, GOJO y Staples. Los CDC y el HHS no respaldan productos, servicios ni empresas comerciales.



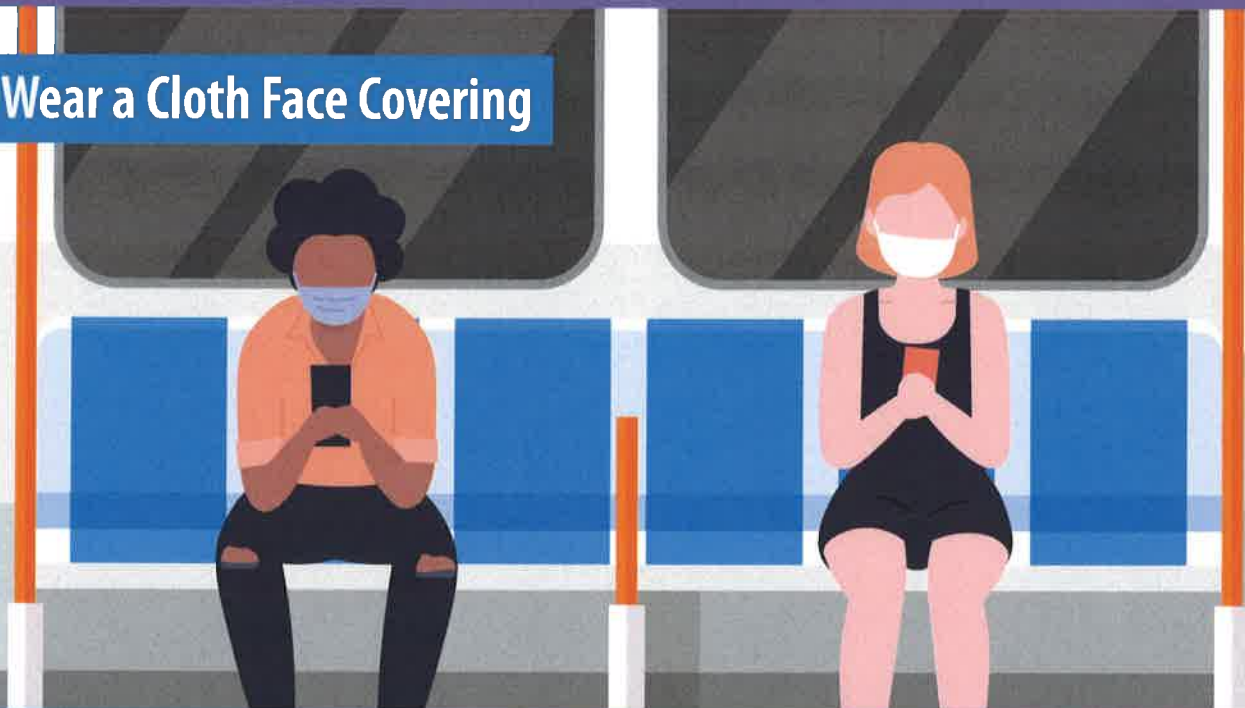
Help Protect Yourself and Others from COVID-19

Practice Social Distancing



Stay 6 feet (2 arm's lengths) from other people.

And Wear a Cloth Face Covering



Be sure it covers your nose and mouth to help protect others.
You could be infected and not have symptoms.



cdc.gov/coronavirus

Ayuda a protegerte a ti y a los demás del COVID 19

Practica el distanciamiento social



Mantente a una distancia de 6 pies (el largo de 2 brazos) de los demás.

Y usa una cubierta de tela para la cara



Asegúrate de que te cubra la nariz y la boca para ayudar a proteger a los demás.
Podrías estar infectado y no tener síntomas.



cdc.gov/coronavirus-es

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory disease
like COVID-19 (Coronavirus)

MAINTAIN A SAFE DISTANCE



Please leave space between yourself and others. Stay 6 feet apart whenever possible.



WEAR A MASK

Wearing a face mask can protect others from the spread of germs.

For more information: www.cdc.gov/COVID19

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory disease
like **COVID-19 (Coronavirus)**



WASH YOUR HANDS

Scrub with soap & water for
at least 20 seconds



COVER YOUR COUGH

cough & sneeze into your
elbow or tissue (not your hands)



STAY HOME WHEN SICK

stay away from others if you are
sick and experiencing symptoms

For more information: www.cdc.gov/COVID19

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory disease
like COVID-19 (Coronavirus)



WASH YOUR HANDS

Scrub with soap & water for
at least 20 seconds



COVER YOUR COUGH

cough & sneeze into your
elbow or tissue (not your hands)



STAY HOME WHEN SICK

stay away from others if you are
sick and experiencing symptoms

For more information: www.cdc.gov/COVID19

DETENGA LA PROPAGACIÓN DE GÉRMENES

Ayude a prevenir la propagación de enfermedades respiratorias tal como COVID –19 (Coronavirus)



Lávese las manos

frecuentemente con jabón y agua, por lo menos por 20 segundos.



Cubra su tos o estornudo

con un pañuelo desechable. Si no tiene un pañuelo, tosa o estornude sobre la manga o el codo.



Quédese en casa si se siente enfermo.

Manténgase alejado de los demás si está enfermo o desarrolla algún síntoma del virus.

PARA MÁS INFORMACIÓN VISITE LA PÁGINA WEB:
www.espanol.cdc.gov/coronavirus

What You Can do if You are at Higher Risk of Severe Illness from COVID-19

Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Here's What You Can do to Help Protect Yourself



Stay home if possible.



Wash your hands often.



Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.



Clean and disinfect frequently touched surfaces.



Cover your mouth and nose with a cloth face cover when around others.



Cover coughs and sneezes.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](https://www.cdc.gov/coronavirus/2019-ncov/protect-yourself.html)



cdc.gov/coronavirus

Qué puede hacer si tiene un mayor riesgo de enfermarse gravemente por el COVID-19

¿Tiene usted un mayor riesgo de enfermarse gravemente?



Según lo que sabemos ahora, quienes tienen un mayor riesgo de enfermarse gravemente por COVID-19 son:

- Las personas de 65 años o más
- Las personas que viven en hogares de ancianos o establecimientos de cuidados a largo plazo

Las personas de cualquier edad con afecciones subyacentes, especialmente si no están bien controladas, como:

- Personas con enfermedades pulmonares crónicas o asma, de moderada a grave
- Personas con afecciones cardíacas graves
- Personas inmunodeprimidas
 - Muchas situaciones pueden causar inmunosupresión, como recibir tratamiento para el cáncer, fumar, recibir un trasplante de órgano o médula ósea, tener deficiencias inmunitarias, tener la infección por el VIH o el sida mal controlados, y tomar a largo plazo corticosteroides u otros medicamentos que debilitan al sistema inmunitario.
- Personas con obesidad grave (índice de masa corporal [IMC] de 40 o más)
- Personas con diabetes
- Personas con enfermedad renal crónica que reciben tratamiento de diálisis
- Personas con enfermedad hepática

Esto es lo que puede hacer para ayudar a protegerse



Quédese en casa si es posible.



Lávese las manos a menudo.



Evite el contacto cercano y manténgase al menos a 6 pies (alrededor de 2 brazos de distancia) de otras personas.



Limpie y desinfecte las superficies que se tocan con frecuencia.



Cúbrase la nariz y la boca con una cubierta de tela para la cara cuando esté alrededor de otras personas.



Cúbrase al toser y estornudar.

Llame a su proveedor de atención médica si está enfermo.

Para obtener más información sobre las medidas que puede tomar para protegerse, vea la página web de los CDC sobre [cómo protegerse](https://www.cdc.gov/coronavirus-es).



cdc.gov/coronavirus-es

ATTACHMENT C

COVID-19 COMPLIANCE INSPECTION CHECKLIST

Department Name	
Workplace Location	
Date of Completion	
Name of Person(s) Completing Inspection	

GENERAL WORKPLACE MEASURES TO PROTECT EMPLOYEE HEALTH (Check all that apply)

YES

NO

IN
PROCESS

N/A

1. All employees ARE properly (over mouth and nose) wearing a face covering at all times during the workday, including in workstations equipped with partitions, unless subject only to the following exceptions:

☐☐☐☐

- Persons in a car alone or solely with members of their own household.
- Persons who are working in an office or in a room alone with the door closed.
- Persons who are actively eating or drinking provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.
- Persons who are outdoors and maintaining at least 6 feet of social distancing from others not in their household. Such persons must have a face covering with them at all times and must put it on if they are within 6 feet of others who are not in their household.
- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Workers who are required to wear respiratory protection pursuant to the ATD Std.
- Persons who are specifically exempted from wearing face coverings by other CDPH guidance.
- Specific tasks that cannot feasibly be performed with a face covering, where employees will be kept at least six feet apart

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

Verified by Dr. Gary Pace on 1/25/2021

<https://covid19.ca.gov/masks-and-ppe/#:~:text=Yes.%20Californians%20must%20wear,with%20COVID%2D19%20symptoms>

<https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>

2. Has the department provided communications and training on the following, as set forth in the County COVID-19 Public Health Emergency – Worksite Protocol:

a. Self-reporting Expectations?

☐☐☐☐

b. Safety and health protocols and control measures, including:

• How to wear face coverings?

☐☐☐☐

• Enhanced hand washing, sanitizing and disinfecting protocols?

☐☐☐☐

• Physical distancing expectations?

☐☐☐☐

• To stay home if they are having symptoms of COVID-19, were diagnosed with COVID-19 or are awaiting test results for COVID-19?

☐☐☐☐

c. Information on the virus and how it is transmitted?

☐☐☐☐

d. What to do if they test positive for COVID-19 or have had close contact with a person who has tested positive?

☐☐☐☐

e. The availability of COVID-19 testing?

☐☐☐☐

f. Paper handling (especially cash) best practices?

☐☐☐☐

g. Where to find additional COVID-19 resources and benefit & leave information.

☐☐☐☐

ATTACHMENT C

GENERAL WORKPLACE MEASURES TO PROTECT EMPLOYEE HEALTH (Check all that apply)	YES	NO	IN PROCESS	NA
3. A "workplace COVID prevention coordinator" has been designated who will implement COVID-19 infection prevention procedures and manage COVID-related issues among workers in the department? https://files.covid19.ca.gov/pdf/employer-playbook-for-safe-reopening--en.pdf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Vulnerable staff (older adults, those who are pregnant, and those with underlying medical conditions) are assigned work that can be done from home whenever possible, and have been directed to discuss any concerns with their healthcare provider or occupational health services to make appropriate decisions on returning to the workplace. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work processes are reconfigured to the extent possible to increase opportunities for employees to work from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Workplace leave policies have been reviewed and modified to ensure that employees are not penalized when they stay home due to illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To the extent possible, movement of visitors to the workplace is limited to designated areas such as the reception or lobby area, customer service area, conference or meeting rooms, and public rest rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Signage has been posted to provide clear guidance to employees and to the public about how to maintain safety within the facility (e.g., maintaining physical distance, wear face covering, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

ATTACHMENT C

SPECIFIC MEASURES TO ENSURE PHYSICAL DISTANCING (Check all that apply)	YES	NO	IN PROCESS	N/A
9. Visual cues such as signs or floor markings have been placed at least six feet apart anywhere individuals may have to line up, both inside the workplace and outside its public entrances, with signs directing employees and visitors to use the markings to maintain distance. https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html#controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Employees have been instructed to maintain at least six feet distance from customers, guests and from each other unless they must momentarily come closer to accept payment, deliver goods or services, or as otherwise necessary. http://publichealth.lacounty.gov/media/coronavirus/docs/protocols/Reopening_SocialDistancing.pdf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Elevator capacity is limited to the number of people that can be accommodated while maintaining a 6 foot physical distance between riders and all riders are required to wear cloth face coverings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Furniture in areas that are open to the public (e.g., lobby, reception areas, or waiting rooms) is separated to support physical distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. All fixed work locations such as individual desks, workstations/cubicles and customer service windows to which a worker is assigned who has minimal movement away for extended period of time, are separated by at least six feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. At fixed work locations where it is not possible to maintain six feet of the physical distancing at all times, cleanable solid partitions (e.g. Plexiglas) have been installed which are believed to be large enough to reduce the risk of aerosol transmission. https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html#controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Common areas (e.g., conference rooms, break rooms, lobbies) are closed or restricted by requiring appointments, using barriers or by adjusting furnishings such as tables and chairs to maintain physical distancing https://www.dir.ca.gov/dosh/coronavirus/COVID-19-Infection-Prevention-in-Logistics.pdf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Employees are discouraged, either by signage or training, from congregating in any area, but especially common areas or high traffic areas such as break rooms, bathrooms, hallways and stairwells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. To the extent possible, flow of traffic within the workplace is modified to minimize contacts (e.g., doors for entry or exit only; directional hallways or passageways have been established for foot traffic in a way that discourages employees from passing by one another).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Employees have been instructed to discontinue handshakes or other forms of greeting that break physical distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. In-person meetings have been strongly discouraged in favor of virtual meetings. If in-person meetings are essential, the number of participants is limited and the meetings are held in rooms large enough to maintain physical distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Alternate or staggered shift schedules have been instituted to maximize physical distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. In compliance with wage and hour regulations, breaks are staggered to ensure that physical distancing can be maintained in break rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT C

SPECIFIC MEASURES TO ENSURE INFECTION CONTROL (Check all that apply)	YES	NO	IN PROCESS	N/A
22. Nonessential travel is discontinued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. All employees have been offered face covering at no cost to them and there is supply available to employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Employees have been instructed to avoid physical contact with items that may be shared such as phones, headsets, desks, keyboards, writing materials, staplers three-hole punches, pens, copy machines, and tools but if they must physically contact such items, they are sanitize the such items between uses and sanitize their hands after use. https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html#controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Hand sanitizer, tissues and trash cans are available to the public at or near the entrance of the facility, at reception, elevators, and anywhere else inside the workplace or immediately outside where people have direct interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Visitors are instructed, either by signage or verbally (if necessary) that they must wear cloth face coverings during their visit. Only small children and individuals with chronic respiratory conditions or other medical conditions that make use of a mask hazardous are exempted from this requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. To the extent possible, doors, trash cans, etc. are contactless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Employees are allowed frequent breaks to wash their hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Employees have been instructed not to share personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The HVAC system is in good, working order and to the maximum extent possible, (weather conditions permitting) ventilation has been maximized (open outdoor air dampers, open windows) to increase the delivery of clean outside air and ventilation in offices and other spaces while minimizing the HVAC air recirculation... https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

ATTACHMENT C

SPECIFIC MEASURES TO ENSURE INFECTION CONTROL (Check all that apply)	YES	NO	IN PROCESS	N/A
31. Consideration has been given to installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Consideration has been given to decreasing occupancy in areas where outdoor ventilation cannot be adequately increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cleaning and disinfection protocols have been established that include the following:				
a. Cleaning practices and staff assignments have been established for routine (at least daily) disinfecting of commonly touched surfaces such as door handles, light switches desks, phones, keyboards, copy machines, faucets, elevator buttons, steering wheels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Employees trained to perform cleaning/disinfection tasks, including:				
• Information on product contact time, i.e. the disinfectant is left wet on the surface in accordance with the contact time on label of the product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of PPE and safe work practices to prevent chemical exposures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Only EPA approved cleaning and disinfecting products are used which have been checked for EPA compliance using the EPA tool found at: https://cfpub.epa.gov/giwiz/disinfectants/index.cfm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pre-cleaning with soap and water is performed IF the surface is visibly dirty or if the disinfectant requires pre-clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Garbage bags are tied and remove from container for disposal instead of being emptied into other containers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Consideration of less toxic disinfectants that minimize health risks (e.g., green cleaning alternatives).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disinfectants, hand sanitizer, disposable gloves and related supplies are readily available to employees and employees know where these supplies are located.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Enhanced cleaning and disinfection procedures when there is a suspected or known exposure to a person with COVID-19.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Surfaces and other items are cleaned after each visitor. https://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html Lake County FAQ's for Managers and Supervisors https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=12001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Return copy to Risk Management

ATTACHMENT D

Aerosolized Transmissible Disease (ATD) Exposure Control Plan for County of Lake Employees

PURPOSE

To establish policies and procedures to:

1. identify, isolate and treat patients with suspected or diagnosed aerosol transmissible disease (ATD) as defined by the California Code of Regulations Title 8, Section 5199, Aerosol Transmissible Diseases (Cal OSHA) (See Appendix A).
2. minimize the risk of acquiring an airborne transmissible illness, to protect health care workers, patients, and specific employees identified to be at risk.

The policies and procedure in this document are consistent with the current recommendations from the Centers for Disease Control and Prevention, the requirements of California OSHA and California Department of Public Health.

The County of Lake encourages all employees to receive vaccinations as recommended by the Advisory Committee on Immunization Practices for the Center for Disease Control and Prevention.

DEFINITIONS

Aerosol Transmissible Diseases (ATDs) are infectious diseases that are spread through respiratory secretions which are exhaled or expelled through coughing or sneezing, and then inhaled by a person who is susceptible to that illness.

The standard divides these diseases into two categories:

1. those that require Airborne Infection Isolation (Tuberculosis, SARS, Avian Influenza, Chickenpox and Novel Virus Influenza, etc), and
2. those that require droplet precautions (pertussis, mumps, meningococcal disease, etc).

A detailed list of terminology and definitions is included in Appendix B.

RISK ASSESSMENT

The County of Lake has identified County of Lake sites where employees and patients are at risk of potential exposure to ATDs. A detailed list of sites and a reference to the related California Aerosol Transmissible Disease Standard is included in Appendix C.

The County of Lake has identified County position classifications and specific designated assignments with elevated risk of ADT exposure due to job duties that include:

- a. evaluations, diagnosis, and/or treatment of persons with Airborne Transmissible illness
- b. transport, housing or management of persons requiring Airborne Infection Isolation
- c. performing or observing aerosol generating procedures on cadavers
- d. regularly providing direct medical or nursing services to clients in a clinic or a home
- e. providing direct medical/nursing services in the event of a Public Health Emergency or Disaster

- f. provide transport or detention of persons reasonably anticipated to have cases or suspected cases of Airborne Transmissible illness
- g. handling, caring for, treating, or euthanizing animals with potential Airborne Transmissible illness
- h. renovating, servicing or repairing air handling systems or equipment at County of Lake sites where employees and patients are at risk of potential exposure to ATDs
- i. screening patients or clients for airborne infectious diseases and referring them out as indicated (do not diagnosis and treat)
- j. providing clerical or other support services with exposure to persons with Airborne Transmissible illness

A detailed list of these position classifications, the specific designated assignments with elevated risk of ADT exposure, and the associated category is included in Appendix D.

SCOPE AND RESPONSIBILITY

The policies and procedures outlined in this ATD Exposure Control Plan are applicable to County of Lake employees in position classifications listed in Appendix D who are designated assignments listed in Appendix D.

This plan has been developed by the County of Lake Health Services Director in collaboration with the County of Lake's Public Health Officer and Public Health Nursing Director. Risk Management assigns responsibility for oversight and implementation of the ATD Exposure Control Plan to the County Safety Officer under the direction of the Health Services Director.

POLICY

It is the policy of County of Lake to provide care to patients with Airborne Transmissible illness in a manner that minimizes the risk of transmission to staff and other patients. Components of this policy include:

- early diagnosis, timely and effective treatment of individuals;
- effective use of administrative, work practice and engineering controls;
- the use of respiratory protection;
- and a comprehensive healthcare worker surveillance program.

The ATD Exposure Control Plan is intended to serve as the guidance document for preventing healthcare-associated transmission of ATDs. The policies and procedures in this document are consistent with the current recommendations from the Centers for Disease Control and Prevention, the requirements of California OSHA and California Department of Public Health.

HIERARCHY OF CONTROLS

A. ADMINISTRATIVE CONTROLS

This refers to the use of administrative measures to reduce the risk of exposure to persons with an Airborne Transmissible illness. Cough etiquette (respiratory hygiene) may reduce the spread of disease, particularly in the period prior to initiation of appropriate treatment.

PATIENT SCREENING AND MANAGEMENT

Early identification of disease and prompt treatment of persons with an Airborne Transmissible illness is facilitated through:

1. Development of written policies and protocols regarding the identification and management of patients with an Airborne Transmissible illness.

2. Education of staff with regard to the signs and symptoms associated with an Airborne illness
3. Education of all levels of staff with regard to the policies and procedures to be followed if an Airborne Transmissible illness is suspected.

HIERARCHY OF CONTROLS (continued)

B. WORK PRACTICE CONTROLS**SOURCE CONTAINMENT**

The goal of source containment is to limit or reduce the number of droplet nuclei in the air. This is achieved by entrapping the nuclei as they are expelled by the patient. In practical terms, this means encouraging people to cover their cough or placing a mask on the coughing person.

Signs are placed at the clinic entrances encouraging people who are ill with a respiratory illness to cover their mouth and nose when coughing.

At entry, triage or registration for care, persons presenting with symptoms of a respiratory illness will be asked to wear a mask. The person will be instructed in the proper use and disposal of the mask after use.

Persons who cannot wear a mask will be provided with tissues to cover the nose and mouth when coughing or sneezing. The person will also be instructed in the appropriate disposal of used tissues.

If the person cannot or will not cooperate with mask or "cover your cough" instructions, he/she may be asked to wait outside or will be placed into an exam room. Whenever possible, persons with respiratory illness will be physically separated from other patients. If possible, expedite the person's visit in order to shorten their time in the facility.

PATIENT ISOLATION AND CARE GUIDELINES

Any patient who has a suspected or confirmed case of any Airborne Transmissible illness listed in Appendix A who is not referred elsewhere for treatment will immediately be placed in the appropriate isolation, negative pressure environment.² This includes inmates housed in the Hill Road Correctional Facility and Juvenile Home. Precautions may be initiated by the nurse practitioner and/or the nursing staff. In the event that negative pressure rooms are unavailable for person(s) suspect or confirmed of having an Airborne Transmissible illness requiring negative pressure, immediate consultation with the County of Lake's Public Health Officer is warranted. Placement in an isolation room is done to comply with CDC, OSHA, and other regulatory scientific bodies. These rooms must be negative pressure, vented to the outside and have a minimum of 12 air exchanges per hour, per Title 8 CCR, 5199 (e), (5) (D) 3 & 4. When out of his/her room, the patient will wear a mask. Patients should be out of the room only for medically necessary reasons.

Appropriate protective apparel will be worn by all persons participating in the care of a patient with a suspected or confirmed Airborne Transmissible illness. Coughing patients should wear a surgical mask when in an ambulatory care setting when an appropriate isolation room is not available. Tissues and hand hygiene materials will also be provided.

² Need to clarify if the equivalent arrangement using HEPA filtration in the jail is a satisfactory substitute. Also, checking to see if Juvenile Hall has any negative pressure rooms or equivalent.

Encourage hand washing for both staff and patients.

C. PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is used as a barrier to protect the skin and mucous membranes
PERSONAL PROTECTIVE EQUIPMENT (continued)

of one person from the blood and potentially infective body fluids of another patient. Standard precautions also include hand hygiene as well as needle/sharp object safety.

Standard Precautions are to be observed by all employees of County of Lake when providing care to patients. Personal protective equipment must be worn while performing any of the procedures listed in High Hazard Procedures. All employee protection, engineering, and work practice controls and safety as outlined in other exposure control plans must be followed.

When caring for a patient with suspected or confirmed illness requiring Airborne Isolation, a fit tested N95 mask will be utilized by all employees and visitors entering a negative pressure isolation room for any reason. Other barriers will be worn if there is an anticipation of splash or splatter.

When caring for a patient with a suspected or confirmed illness described as being spread by the droplet route, an N95 mask is not required; a standard surgical mask is acceptable. It is recommended to use eye protection. Clients/Patients must wear a surgical mask for any transport or treatment outside of the treatment area.

D. RESPIRATORY PROTECTION

The selection of masks for use at County of Lake will be in compliance with CDC and other governmental recommendations and guidelines.

Fit Testing will be repeated at the interval specified by the California Airborne Transmissible Disease Standard. All employees required to wear the N95 respirator must pass a health screening and be fit tested.

At the end of the testing procedure, the employee will be provided with information regarding the type of mask he/she is to use when providing care to patients in Airborne Isolation. Information on how to store and order replacement masks will also be provided to the employee.

Persons who will be performing high hazard procedures will be required to use a Powered Air Purifying Respirator (PAPR) while performing the procedure.³

Adequate supplies of personal protective equipment are ensured by Department Managers. When supplies fall short the manager will:

- a. contact the current supplier to order additional supplies
- b. consider other models/masks if supplies are discontinued

³ This needs to be discussed with the Coroner's Office.

- c. adopt conservation policies
- d. contact local and state emergency planning organizations

E. ENGINEERING CONTROLS

Engineering controls are intended to reduce the concentration of infectious nuclei and prevent their spread within the health care environment. Per CDC guidelines, the engineering control utilized is negative pressure.

Negative Pressure is created in a room when the air from the room is exhausted (removed) at a rate faster than air is entering the room. The end result is that since Air will flow from an area of higher pressure to an area of lower pressure, air can move into the room from the anteroom or hallway but air from the room does not move into the anteroom or hallway. This serves to contain any suspended droplets or aerosols within the negative pressure area.

Where externally vented negative pressure isolation rooms are not available, alternative methods utilizing appropriately engineered HEPA filtration systems to create an equivalent isolation room is used.⁴

Isolation rooms to be used for the care, housing or treatment of patients with suspected or confirmed illness that is transmitted via the airborne route will be maintained under negative pressure with either external venting or an equivalent engineered HEPA filtration system.

Additional responsibilities are:

1. On a routine basis, the Facilities Maintenance Department will test the negative pressure isolation rooms to ensure that the airflow in the room is negative. Facilities staff in collaboration with persons who have expertise in ventilation engineering, will verify general ventilation, exhaust, air recirculation, duct decontamination and document readings. This information will be made available to the County Safety Officer, or any local or state agency upon request. A copy of the test results is sent to the Public Health Nursing Director and the assigned facility manager.
2. The clinical staff will conduct daily monitoring of occupied negative pressure Airborne Isolation Room(s) with physical tests while the patient is in the room (i.e. flutter strips, smoke trails, etc).
3. Facilities staff will conduct regular monitoring and maintenance of established Engineering Controls.⁵
4. Facilities staff will inform the Public Health Nursing Director of any compliance deficiencies.

F. OCCUPATIONAL HEALTH AND MEDICAL SURVEILLANCE

The County of Lake will provide employees who were potentially exposed to an ATD in an occupational setting with a post exposure medical evaluation in accordance with CDC/CDPH guidelines. This will be done by or under the supervision of a Physician or Other Licensed Health Care Practitioner (PLHCP). Confidentiality of the infected patient and the exposed

⁴ Need to check and see if this will be acceptable.

⁵ Need to determine if all of this is appropriate and feasible with the arrangement at the jail.

employee will be ensured and any lab tests will be conducted by an accredited laboratory.

All susceptible employees with potential occupational exposure to ATD in the “Full” or “Referring” exposure category will be offered vaccination as listed in Appendix E.

Recommended vaccinations shall be made available to new employees who have potential occupational exposure after the employee has received training on ATD before performing any of the assignments listed for that classification on Appendix D and within 45 working days of initial work assignment, unless:

1. Employee has provided documentation of vaccination with the recommended immunizations and is not due to receive another vaccination dose.
2. A PLHCP has determined that the employee is immune in accordance with applicable public health guidelines.
3. Vaccine is contraindicated for medical reasons.

If the employee wishes to receive a previously declined vaccine, the Public Health Division of the Health Department shall make the requested vaccine available within 10 (ten) working days of receiving the written request.

The employee must sign a declination statement for each vaccine recommended and declined. When vaccination cannot be conducted due to lack of vaccine availability the Public Health Division of the Health Department shall document efforts to obtain vaccine and inform the employee of the status of vaccine availability. The Public Health Division of the Health Department shall inform employees when the vaccine becomes available.

Post Exposure Evaluation & Incidents

1. Tuberculosis Surveillance is provided on an annual basis for all employees covered by the ATD exposure control plan.⁶ Significant occupational exposure to an ATD including Tuberculosis is determined by the County of Lake’s Public Health Officer in consultation with the treating PLHCP and the CDPH TB Control Branch, as necessary. The PLHCP will evaluate tuberculosis conversions. When an exposure is confirmed, the employee will be informed of treatment options or follow-up if needed by the PLHCP. If the employee converts to a TB case or suspected case, the treating PLHCP will inform the Public Health Officer and the employee and consult with the Public Health Officer regarding infection control. The PLHCP will also make precautionary removal recommendation (removing the employee from work) as indicated to County of Lake Risk Management and provide a written opinion. ATDs are reportable⁷ under California Public Health Regulations (Title 17, Section 2500) This is a disease or condition which a health care provider is required to report to the County of Lake’s Public Health Officer in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosolized transmissible disease (ATD). This triggers the requirement for an investigation of exposure incidents. For any patients diagnosed with an ATD, the diagnosing health care provider (HCP), or Health Care Provider’s employer reports the RATD to the Public Health Officer.
2. In conjunction with the communicable disease investigation initiated by the Public Health Office for County of Lake, the treating physician or the health care provider’s employer will determine from the records if the employee(s) of other employers may have had contact

⁶ Need to make a decision about inclusion of Mental Health personnel and which support personnel in any of the clinics to include (PH clinics, MH clinics, AODS)

⁷ RATD = Reportable Aerosol Transmissible Disease

with an ATD case. If so, the exposed individual and their employer will be notified within a reasonable time frame for the specific disease, but no longer than 72 hours past the report to the County of Lake's Public Health Officer.

3. An exposure analysis will be conducted⁸ of the exposure scenario within the time frame reasonable for specific diseases and no longer than 72 hours after the report to the County of Lake's Public Health Officer or receipt of notification by County of Lake Public Health. The exposure analysis will include: the name and employee identifier of each employee included in the analysis, the basis for determining that an employee doesn't need to be referred for medical follow-up, the person performing the exposure analysis and the PLHCP consulted regarding immunity.
4. Exclusion from post-exposure follow-up occurs when:
 - a. the PLHCP determines that the employee is not susceptible to disease (susceptibility is determined in accordance with applicable public health guidelines)
 - b. employee did not have a "significant exposure" ("A significant exposure is an exposure to a source of ATPs or ATPs-L in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a PLHCP").
5. Employees exposed to any ATDs listed in Appendix A will be sent to the authorized treatment facilities⁹ for an exposure incident medical follow-up within a reasonable time frame but no more than 96 hours after being notified of exposure. The PLHCP will provide vaccination, prophylaxis, and treatment as indicated, determine whether precautionary removal is needed, and provide a written opinion to the employer. The following will be provided to the PLHCP: a copy of the ATD standard; information regarding respirators per 5144; information regarding the exposure incident including the employee's duties, how the exposure occurred, and available diagnostic tests for the source; and relevant employee (continued) medical records such as vaccinations. The authorized treatment facilities will notify the employee of his/her potential exposure, their status regarding immunity and any follow up immunization or prophylaxis. Employee care is managed by the County of Lake Public Health Division of the Health Department¹⁰ based on County of Lake policy appropriate to the ATD.

G. TRAINING

1. Training is provided to all employees¹¹ with occupational exposure at the time of initial assignment and at least annually thereafter, not to exceed 12 months from the previous training and with any significant changes to the plan.
2. Training material will be appropriate in content and vocabulary to the education level, literacy and language of the employee.
3. The program must contain the following:
 - a. An accessible copy of the regulation.
 - b. A general explanation of ATDs with sign and symptoms that would require further medical evaluation.
 - c. An explanation of the modes of transmission of ATDs and workplace control procedures.
 - d. An explanation of the ATD Plan, how to give input and how to obtain a copy. Input

⁸ We need to be clearer about who performs this analysis, especially for departments other than Health Services.

⁹ Clarify what would be the authorized treatment facility for County of Lake employees.

¹⁰ Need to clarify this, since we don't have an occupational health service.

¹¹ We'll have to locate a training package or figure out otherwise how this will be done. Maybe this is something that HR could arrange and put on-line.

from employees will be solicited at their annual training sessions.

- e. Instruction on how to recognize tasks and other activities that may put employees at risk.
 - f. Appropriate engineering, work practice controls, decontamination and disinfection procedures, and personal and respiratory equipment use and limitations.
 - g. Selection, use and care of personal protective equipment.
 - h. Information on vaccines that are available to employees at County of Lake.
 - i. Procedure in the event of an exposure.
 - j. Information on the County's Surge Plan.
 - k. An opportunity for interactive questions answered within 24 hours.
4. Patients/Clients are educated by the Physician or nursing staff regarding the transmission of ATDs and the reason for isolation and orientation to the negative pressure environment, if necessary.

H. RECORDKEEPING

Documentation related to the ATD Plan shall be established and maintained by County of Lake Public Health Division of the Health Department. This documentation includes:

1. Employee Medical Records pertaining to vaccination status, fit testing, and occupational exposures, will be retained for the duration of employment plus 30 (thirty) years.
2. Training records regarding the ATD Plan, shall be retained for 3 (three) years from the date of training.
3. Records of implementation of ATD and/or Biosafety Plan, retained for 3 (three) years.

I. ATD Plan Evaluation:

The ATD Plan will be evaluated at least annually by the County of Lake's Safety Officer, in consultation with the Health Director, Public Health Officer, and the Public Health Nursing Director. This evaluation will consider demographic risk of the community, any exposures that have occurred within the previous 12 months, preparedness of the facility for Airborne and Droplet Isolation, supply of Respiratory Protection, and adherence of staff to precautions and training. Any changes to the ATD Plan will be approved by the County of Lake's Safety Officer, Health Services Director, Public Health Officer, and Public Health Nursing Director and then reviewed by County Counsel before being forwarded to the Board of Supervisors for approval in concept and authorization of Meet and Confer with the applicable employee associations, if necessary.

AUTHORITY

California Code of Regulations; Title 8 California
Department of Health Services

REFERENCE:

- 1 Cal OSHA ATD Standard, Title 8, Division 1, Chapter 4, Section 5199 08/09
- 2 ACIP Recommendations 9/1/09
- 3 CDC Isolation in Healthcare Settings Guideline, 2007
- 4 CDC Pandemic Influenza Guidance, 2009
- 5 MMWR Tuberculosis Prevention in Healthcare Settings
- 6 AAP, Red Book, each disease section, 2008 edition

- 7 US Department of Labor Respiratory Protection Regulations (ANSI 288.2 1980). Standard Practice for Respiratory Protection

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=PREAMBLES&p_id=10

53 &p text version=FALSE Accessed online: 4/2011

APPENDIX A – AEROSOL TRANSMISSIBLE DISEASES/PATHOGENS**Diseases/Pathogens Requiring Airborne Infection Isolation**

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans) Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient.
- Localized disease in immunocompromised patient until disseminated infection is ruled out.
- Measles (rubeola)/Measles virus
- Monkeypox/Monkeypox virus
- Severe acute respiratory syndrome (SARS)
- Smallpox (variola)/Variola virus
- Tuberculosis (TB)/*Mycobacterium tuberculosis* –
- Extra pulmonary, draining lesion
- Pulmonary or laryngeal disease, confirmed
- Pulmonary or laryngeal disease, suspected
- Novel or unknown pathogens
- Any other disease for which public health guidelines recommend airborne infection isolation.

Diseases/Pathogens Requiring Droplet Precautions

- Diphtheria pharyngeal Epiglottitis, due to *Haemophilus influenzae* serotype b – Infants and children Influenza, human (typical seasonal variations)/influenza viruses
- Meningitis
Haemophilus influenzae, type b known or suspected
Neisseria meningitidis (meningococcal) known or suspected
Meningococcal disease sepsis, pneumonia (see also meningitis)
- Mumps (infectious parotitis)/Mumps virus
- Mycoplasmal pneumonia
- Parvovirus B19 infection (erythema infectiosum)
- Pertussis (whooping cough)
- Pharyngitis in infants and young children
- Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus
- Pneumonia
- Adenovirus
- *Haemophilus influenzae* Serotype b, infants and children
- Meningococcal *Mycoplasma*, primary atypical
- Streptococcus Group A
- Pneumonic plague/*Yersinia pestis*
- Rubella virus infection (German measles)/Rubella virus
- Streptococcal disease (group A streptococcus)
- Skin, wound or burn, Major
- Pharyngitis in infants and young children
- Pneumonia
- Scarlet fever in infants and children
- Serious invasive disease
- Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
- Any other diseases for which public health guidelines recommend droplet precautions

APPENDIX B - DEFINITION OF TERMS

Aerosol Transmissible Diseases/Pathogens (ATDs) are infectious diseases that are spread through respiratory secretions which are exhaled or expelled through coughing or sneezing, and then inhaled by a person who is susceptible to that illness. The list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of the Exposure Control Plan are found in Appendix A. The protection required by the Airborne Transmissible Disease Standard (Section 5199) will be determined by the type of isolation required-the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists in Appendix A.

Aerosol Transmissible Pathogen-Laboratory (ATP-L) A pathogen that meets one of the following criteria: (1) the pathogen appears on the list in Appendix D, (2) the *Biosafety in Microbiological and Biomedical Laboratories* (BMBL) recommends biosafety level 3 or above for the pathogen, (3) the biological safety officer recommends biosafety level 3 or above for the pathogen, or (4) the pathogen is a novel or unknown pathogen.

Airborne infection isolation (All) Infection control procedures as described in *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*. These precautions are designed to reduce the risk of transmission of airborne infectious pathogens, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Airborne Infection Isolation room or area (AIIR) A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized M. tuberculosis and other airborne infectious pathogens and that meets the requirements stated in subsection (e) (5) (D) of this standard.

Airborne Infectious Disease (AirID) Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which All is recommended by the CDC or CDPH as listed in Appendix A, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Airborne Infectious Pathogen (AirIP) Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, and for which the CDC or CDPH recommends All, as listed in Appendix A, or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Droplet Precautions Infection control procedures as described in Guideline for Isolation Precautions designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 um in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism.

Exposure Incident An event in which all of the following have occurred: 1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and 2) The exposure occurred without the benefit of applicable exposure controls required by this section, and 3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

APPENDIX B - DEFINITION OF TERMS (continued)

Health Care Provider A physician, a veterinarian, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, a medical examiner, an infection control practitioner, a coroner, or a dentist.

Health Care Worker A person who works in a health care facility, service or clinic, or who has occupational exposure in a public health service described in Title 8, subsection (a)(1)(D).

High Hazard Procedures Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of containing an ATP-L, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens.

- 1 Such procedures include, but are not limited to:
 - a. Aerosolized administration of pentamidine or other medications
 - b. Sputum induction
 - c. Bronchoscopy
 - d. Pulmonary function testing
- 2 Any medical procedure which can aerosolize body fluid containing ATP when performed on a suspect or confirmed ATD case, including but not limited to:
 - a. Laboratory or tissue handling procedures such as autopsy and specimen processing
 - b. Operative procedures such as tracheotomy, thoracotomy, and aspiration and excision biopsy
 - c. Respiratory care procedures such as intubation, suctioning, tracheotomy, and endotracheal tube care

Local Health Officer (LHO)

The local Health Officer for the County of Lake is the Public Health Officer. The Public Health Officer is required to observe and enforce (1) local orders and ordinances pertaining to the public health; (2) orders prescribed by the California State Department of Public Health (CDPH); and (3) statutes relating to the public health.

Negative Pressure A relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent areas, which keeps air from flowing out of the containment facility and into adjacent rooms or areas.

Novel or Unknown ATP A pathogen capable of causing serious human disease meeting the following criteria:

- 1 There is credible evidence that the pathogen is transmissible to humans by aerosols; and
- 2 The disease agent is:
 - a. A newly recognized pathogen, or
 - b. A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
 - c. A recognized pathogen that has been recently introduced into the human population, or
 - d. A not yet identified pathogen.

APPENDIX B - DEFINITION OF TERMS (continued)

NOTE: Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing seasonal variants. Pandemic influenza strains that have not been fully characterized are novel pathogens.

Occupational Exposure Exposure from work activities or working conditions that are reasonably anticipated to create an elevated risk of contracting any disease caused by ATDs or ATPs-L if protective measures are not in place.

Powered Air Purifying Respirator (PAPR) A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Physicians or other licensed health care professional (PLHCP) An individual whose legally permitted scope or practice (i.e. license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all health care services required by Title 8, Section 5199.

Referring Employer Any employer that operates a facility, service, or operation in which there is occupational exposure and which refers AirID cases and suspected cases to other facilities. Referring facilities, services and operations do not provide diagnosis, treatment, transport, housing, isolation or management to persons requiring All. Law enforcement, corrections, public health, and other operations that provide only non-medical transport for referred cases are considered referring employers if they do not provide diagnosis, treatment, housing, isolation, or management of referred cases.

Reportable Aerosol Transmissible Disease (RATD) A disease or condition which a health care provider is required to report to the local health officer, in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosolized transmissible disease (ATD)

Respirator A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by the National Institute for Occupational Safety and Health (NIOSH), for the purpose for which it is used.

Respirator User An employee who in the scope of their current job may be assigned to tasks which may require the use of a respirator, in accordance with subsection (g).

Respiratory Hygiene/Cough Etiquette in Health Care Settings Respiratory Hygiene/Cough Etiquette in Health Care Settings, CDC, November 4, 2004, is incorporated as Appendix H and is hereby incorporated by reference for the sole purpose of establishing requirements for source control procedures.

Screening (Health Care Provider) The initial assessment of persons who are potentially Air ID or ATD cases by a health care provider in order to determine whether they need airborne infection isolation or need to be referred for further medical evaluation or treatment to make that determination. Screening does not include high hazard procedures.

Screening (Non Health Care Provider) The identification of potential ATD cases through readily observable signs and the self-report of patients or clients. Screening does not include high hazard procedures.

Significant Exposure An exposure to a source of ATDs or ATPs-L in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a PLHCP.

Suspected Case Either of the following:

1. A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in Appendix A.
2. A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements as applied to a particular disease or condition listed in Appendix A

APPENDIX C– COUNTY OF LAKE WORK SITES WITH POTENTIAL ADT EXPOSURE RISK

Definitions provided in the California Aerosol Transmissible Disease Standard.

County of Lake Sites

Alcohol and Other Drug Services and associated facilities

Animal Care & Control

Correctional Facility

Juvenile Home

Mental Health and associated facilities

Probation Office

Public Health Division Facility

Sheriff's Office and associated facilities

Social Services and associated facilities

Veteran's Services

Contracted Sites

Facilities where autopsies/forensic examinations are conducted for the County of Lake

APPENDIX D— COUNTY OF LAKE POSITION CLASSIFICATIONS WITH POTENTIAL ADT EXPOSURE RISK**ELEVATED RISK CLASSIFICATIONS**

The County of Lake has identified in the chart below County position classifications with elevated risk of ADT exposure due to job duties that include:

- A. evaluations, diagnosis, and/or treatment of persons with Airborne Transmissible illness
- B. transport, housing or management of persons requiring Airborne Infection Isolation
- C. performing or observing aerosol generating procedures on cadavers
- D. regularly providing direct medical or nursing services to clients in a clinic or a home
- E. providing direct medical/nursing services in the event of a Public Health Emergency or Disaster
- F. provide transport or detention of persons reasonably anticipated to have cases or suspected cases of Airborne Transmissible illness
- G. handling, caring for, treating, or euthanizing animals with potential Airborne Transmissible illness
- H. renovating, servicing or repairing air handling systems or equipment at County of Lake sites where employees and patients are at risk of potential exposure to ATDs
- I. screening patients, clients, or inmates for airborne infectious diseases and referring them out as indicated (do not diagnosis and treat)
- J. providing clerical or other support services in settings with increased potential for exposure to persons with Airborne Transmissible illness

ELEVATED RISK ASSIGNMENTS

The County of Lake has identified in the chart below County position classifications with elevated risk of ADT exposure due to job duties that include:

- 1. Response to a Public Health emergency; performing clinic duties or home health visits for persons with suspected ATI
- 2. All animal related duties
- 3. Transporting ill persons
- 4. Face to face patient/client/inmate duties in an indoor enclosed space
- 5. Performing or observing aerosol generating procedures on cadavers
- 6. Direct observed therapy or interview with an ATI infected patient
- 7. Transporting, housing or managing persons requiring Airborne Infection Isolation and/or renovating, servicing or repairing air handling systems or equipment at County of Lake work sites identified in Appendix C as having potential ADT exposure risk

EXPOSURE CATEGORIES

The County of Lake has identified in the chart below the exposure category for County position classifications determined to have with elevated risk of ADT exposure.

Full Exposure

It has been determined that employees in job classifications and performing a designated assignment(s) in the Full Exposure Category may reasonably be expected to incur occupational exposure to ATD. These employees work in facilities on a regular basis where ATDs are diagnosed and treated, facilities with materials that contain aerosol transmissible pathogens, or facilities where employees perform or observe aerosol-generated procedures on cadavers. See Scope of Plan for further information. Employees in these job classifications must comply with the full scope of the Plan.

APPENDIX D– COUNTY OF LAKE POSITION CLASSIFICATIONS WITH POTENTIAL ADT EXPOSURE RISK (continued)

Employees in these job classifications are eligible for County provided Vaccine Recommendations listed in Appendix E. Vaccination post-exposure guidelines are included in the County's Aerosolized Transmissible Disease Exposure Control Plan.

Referring Exposure

It has been determined that employees in classifications and performing a designated assignment(s) in the Referring Exposure Category may reasonably be expected to have a risk of exposure to an ATD greater than that of the general public. Referring employers do not treat or diagnose ATDs, but instead refer aerosolized infectious disease cases and suspected cases to other facilities. Employees who are in this Exposure Determination provide direct medical or nursing services to clients in a Clinic or home as well as employees, such as nurses and physician, who may be expected to provide direct medical/nursing services in the event of a Public Health Emergency or Disaster. It includes employees who transport ill inmates/wards with possible Airborne Transmissible illness and also employees who renovate service or repair air handling systems or equipment in Public Health, the Correctional Facility, or Juvenile Home. See Scope of Plan for further information. Employees in these job classifications are eligible for County provided Vaccine Recommendations listed in Appendix E. Vaccination post-exposure guidelines are included in the County's Aerosolized Transmissible Disease Exposure Control Plan.

Screening Exposure

It has been determined that employees in job classifications and performing a designated assignment(s) in the Screening Exposure Category have no greater risk of occupational exposure to ATD than the general public. Employees in these classifications are not eligible for County provided vaccine. However, as stated in the Policy Purpose, the County of Lake encourages all employees to receive vaccinations as recommended by the Advisory Committee on Immunization Practices for the Center for Disease Control and Prevention.

ELEVATED RISK/EXPOSURE CHART:

POSITION CLASSIFICATION	ELEVATED RISK CATEGORY	ELEVATED RISK ASSIGNMENTS	EXPOSURE DETERMINATION CATEGORY
All Hazards Coordinator	J	1	REFERRING
Animal Control Assistant	G	2	FULL
Animal Control Director	G	2	FULL
Animal Control Officer I/II/III	G	2	FULL
AODS Mental Health Services Coordinator	I	4	SCREENING
Assistant Veteran's Services Officer	I	4	SCREENING
Captain - Sworn	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Chief Deputy Probation Officer – Juvenile Home Superintendent	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Chief Probation Officer	B,F	4	SCREENING

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		5	FULL
		7	REFERRING
Civilian Coroner	C	5	FULL
Clinical Psychologist	I	4	SCREENING
Community Health Nurse I/II/III	A	1	REFERRING
		6	FULL
Correctional Aide	I	4	SCREENING
Correctional Captain	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Correctional Facilities Maintenance Technician	H	8	REFERRING
POSITION CLASSIFICATION	ELEVATED RISK CATEGORY	ELEVATED RISK ASSIGNMENTS	EXPOSURE DETERMINATION CATEGORY
Correctional Lieutenant	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Correctional Officer I/II	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Correctional Sergeant	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Deputy Animal Control Director	G	2	FULL
Deputy Director Mental Health – Alcohol and Other Drug Services (AODS)	I	4	SCREENING
Deputy Director Mental Health – Clinical Services	I	4	SCREENING
Deputy Probation Officer I/II/III, Senior	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Deputy Sheriff I/II	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Deputy Sheriff Sergeant	B,F	4	SCREENING
		5	FULL
		7	REFERRING
Deputy Social Services Director	I	4	SCREENING
Eligibility Worker I/II/III	I	4	SCREENING
Employment and Training Worker I/II/III	I	4	SCREENING
Facilities Maintenance Worker Trainee, I/II/III, Technician	H	8	REFERRING
Health Services Assistant I/II	I	4	SCREENING
	J	1	REFERRING
		5	FULL
Juvenile Correctional Aide	B,F	4	SCREENING
		5	FULL

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		7	REFERRING
	I	4	SCREENING
Juvenile Correctional Officer I/II/III, Senior	B,F	4	SCREENING
		5	FULL
		7	REFERRING
	I	4	SCREENING
Kennel Coordinator	G	2	REFERRING
Licensed Vocational Nurse I/II	A	1	REFERRING
		6	FULL
Lieutenant	B,F	4	SCREENING
		5	FULL
		7	REFERRING
POSITION CLASSIFICATION	ELEVATED RISK CATEGORY	ELEVATED RISK ASSIGNMENTS	EXPOSURE DETERMINATION CATEGORY
Mental Health Case Manager Hispanic Outreach I/II	I	4	SCREENING
Mental Health Case Manager I/II	I	4	SCREENING
Mental Health Case Manager Peer Support I/II	I	4	SCREENING
Mental Health Director	I	4	SCREENING
Mental Health Medications Support Specialist I/II	I	4	SCREENING
Mental Health Native American Outreach I/II	I	4	SCREENING
Mental Health Parent Partner I/II	I	4	SCREENING
Mental Health Specialist I Consumer Coordinator	I	4	SCREENING
Mental Health Specialist I/II, Senior	I	4	SCREENING
Mental Health Team Leader I/II	I	4	SCREENING
Nurse Practitioner/Physician's Assistant	A	1	REFERRING
		6	FULL
Office Assistant I/II/III (Animal Care and Control)	G	2	FULL
Office Assistant I/II (Public Health, Mental Health, AODS)	J	4	SCREENING
Office Assistant I/II (Veteran's Services)	J	4	SCREENING
Office Services Supervisor (Public Health, Mental Health)	J	4	SCREENING
Public Health Nurse I/II/III	A	1	REFERRING
		6	FULL
Public Health Nursing Director	A	1	REFERRING
		6	FULL
Public Health Officer	A	1	REFERRING
		6	FULL
Registered Nurse I/II	A	1	REFERRING
		6	FULL
Section 8 Family Self Sufficiency Case Manager	I	4	SCREENING
Sheriff-Coroner	B,F	4	SCREENING

COVID-19 PREVENTION PLAN – ATD EXPOSURE CONTROL PLAN

	C	5	FULL
		7	REFERRING
		5	FULL
Social Services Aide I/II/III	I	4	SCREENING
Social Services Director	I	4	SCREENING
Social Worker CPS I/II/III/IV	I	4	SCREENING
Social Worker I/II/III/IV	I	4	SCREENING
Social Worker IIII CalWorks	I	4	SCREENING
Staff Psychiatrist	I	4	SCREENING
Substance Abuse Counselor I/II/III	I	4	SCREENING
POSITION CLASSIFICATION	ELEVATED RISK CATEGORY	ELEVATED RISK ASSIGNMENTS	EXPOSURE DETERMINATION CATEGORY
Substance Abuse Prevention Coordinator	I	4	SCREENING
Substance Abuse Programs Coordinator	I	4	SCREENING
Undersheriff	B,F	4	SCREENING
		5	FULL
		7	REFERRING
	C	5	FULL
Veteran Services Representative I/II	I	4	SCREENING
Veteran's Services Officer	I	4	SCREENING

APPENDIX E– AEROSOL TRANSMISSIBLE DISEASE VACCINATION RECOMMENDATIONS FOR SUSCEPTIBLE HEALTH CARE WORKERS (Except where medically contraindicated)

Vaccine	Schedule
Influenza	One dose annually
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diphtheria and Acellular Pertussis (Tdap)	One dose, booster as recommended
Varicella	Two doses
Rabies, Tdap (Animal Care & Control Staff Only)	Three doses
Initial and annual screening for Tuberculosis	Annual Tuberculin Skin Test or Symptom Questionnaire as indicated.

Source: California Department of Public Health, Immunization Branch Immunity should be determined in consultation with *Epidemiology and Prevention of Vaccine Preventable Diseases*.

APPENDIX F– RECOMMENDED ADULT IMMUNIZATION SCHEDULE – United States, 2011

QuickGuide

FIGURE 1. Recommended adult immunization schedule, by vaccine and age group — United States, 2011

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Influenza ^{1,*}		1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years				
Varicella ^{3,*}		2 doses				
Human papillomavirus (HPV) ^{4,*}		3 doses (females)				
Zoster ⁵					1 dose	
Measles, mumps, rubella (MMR) ^{6,*}		1 or 2 doses			1 dose	
Pneumococcal (polysaccharide) ^{7,a}		1 or 2 doses				1 dose
Meningococcal ^{9,a}		1 or more doses				
Hepatitis A ^{10,*}		2 doses				
Hepatitis B ^{11,*}		3 doses				

* Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

No recommendation

FIGURE 2. Vaccines that might be indicated for adults, based on medical and other indications — United States, 2011

VACCINE ▼	INDICATION ►	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{13,14}	HIV Infection ^{3,8,12,13} CD4 ⁺ T lymphocyte count	Diabetes, heart disease, chronic lung disease, chronic liver disease, alcoholism	Asplenia ¹² (including elective splenectomy) and persistent complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
Influenza ^{1,*}				<200 cells/μL	≥200 cells/μL				1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Td							Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years
Varicella ^{3,*}			Contraindicated						2 doses
Human papillomavirus (HPV) ^{4,*}									3 doses through age 26 years
Zoster ⁵			Contraindicated						1 dose
Measles, mumps, rubella ^{6,*}			Contraindicated						1 or 2 doses
Pneumococcal (polysaccharide) ^{7,a}									1 or 2 doses
Meningococcal ^{9,a}									1 or more doses
Hepatitis A ^{10,*}									2 doses
Hepatitis B ^{11,*}									3 doses

* Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

NOTE: The above recommendations must be read along with the footnotes

QuickGuide

1. Influenza vaccination

Annual vaccination against influenza is recommended for all persons aged 6 months and older, including all adults. Healthy, nonpregnant adults aged less than 50 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (FluMist), or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults aged 65 years and older can receive the standard influenza vaccine or the high-dose (Fluzone) influenza vaccine. Additional information about influenza vaccination is available at <http://www.cdc.gov/vaccines/vpd-vac/tw/default.htm>.

2. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Administer a one-time dose of Tdap to adults aged less than 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters, and as soon as feasible to all 1) postpartum women, 2) close contacts of infants younger than age 12 months (e.g., grandparents and child-care providers), and 3) health-care personnel with direct patient contact. Adults aged 65 years and older who have not previously received Tdap and who have close contact with an infant aged less than 12 months also should be vaccinated. Other adults aged 65 years and older may receive Tdap. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-containing vaccine.

Adults with uncertain or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series. For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. If incompletely vaccinated (i.e., less than 3 doses), administer remaining doses. Substitute a one-time dose of Tdap for one of the doses of Td, either in the primary series or for the routine booster, whichever comes first.

If a woman is pregnant and received the most recent Td vaccination 10 or more years previously, administer Td during the second or third trimester. If the woman received the most recent Td vaccination less than 10 years previously, administer Tdap during the immediate postpartum period. At the clinician's discretion, Td may be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap may be administered instead of Td to a pregnant woman after an informed discussion with the woman.

The ACIP statement for recommendations for administering Td as prophylaxis in wound management is available at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

3. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or a second dose if they have received only 1 dose, unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of persons with immunocompromising conditions) or 2) are at high risk for exposure or transmission (e.g., teachers; child-care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for health-care personnel and pregnant women, birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or having an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on diagnosis or verification of herpes zoster by a health-care provider; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.

4. Human papillomavirus (HPV) vaccination

HPV vaccination with either quadrivalent (HPV4) vaccine or bivalent vaccine (HPV2) is recommended for females at age 11 or 12 years and catch-up vaccination for females aged 13 through 26 years.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated consistent with age-based recommendations. Sexually active females who have not been infected with any of the four HPV vaccine types (types 6, 11, 16, and 18, all of which HPV4 prevents) or any of the two HPV vaccine types (types 16 and 18, both of which HPV2 prevents) receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types. HPV4 or HPV2 can be administered to persons with a history of genital warts, abnormal Papanicolaou test, or positive HPV DNA test, because these conditions are not evidence of previous infection with all vaccine HPV types.

HPV4 may be administered to males aged 9 through 26 years to reduce their likelihood of genital warts. HPV4 would be most effective when administered before exposure to HPV through sexual contact.

A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1–2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for persons with the medical indications described in Figure 2, "Vaccines that might be indicated for adults based on medical and other indications," it may be administered to these persons because the HPV vaccine is not a live-virus vaccine. However, the immune response and vaccine efficacy might be less for persons with the medical indications described in Figure 2 than in persons who do not have the medical indications described or who are immunocompetent.

5. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults aged 60 years and older regardless of whether they report a previous episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication.

6. Measles, mumps, rubella (MMR) vaccination

Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, laboratory evidence of immunity to each of the three diseases, or documentation of provider-diagnosed measles or mumps disease. For rubella, documentation of provider-diagnosed disease is not considered acceptable evidence of immunity.

Measles component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally. Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.

Mumps component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally. Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a health-care facility) should be revaccinated with 2 doses of MMR vaccine.

Rubella component: For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

Health-care personnel born before 1957: For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should 1) consider routinely vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval (for measles and mumps) and 1 dose of MMR vaccine (for rubella), and 2) recommend 2 doses of MMR vaccine at the appropriate interval during an outbreak of measles or mumps, and 1 dose during an outbreak of rubella. Complete information about evidence of immunity is available at <http://www.cdc.gov/vaccines/recs/provisional/default.htm>.

7. Pneumococcal polysaccharide (PPSV) vaccination

Vaccinate all persons with the following indications:

Medical: Chronic lung disease (including asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases; cirrhosis; chronic alcoholism; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy) [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]; immunocompromising conditions (including chronic renal failure or nephrotic syndrome); and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.

Other: Residents of nursing homes or long-term care facilities and persons who smoke cigarettes. Routine use of PPSV is not recommended for American Indians/Alaska Natives or persons aged less than 65 years unless they have underlying medical conditions that are PPSV indications. However, public health authorities may consider recommending PPSV for American Indians/Alaska Natives and persons aged 50 through 64 years who are living in areas where the risk for invasive pneumococcal disease is increased.

8. Revaccination with PPSV

One-time revaccination after 5 years is recommended for persons aged 19 through 64 years with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); and for persons with immunocompromising conditions. For persons aged 65 years and older, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were aged less than 65 years at the time of primary vaccination.

9. Meningococcal vaccination

Meningococcal vaccine should be administered to persons with the following indications:

Medical: A 2-dose series of meningococcal conjugate vaccine is recommended for adults with anatomic or functional asplenia, or persistent complement component deficiencies. Adults with HIV infection who are vaccinated should also receive a routine 2-dose series. The 2 doses should be administered at 0 and 2 months.

Other: A single dose of meningococcal vaccine is recommended for unvaccinated first-year college students living in dormitories; microbiologists routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa during the dry season [December through June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

QuickGuide

Meningococcal conjugate vaccine, quadrivalent (MCV4) is preferred for adults with any of the preceding indications who are aged 55 years and younger; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults aged 56 years and older. Revaccination with MCV4 every 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia, or persistent complement component deficiencies).

10. Hepatitis A vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis A virus (HAV) infection:

Behavioral: Men who have sex with men and persons who use injection drugs.

Occupational: Persons working with HAV-infected primates or with HAV in a research laboratory setting.

Medical: Persons with chronic liver disease and persons who receive clotting factor concentrates.

Other: Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at <http://www.cdc.gov/travel/content/diseases.aspx>).

Unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity should be vaccinated. The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix), or 0 and 6–18 months (Vaqta). If the combined hepatitis A and hepatitis B vaccine (Twincix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21–30, followed by a booster dose at month 12.

11. Hepatitis B vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:

Behavioral: Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection-drug users; and men who have sex with men.

Occupational: Health-care personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids.

Medical: Persons with end-stage renal disease, including patients receiving hemodialysis; persons with HIV infection; and persons with chronic liver disease.

Other: Household contacts and sex partners of persons with chronic HBV infection; clients and staff members of institutions for persons with developmental disabilities; and international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at <http://www.cdc.gov/travel/content/diseases.aspx>).

Hepatitis B vaccination is recommended for all adults in the following settings: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health-care settings targeting services to injection drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential day-care facilities for persons with developmental disabilities.

Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twincix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose Twincix schedule, administered on days 0, 7, and 21 to 30, followed by a booster dose at month 12 may be used.

Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (Recombivax HB) administered on a 3-dose schedule or 2 doses of 20 µg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

1 dose of Hib vaccine should be considered for persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy, if they have not previously received Hib vaccine.

13. Immunocompromising conditions

Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, influenza [inactivated influenza vaccine]) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2011. For all vaccines being recommended on the adult immunization schedule, a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/pubs/acip-list.htm>).

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and Instructions on filing a VAERS report are available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at <http://www.hrsa.gov/vaccinecompensation> or by telephone, 800-338-2382. Information about filing a claim for vaccine injury is available through the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination also is available at <http://www.cdc.gov/vaccines> or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services • Centers for Disease Control and Prevention

Appendix G

**COUNTY OF LAKE DEPARTMENT?
HEALTH CARE PROFESSIONAL'S WRITTEN OPINION
FOR EXPOSURE TO AN AEROSOLIZED TRANSMISSIBLE DISEASE**

I performed a medical evaluation on: DATE: _____

On: EMPLOYEE'S NAME _____

for an exposure to an AID that occurred on DATE _____

The employee has been informed of the results of the post-exposure medical evaluation.

The employee has been informed of any medical condition resulting from the exposure which requires further evaluation or treatment.

Vaccination: ☐ Vaccine is recommended. ☐ Vaccine is not recommended.

Prophylaxis: ☐ Prophylaxis is recommended. ☐ Prophylaxis is not recommended.

Precautionary Removal: ☐ Precautionary Removal is recommended.

☐ Precautionary Removal is not recommended.

Additional Comments:

As required under the Aerosolized Transmissible Disease Standard, all other findings or diagnoses shall remain confidential and shall not be included in this report.

Signature of Health Care Provider _____

Printed or typed Name of Health Care Provider: _____

Health Care Facility: Address: _____

Telephone Number: _____

This form is to be returned to the employer at the location designated below and a copy provided to the employee within 15 days. The label outside of the envelope should be marked "Confidential – To be opened by Addressee Only."

Employer Name County of Lake
Attention: ¹² WHO?
TITLE?
Address: 255 N. Forbes Street
Lakeport, CA 95453
Phone: NUMBER?

This form is necessary for implementation of the County of Lake ATD Exposure Control Plan required by California Labor Code, Section 6401.7 and may be made available upon request to the Chief of the Division of Occupational Health and Safety, State of California, and to the National Institute of Safety and Health in accordance with Title 8, CCR-GISO Section 3204. An employee's records will be made available upon request to the employee or his/her designated representative, in accordance with Section 3204.

¹² Should this be a contact at Risk Management?

Appendix H

COUNTY OF LAKE DEPARTMENT?
255 N. FORBES STREET
LAKEPORT, CA 94553
PHONE: (707) ?

REQUEST FOR POST-EXPOSURE MEDICAL EVALUATION

DATE: _____

Dear Health Care Provider:

Re: Request for Post-Exposure Medical Evaluation

Employee Name: _____

Job Classification: _____

Exposed to: _____ Date and Time of Exposure: _____

As a result of an occupational exposure, the above employee has consented to participate in a medical evaluation.

The following information is provided to assist you in conducting your medical evaluation.

- ☐ The Accident, Injury, and Illness Form IIPP-5¹³, which includes the circumstances of the exposure and a description of the employee's job duties related to the incident.
- ☐ Title 8, California Code of Regulations, Section 5199, Aerosolized Transmissible Disease Standard (ATD)
- ☐ County of Lake's Guidelines for ATD Post-Exposure Evaluation and Follow-up
- ☐ Health records relevant to treatment, including employee's vaccination status and other information relative to the employee's ability to receive vaccination. (Page 2)
- ☐ Results of the source individual's blood test if available. (Page 2)

Please complete the enclosed Health Care Professional's Written Opinion for Post-Exposure Evaluation and Vaccination and return it to me in the enclosed envelope.

Please contact me if you have any questions.

Thank you for your assistance.

WHO/TITLE

County of Lake
 255 N. Forbes Street
 Lakeport, CA 95453
 Phone: (707) ?

(To Be Completed by TITLE)

¹³ Update with the correct reference for County of Lake

Employee Name _____

Additional Information for Health Care Provider: _____

Tdap Vaccination Status of Exposed Employee:

- ☐ Completed Year: _____
☐ Not Immunized
☐ Unknown

MMR Vaccination Status of Exposed Employee:

- ☐ Completed Year: _____
☐ Not Immunized
☐ Unknown

Varicella Vaccination Status of Exposed Employee:

- ☐ Completed Year: _____
☐ Not Immunized
☐ Unknown

Tuberculosis Vaccination Status of Exposed Employee:

- ☐ Completed Year: _____
☐ Not Immunized
☐ Unknown

Seasonal Influenza Vaccination Status of Exposed Employee:

- ☐ Completed Year: _____
☐ Not Immunized
☐ Unknown

H1N1 Vaccination Status of Exposed Employee:

- ☐ Completed Year: _____
☐ Not Immunized
☐ Unknown

Exposed Employee has been fit tested

- ☐ Completed Year: _____
☐ Unknown

Source Individual's ATD Status

- ☐ Is known Positive for an Aerosolized Transmissible Disease (ATD)
☐ Has been tested and is negative for an Aerosolized Transmissible Disease (ATD)
☐ Has been tested but results are not available.
☐ Status is Unknown
☐ The employee has been advised of the Source Individual's ATD Status and has been informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Appendix I



INFLUENZA (FLU)

FACT SHEET

Respiratory Hygiene/Cough Etiquette in Healthcare Settings

To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

1. Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette.

- *Notice to Patients to Report Flu Symptoms*
(www.cdc.gov/ncidod/dhqp/pdf/Infdis/RespiratoryPoster.pdf)
Emphasizes covering coughs and sneezes and the cleaning of hands
- *Cover Your Cough*
(www.cdc.gov/flu/protect/covercough.htm)
Tips to prevent the spread of germs from coughing
- *Information about Personal Protective Equipment*
(www.cdc.gov/ncidod/dhqp/ppe.html)
Demonstrates the sequences for donning and removing personal protective equipment

2. Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

3. Masking and Separation of Persons with Respiratory Symptoms

Respiratory Hygiene/Cough Etiquette in Healthcare Settings
(continued from previous page)

During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round.

4. Droplet Precautions

Advise healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions www.cdc.gov/ncidod/dhqp/qi_isolation.html.

NOTE: These recommendations are based on the Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC), CDC

For more information, visit www.cdc.gov/flu, or call the National Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (español), or 888-232-6358 (TTY).