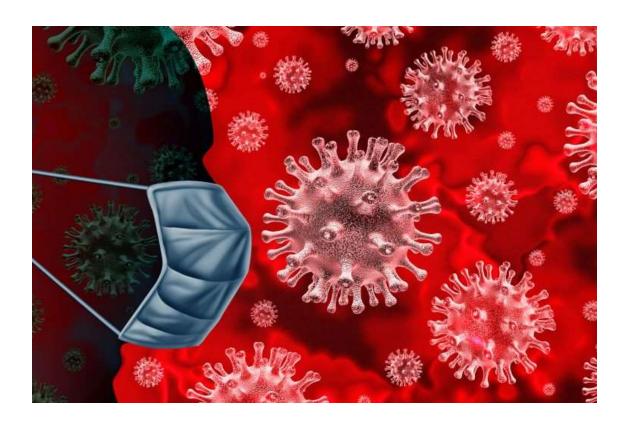
# COUNTY OF TRINITY



# **COVID-19 PREVENTION ADDENDUM**



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It is the policy of the County of Trinity, hereinafter referred to as 'the County' or 'County' to protect the safety of our staff and to comply with California Labor Code 6400 which requires that every employer must furnish employment and a place of employment that is safe and healthful for the employees therein.

# I. **DEFINITONS**

**Antigen Test** - means a test that detects proteins on the surface of the coronavirus. They are sometimes referred to as rapid diagnostic tests because it can take less than an hour to get the test results.

Close Contact – means being within six (6) feet of a COVID-19 case for a cumulative total of 15 minutes or greater on any 24-hour period within or overlapping with the "infectious period" defined by this section regardless of the use of face coverings, unless close contact is defined by regulation or order of the CDPH. If so, the CDPH definition shall apply.

EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six (6) feet of the COVID-19 case during the infectious period.

**COVID-19** – means the disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)

#### **COVID-19 case** – means:

- A. Has a positive COVID-19 test; or
- B. Has a positive COVID-19 diagnosis from a licensed health care provider; or
- C. Is subject to a COVID-19 related order to isolate issued by a local or state health official or;
- D. Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of the county.

**COVID-19 hazard** — means potentially infectious material that may contain SARS-CoV2, 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 or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.

#### **COVID-19 test** – means:

- A. Cleared, approved, or authorized, including in Emergency Use Authorization (EUA), by the United States Food and drug Administration (FDA) to detect current infection with the SARS-CoV2 virus (e.g., a viral test);
- B. Administered in accordance with the authorized instructions; and
- C. To meet the return-to-work criteria a COVID-19 test may be both self-administered and self-read only if another means of independent verification of the results can be provided (e.g., a time stamped photograph of the results)

**Exposed Group** – means all employees at a work location, working area, or a common area at work, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and

waiting areas. The following **exceptions** apply:

- A. For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.
- B. If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within the distinct group are part of the exposed group.
- C. If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group. NOTE: An exposed group may include the employees of more than one employer.

**Face Covering** – means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two (2) layers that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or folded to make two layers.

A face covering is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering **does not** include a scarf, a ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that, otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

**Infectious Period** – means the following time period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply

- A. For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared, 24 hours have passed with no fever, without the use of fever reducing medications, and symptoms have improved;
- B. For COVID-19 cases 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.

**Respirator** – means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as a N95 filtering facepiece respirator.

**Returned Case** – means a COVID-19 case who returned to work and did not develop any COVID-19 symptoms after returning. A person shall only be considered a return case for 90 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 90 days after the first positive test. If a period other than 90 days is required by a CDPH regulation or order, that period shall apply.

**Worksite** –means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It **does not** apply to building, floors, or other locations of the employer that a COVID-19 case did not enter, locations where the worker worked

by themselves without exposure or to other employees, or to a worker's personal residence or alternative work location chosen by the worker when working remotely.

# II. APPLICABILITY

This policy applies to all County employees, volunteers, contractors, and interns that may be exposed to the coronavirus as a result of the performance of their duties at the assigned work location(s). Contained herein are general best practices for exposure prevention.

This addendum is required to be integrated into the County's Injury and Illness Prevention Program (IIPP) per section 3203. This Addendum shall remain applicable during the current COVID-19 Public Health Emergency. The protocols outlined in this document will be modified based on the ongoing and updated guidance from the Centers for Disease Control and Prevention (CDC), state and local public health agencies, and County operations.

This Addendum applies to all employees and any County of Trinity work locations, with the following exceptions:

- A. Work location with one employee who does not have contact with other employees or the public.
- B. Employees working remotely or from a location of the employer's choice, which is not under control of the employer.
- C. Employees with occupational exposure as defined by section 5199, when covered by that section.

# III. BACKGROUND

On February 11, 2020 the World Health Organization (WHO) announced an official name for the disease caused by the novel coronavirus SARS-CoV-2. The name of the new disease is coronavirus disease 2019, abbreviated as COVID-19.

There are many types of human coronaviruses including some that commonly cause mild upperrespiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness. Symptoms may appear two to fourteen days after exposure to the virus. People with the below symptoms could have COVID-19:

- Fever of 100.4 degrees Fahrenheit or higher 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
- Diarrhea

It is important to note that laboratory testing is necessary to confirm an infection.

## IV. COVID-19 TRANSMISSION

The virus that causes COVID-19 is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs or sneezes. These droplets can enter the respiratory tract (mouth, nose, and lungs) of people who are nearby and cause infection. The virus is more likely to spread when people are in close contact with one another (i.e., within six feet) while not wearing face coverings.

Although it is not considered to be the primary way the virus spreads, transmission may be possible by touching a surface or object that has the virus on it and then touching one's own mouth, nose, or eyes.

## V. <u>COVID-19 INFECTION PREVENTION MEASURES</u>

The County has established infection prevention measures to control or eliminate COVID-19 related hazards in the workplace. Anytime the Center for Disease Control, California Department of Public Health, or California Occupational Safety and Health Standards Board issue regulations or guidelines more restrictive than the measures listed below, it is required that the more restrictive measures be implemented in the workplace. The County, to the extent possible, will implement the following guidelines to mitigate exposure to COVID-19:

- 1. Require all employees to use the County's self-screening form (Attachment A) at home prior to reporting to the work location.
- 2. Instruct employees to stay home when feeling sick.
- 3. Employees who become symptomatic of COVID-19 while at the work location will be asked to leave the workplace and encouraged to seek testing for COVID-19.
- 4. Employees with medical conditions that put them at an increased risk of COVID-19 shall be encouraged to contact their supervisor to initiate the Interactive Accommodation Process.

- 5. Strongly Recommend, but not required, that all employees regardless of vaccination status use face coverings per the current CDPH's "Guidance for the Use of Face Masks dated February 28, 2022." while indoors.
- 6. The department shall supply and make available a face covering to all employees who have reported to the work location.
- 7. The Department shall provide a respirator for voluntary use to employees upon request.
- 8. Employees will have access to appropriate hygiene products, such as hand sanitizer and soap, in the workplace.
- 9. The County will place signs and/or instructions in common areas (e.g., reception area, break rooms, public common areas, etc.) to communicate COVID-19 infection prevention information to all employees and the general public entering the work location and County Facilities.
- 10. The County will regularly evaluate the workplace for compliance with this addendum.

# VI. EMPLOYEE RESPONSIBILITIES

- 1. During the COVID-19 public health emergency, County employees have a collective responsibility to ensure the protection of all people in the workplace, and to comply with County policies and the latest local public health guidelines to mitigate the impacts of COVID-19 to themselves and anyone visiting the worksite.
- 2. Employees must self-assess their health daily to verify if they have any COVID-19 symptoms or have been exposed to anyone with a COVID-19 positive diagnosis.
- 3. Employees must stay home if they are sick, follow CDPH guidelines, and contact their supervisor to report COVID-19 symptoms.
- 4. A copy of the County's COVID-19 Self-Screening form shall be given to all existing employees and all new employees upon hire. (Attachment A)
- 5. The COVID-19 Screening Form must be kept confidential and turned into your supervisor bi-weekly. Departments must turn these forms into Human Resources monthly.
- 6. A doctor's note shall be provided to your Supervisor and Human Resources prior to returning to work if you have been out ill for more than 5 days.
- 7. Employees who are out ill with fever of 100.4° Fahrenheit or higher, cough, shortness of breath, or other acute respiratory symptoms that affect normal breathing who have tested negative for the COVID-19 virus, are encouraged to consult with their physician before physically returning to work.
- 8. Employees who return to work following an illness must promptly report any recurrence of symptoms to their supervisor
- 9. Employees are Strongly Recommend, but not required, regardless of vaccination status to use face coverings per the current CDPH's "Guidance for the Use of Face Masks dated February 28, 2022." while indoors.

## VII. MASKING

All employees, regardless of vaccination status are strongly recommended, but not required to wear a face mask, unless they fall under the "high-risk" definition outlined by the CDPH/CDC guidelines.

The following individuals are exempt from wearing masks at all times:

- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

The COVID-19 pandemic has and continues to be a deeply personal experience. Discrimination or harassment of those who choose to wear a face covering is strictly prohibited.

# VIII. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment (PPE) shall be used to minimize risk of exposure to COVID-19. The type of PPE used will vary based on the level of precautions required by the employee's job tasks and risk of infection. The Department Head or designee is responsible for:

- 1. Determining PPE required for department staff.
- 2. Providing department staff with all required PPE.
- 3. Ensuring staff are provided training on how to effectively use the required PPE, including the sequence for donning and removing PPE.

Upon request, the department shall provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees.

# IX. RESPONDING TO WORKPLACE COVID-19 CASES

The County will follow the CDPH Isolation and Quarantine Guidance listed below, for returning employees to work. Note that some variation may occur depending on our local public health department and unique circumstances. Human Resources should be contacted with any questions regarding returning employees to work.

| All Employees                                     | Minimum   | Criteria for Returning to Work   |
|---|-----------|--|
| Positive Infection of COVID-19                    | 1.        | Employees must be excluded from the  |
| Employee who has tested positive for COVID-19     |           | workplace for at least 5 days after start of   |
|   |           | symptoms or after date of first positive   |
| *Applicability: All Employees regardless of       |           | test if no symptoms.   |
| vaccination status, previous infection or lack of | 2.        | Isolation can end and employees may  |
| symptoms.   |           | return to the workplace after day 5 if   |
|   |           | symptoms are not present or are resolving  |
|   |           | and a diagnostic specimen* collected on  |
| *Antigen test preferred                           |           | day 5 or later tests negative.   |
|   | 3.        | If an employee's test on day 5 (or later) is   |
|   |           | positive, isolation can end and the  |
|   |           | employee may return to the workplace   |
|   |           | after day 10 if they are fever-free for 24   |
|   |           | hours without the use of fever reducing  |
|   |           | medications.   |
|   | 4.        | If an employee is unable to test or  |
|   |           | choosing not to test, isolation can end and  |
|   |           | the employee may return to the   |
|   |           | workplace after day 10 if they are fever-  |
|   |           | free for 24 hours without the use of fever   |
|   | _         | reducing medications.  |
|   | 5.        | If an employee has a fever, isolation must   |
|   |           | continue and the employee may not<br>return to work until 24 hours after the   |
|   |           | fever resolves without the use of fever  |
|   |           | reducing medications. If an employee's   |
|   |           | symptoms other than fever are not  |
|   |           | resolving, they may not return to work   |
|   |           | until their symptoms are resolving or  |
|   |           | until after day 10.  |
| Symptomatic Negative                              |           | and the same of th |
| Employees who had symptoms of COVID-19 but test   | Use the s | same criteria as Positive Infection for  |
| result returned negative                          |           | as listed above.   |
| -   |           |  |
| *Applicability: All employees regardless of       |           |  |
| vaccination status                                |           |  |
| Symptomatic Untested                              | Use the s | same criteria as Positive Infection for  |
| Employees who had symptoms of COVID-19 but        | COVID-19  | 9 as listed above.   |
| were not tested                                   |           |  |
|   |           |  |
| *Applicability: All employees regardless of       |           |  |
| vaccination status                                |           |  |
|   |           |  |
|   |           |  |

#### **Close Contacts** Asymptomatic Employees 1. Asymptomatic employees are recommended Exposure to another individual with COVID-19 to test within 3-5 days after their last contact (Except for High-Risk Settings) with the infected individual. 2. Employees must stay home for at least 5 days \*Applicability: Allafter your last contact with a person who has employees, regardless if vaccination status. COVID-19. Employees are recommended to test on Day 5. 3. Quarantine can end after day 5 if symptoms Refer to CDC COVID-19 Booster Shots link above are not present and a diagnostic specimen to determine who is booster eligible. collected on day 5 or later tests negative. 4. If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10. 5. If testing positive, follow isolation recommendations above. 6. Employees infected within the prior 90 days do not need to be tested unless symptoms develop. 7. If the employee tests negative and returns to work earlier than 10 days after the close contact, the employee must wear a face covering around others for 10 days following the close contact. Symptomatic Employee Symptomatic Employees must be excluded **Exposure to another individual with COVID-19** from the workplace and are recommended to test within 3-5 days after their last contact All\*Applicability: employees, regardless with the infected individual. If employee is vaccination status unable to test or choosing not to test, exclusion from the workplace must continue for 10 days. If the employee tests negative and returns to work earlier than 10 days after the close contact, the employee must wear a face covering around others for 10 days following the close contact. • CDPH recommends continuing exclusion from and retesting in 1-2 days if test is negative with an antigen test, particularly if you tested within the first 1-2 days of symptoms. For Symptomatic Employees who have

tested positive within the previous 90 days,

using an antigen test is preferred.

# **Close Contact – Specified High Risk Settings**

# Applicability:

For Employees who are not fully vaccinated, OR not infected with SARS-CoV-2 within the prior 90 days.

AND who work in the following settings in which transmission risk is high and populations served are at a risk of more serious COVID-19 disease consequences including hospitalization, sever illness and death:

- Emergency Shelters
- Cooling and Heating Centers
- Long Term Care Settings & Adult and Senior Care Facilities
- Local Correctional Facilities and Detention Centers
- Health care settings

- 1. Exposed Employees must be excluded from work for at least 5 days after the last known contact.
- 2. Exclusion can end and exposed employees may return to the workplace after day 5 if symptoms are not present and a diagnostic specimen (lab test) collected on day 5 or later tests negative.
- 3. If an employee is unable to test or choosing not to test, and symptoms are not present, work exclusion can end and the employee may return to workplace after day 10.
- 4. Employees in these settings must wear a face covering while indoors and around others in accordance with the CDPH universal masking guidance.
- 5. If employees develop symptoms after returning to the workplace, they must be excluded from the workplace and are recommended to test as soon as possible. If employees test positive, they must follow the isolation requirements for Positive Infection of COVID-19 above.

If an employee tests positive for COVID-19, the County will immediately initiate a workplace exposure investigation and inform employees of their possible exposure to COVID-19 in the workplace, but maintain confidentiality as required by the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA). The investigation shall include in-house workplace exposure investigation to determine and mitigate any work-related factors that may have contributed to the risk of infection. The Human Resources Department will notify employees who may have been exposed to COVID-19 of the potential exposure within one business day.

# X. TESTING

COVID-19 testing shall be made available at no cost, during paid time to any employee in an exposed group during employees paid time, except:

1. Employees who were not present at the workplace during the relevant exposure period.

- 2. For COVID-19 cases who did not develop symptoms after returning to work pursuant to Section X. Responding to Workplace COVID-19 cases, minimum criteria for returning to work for Employees with a Positive infection for COVID-19.
- 3. Returned cases (refer to definitions)

All confidential medical information will be preserved and protected pursuant to the Confidentiality of Medical Information Act ("CMIA").

### XI. COMMUNICATION

Communication between employees and the County on matters relating to COVID-19 mitigation and response is an important aspect to ensure employee safety while in the workplace. Therefore, the County has established a communication system through the Human Resources Department that is intended to:

- 1. Provide a single point of contact for the Department Heads or designee and all supervisory staff; and
- 2. Comply with California's Assembly Bill 685 and Cal/OSHA's revised Emergency Temporary Standards notice and reporting obligations for COVID-19 workplace exposure.

All County employees are required to report to their Department Head or designee any COVID-19 symptoms, potential exposure to COVID-19, concerns regarding COVID-19 mitigation practices, or possible COVID-19 hazards in the workplace.

The Department Head or designee shall report any positive exposure to the Human Resources Department within one (1) business day by filling out the SB1159 Reporting Form (Attachment B). Human Resources personnel will triage the report and notify essential personnel for an appropriate response.

#### XII. TRAINING

The County will provide employees training on this COVID-19 Addendum, and training and instruction on the following subjects:

- 1. The general description of COVID-19 and the symptoms associated with COVID-19;
- 2. The County's COVID-19 prevention policies and procedures to protect employees from COVID19 hazards, and how to participate in the identification and evaluation of COVID19 hazards
- COVID-19 related benefits, including leave rights, that may be available to employees.
   This information is available on Human Resources webpage under the heading COVID-19 Resources:
- 4. Information about the transmission of the virus that causes COVID-19; and

- 5. Information about effective prevention measures, including recommendations for the use of face coverings, and information about hand washing and general hygiene.
- 6. The county's policy for providing respirators to all employees for voluntary use.

# XIII. REPORTING, RECORDKEEPING AND ACCESS

## **REPORTING**

- 1. The Department Head shall report information about COVID-19 cases and outbreaks at the workplace to the local health department whenever required by law, and shall provide any related information requested by the local health department
- 2. The Department Head or designee shall report information about COVID-19 cases and outbreaks at the workplace to Risk Management, so that a workplace exposure investigation may be conducted to identify potential exposure at the work location.

# **RECORDKEEPING**

The County's Human Resources Department will keep all records related to COVID-19 cases in the workplace, including exposure reports, investigative reports, and notices as listed below:

- 1. Records of workplace exposure investigations related to COVID-19 that were reported to the local health department;
- 2. Records of disabling work-related COVID-19 illnesses reported to Cal/OSHA;
- 3. Records of employee notice and training on this Addendum;
- 4. Records of all COVID-19 cases in the workplace; and
- 5. Records of COVID-19 work-related exposure notices.
- 6. Records of Face Covering Exemption forms prior to March 1, 2022.

## **ACCESS**

1. The COVID-19 Addendum shall be available at the workplace to employees and authorized employee representatives immediately upon request. It is also available on Human Resources webpage.

# ATTACHMENT A COVID-19 EMPLOYEE DAILY SCREENING FORM

| Emple                  | oyee Name:   |  |
|------------------------|--|--|
| Two-v                  | week period:   |  |
| Each e                 | employee must answer the following questions each morning prior to coming into the office:   |  |
| 1.                     | Have you been in close contact or staying in the same household as someone with a known or suspected case of coronavirus (COVID-19)? YES NO  |  |
| 2.                     | Are you ill today? YES NO  |  |
| <ol> <li>4.</li> </ol> | <ul> <li>3. Do you have any of the following symptoms? YES NO Fever of 100.4 or higher or chills</li> <li>Cough</li> <li>Shortness of breath or difficulty breathing</li> <li>Fatigue</li> <li>Muscle or body aches</li> <li>Headache</li> <li>New loss of taste or smell</li> <li>Sore throat</li> <li>Congestion or runny nose</li> <li>Nausea or vomiting</li> <li>Diarrhea</li> <li>4. Have you been in prolonged close contact or staying in the same household as someone with any of the above symptoms?</li> </ul> |  |
| 5.                     | YES NO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   |  |
| Date:                  | Symptoms:  No Yes: Initials:   |  |
|                        | Symptoms:   No  Yes:  Initials:  |  |
| Date:                  | Symptoms:   No  Yes:  Initials:  |  |
| Date:                  | Symptoms:   No  Yes:  Initials:  |  |
| Date:                  | Symptoms:   No  Yes:  Initials:  |  |
| Date:                  | Symptoms:   No  Yes:  Initials:  |  |
| Date:                  | Symptoms:   No  Yes:   Initials:   |  |
| Date:                  | Symptoms:   No  Yes:   Initials:   |  |
| Date:                  | Symptoms:   No  Yes:  Initials:  |  |
| Date:                  |  |  |

1. 2. 3. 4. 5. 6. 7. 8. 9.

#### ATTACHMENT B

# **SB1159 REPORTING FORM**



# **Trinity County**

#### California SB 1159 COVID-19 Positive Exposure Reporting Form

Important Notice: On 9/17/2020 California enacted SB-1159 which imposes certain reporting requirements on California employers. Effective immediately, employers are required to report positive COVID-19 tests of their employees to their workers' compensation claim administrator.

Information for SB 1159 can be found at

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill id=201920200SB1159

#### Note:

- If you have an employee who has tested positive for COVID-19, you must complete this form and return to Human Resources on the same day of knowledge.
- If you have more than one employee who has tested positive for COVID-19, you must complete a separate form for each employee and return to Human Resources on the same day of knowledge.
- If the employee is not claiming the exposure is work related (industrial), do not include any personally identifiable information (e.g. name, SSN, etc.)
- If the employee is claiming the exposure is work related or has filed a Division of Workers' Compensation (DWC-1), you will need to report the Workers' Compensation claim and turn in the DWC-1 form to Human Resources, following normal injury procedures, in addition to completing this form on the same day of knowledge.

#### Who is this report for?

• Employees who have tested positive for COVID-19 on or after 9/17/2020

#### Department Name:

#### Department Address:

- 1. Please identify the testing date for the employee who tested positive:
- 2. Please provide the information below for each specific place of employment where the employee worked (meaning the actual address of the building, facility, agricultural field where the employee performed work at employer's direction) in the 14-day period prior to the testing date. This may be a different location than the business address requested in number 1 above.

Location #1 Address:

Location # 2 Address:

IF YES, PLEASE FILL OUT THE FOLLOWING:

| Total employee count for this specific location only  Identify the last day the employee worked at this location.   | Total employee count for this specific location only  Identify the last day the employee worked at this location.   |  |
|---|---|--|
| What is the highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment? | What is the highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment? |  |
| Has this location ever been ordered to close due to a risk of infection with COVID-19?  | Has this location ever been ordered to close due to a risk of infection with COVID-19?  |  |
| If YES, please explain:   | If YES, please explain:   |  |

Add additional pages if employee was at more than two (2) work-site locations.

| Has the employee filed a Woi | rkers' Compensation claim or be | elieves the illness is industrial? |
|------------------------------|---------------------------------|------------------------------------|
|------------------------------|---------------------------------|------------------------------------|

| Employee First Name:   |
|--|
| Employee Last Name:  |
| I hereby certify that I am an authorized representative of the insured named above and the information provi |

I hereby certify that I am an authorized representative of the insured named above and the information provided in this form is accurate and complete to the best of my knowledge.

| First name:   | Last Name:     |
|---------------|----------------|
| Title:        | Email address: |
| Phone Number: | Date:          |

Signature:

YES

NO

# ATTACHMENT C COVID-19 ADDENDUM ACKNOWLEDGEMENT FORM



# TRINITY COUNTY

COUNTY OF TRINITY'S ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF THE COVID-19 ADDENDUM

I acknowledge that I have been given the opportunity to review the revised COVID-19 Addendum as of May 13, 2022. I have read and understand my responsibilities under the program, and I agree to abide by it. I understand that I may be subject to discipline for violating this Addendum, or subject to other appropriate sanctions for failing to fulfill my responsibilities as outlined in this program.

I understand that the Addendum is available for my review at any time on the Trinity County website. If I have trouble accessing the Addendum, I will contact the Human Resources Department.

| Print Name |  |
|------------|--|
|            |  |
| Signature  |  |
| ~          |  |
| Date       |  |