

COUNTY OF TRINITY



COVID-19 PREVENTION ADDENDUM

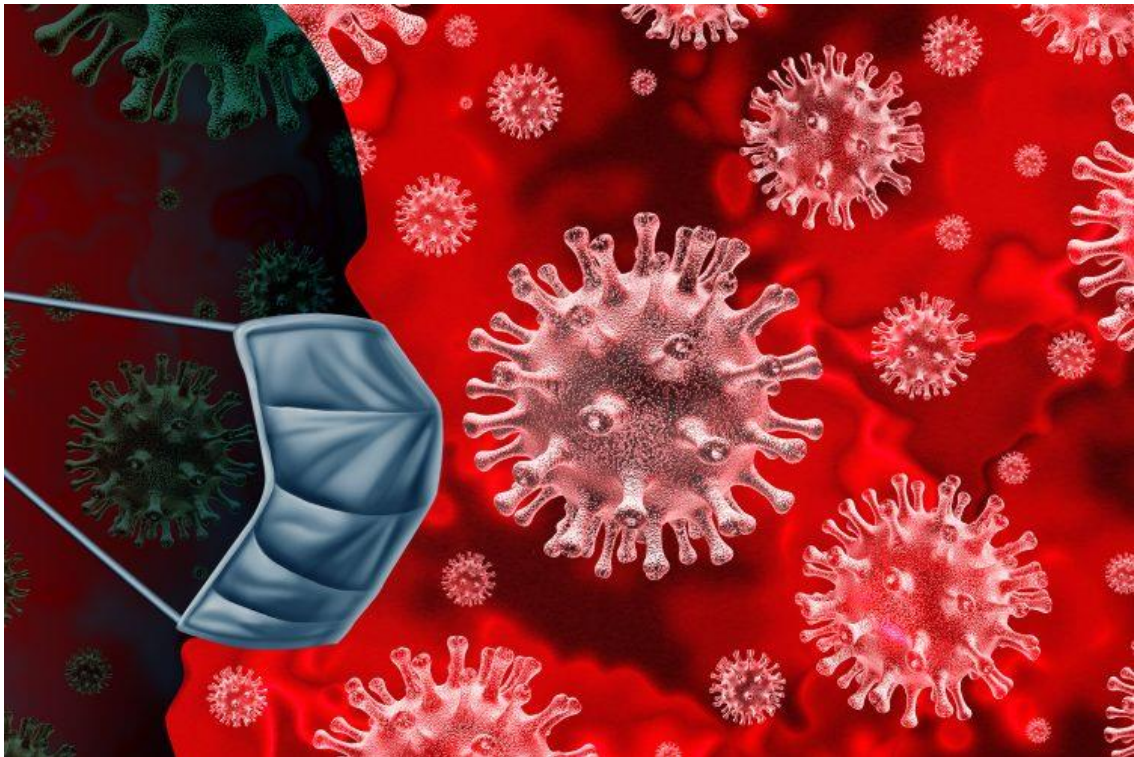


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It is the policy of the County of Trinity, hereinafter referred to as 'the County' or 'County' to protect the safety of our staff and to comply with California Labor Code 6400 which requires that every employer must furnish employment and a place of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

I. DEFINITONS

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 “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings.

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 high-risk exposure period.

COVID-19 – means a coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

COVID-19 case – means A) Has a positive COVID-19 test as defined in this section; 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. This also includes objects or surfaces that may be contaminated with SARS-CoV2.

COVID-19 test – means a viral test that is approved by A) the United States Food and Drug Administration (FDA) or has an Emergency Use Authorization from the FDA to diagnose current infection with the SARS-CoV2; and B) Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.

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 high-risk exposure 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 high-risk exposure 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 tight woven fabric or non-woven material of at least two (2) layers. A face covering has no visible holes or openings and must cover the nose and mouth. A face covering **does not** include a scarf, a ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

Fully Vaccinated - means the employer has documented that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

High Risk Exposure Period – means the following time period:

- 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.

Worksite – for the limited purposes of COVID-19 prevention regulations only, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the high-risk exposure period. It **does not** apply to building, floors, or other locations of the employer that a COVID-19 case did not enter.

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 upper-respiratory 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. COVID-19 INFECTION PREVENTION MEASURES

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 employees to use the County's self-screening form (Attachment A) at home prior to reporting to the work location.
2. Instruct individuals 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. Require non-vaccinated employees to use face coverings per the current Cal Osha Emergency Standards (ETS), and state and local guidelines while indoors.
6. The department shall supply a face covering to all employees who have reported to the work location without a face covering.
7. The Department shall provide a respirator for voluntary use to non-vaccinated 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 face covering requirements for non-vaccinated individuals, and to provide other COVID-19 infection prevention information to the general public entering the work location and buildings.
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 public health agency 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.
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 test positive for the COVID-19 virus must **not** return to work until all of the following occurs:
 - At least 24 hours have passed without a fever (without the use of fever-reducing medications) and no acute respiratory illness symptoms; and
 - At least 10 days have passed since the symptom onset; and
 - Other symptoms have improved.
 - Employees who return to work following an illness must promptly report any recurrence of symptoms to their supervisor.
9. Employees who return to work following an illness must promptly report any recurrence of symptoms to their supervisor
10. Non-Vaccinated Employees shall abide by the following masking requirements while at the work location.

Fully Vaccinated employees shall provide proof of vaccination to be exempt from the masking regulations set forth in this addendum. If an employee refuses to provide proof of vaccination they will be considered non-vaccinated and required to adhere to all masking guidelines set forth in this addendum.

If an employee would like to be exempt from wearing a face covering pursuant to Cal/OSHA's ETS due to being fully vaccinated, they must:

1. Request to have a private meeting with their direct supervisor [alone, out of hearing distance of other employees or over the phone].
2. In that private meeting, inform their supervisor that they request an exemption from wearing a face covering in the workplace.
3. As proof of being fully vaccinated, provide to their supervisor a vaccination card, an image of their vaccination card, or a health care document showing their vaccination status.

[Refer to Attachment D & E, Face Covering Exemption Procedure & Form]

Note If you are fully vaccinated the following masking requirements set forth below are not applicable;

Per the revised Cal/OSHA ETS effective June 17, 2021 masks are required at all times while indoors. Non-vaccinated individuals may be exempt from wearing a mask in the following specific settings:

- Persons in a car alone. Please note the following:

If there are two or more non-vaccinated persons in the same vehicle at any given time, they **MUST** wear a face mask at all times while in the vehicle.

- Persons who are working in an office or in a room alone. Please note the following:

If there are 2 or more non-vaccinated people in an office at a time all non-vaccinated employees **MUST** wear a face mask at all times.

- Persons who are actively eating or drinking provided persons at the work location are able to maintain a distance of at least 6 feet away.
- Persons who are outdoors at the work location and maintain at least 6 feet of social distancing. Such persons are recommended to have a face covering with them at all times and recommended to put it on if they are within 6 feet of others.
- 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.
- Persons who are required to wear respiratory protection.
- Persons who are specifically exempted from wearing face coverings by other Cal Osha guidance.

The following individuals are exempt from wearing face coverings at all times:

- Fully Vaccinated employees after proof of vaccination has been verified.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.

If you relate to any of the above referenced exemptions and you are not fully vaccinated you **MUST** wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge while at the worksite.

- Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

The following attributes are strongly recommended when manufacturing a face shield:

- Extends below the chin

- Extends around to the ears
- No gap between the forehead and the visor (or cover the gap)
- Addition of a cloth drape extending from the bottom edge of the shield and tucked into the shirt or collar, when a respirator, mask, or cloth face covering is not worn.

Employees who are not fully vaccinated and cannot maintain six feet of distance must practice distancing limited to the following:

- Entering, working and exiting physical buildings or other structures at the work location(s).
 - During breaks and lunch periods at the work location
1. Employees shall wash hands with soap and water for at least twenty seconds and/or use hand sanitizer after interacting with people and after contacting shared surfaces or objects.
 2. Employees shall cover coughs and sneezes and avoid touching eyes, nose, and mouth with unwashed hands.
 3. Employees shall follow the process of reporting to General Services/Maintenance Custodial staff if any washing facilities do not have an adequate supply of suitable cleansing agents, water, single-use towels, or blowers.
 4. Employees shall participate in all COVID-19 workplace investigations.

VII. 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 who are not fully vaccinated and who are working indoors or in vehicles with more than one person.

VIII. CLEANING AND DISINFECTION

The County recognizes that high-traffic and high-touch common areas in the workplace need cleaning and disinfecting to limit the spread of the COVID-19 virus.

The County will assign personnel and establish routine schedules to clean and disinfect frequently touched surfaces and objects in the workplace. This includes, but is not limited to, copy machines, containers, counters, tables, desks, chairs, benches, door handles, knobs, drinking fountains,

refrigerators, phones, headsets, steering wheels, equipment, tools, handrails, vending machines, restroom and bathroom surfaces, and trash cans.

The process of disinfecting includes:

1. Providing disinfecting products that are approved for use against the virus that causes COVID-19; and
2. Following the manufacturer’s instructions for all cleaning and disinfection products (e.g., safety requirements, PPE, concentration, contact time.)

Procedures for Cleaning and Disinfecting Following a Confirmed COVID-19 Case:

1. Temporarily close the general area where the infected employee worked until cleaning is completed.
2. If possible, open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait twenty-four hours or as long as practical before cleaning and disinfecting the area.
3. Conduct deep cleaning of the entire general area where the infected employee worked and may have been, including breakrooms, restrooms and travel areas such as hallways, with a cleaning agent approved for use against the coronavirus.
4. Custodial employees cleaning the area must be equipped with the proper PPE for COVID-19 disinfection (disposable gown, gloves, eye protection, or mask, if required).

IX. RESPONDING TO WORKPLACE COVID-19 CASES

Note: You are exempt from the following criteria if one of the below exemptions applies to you:

- A. You have been fully vaccinated prior to having close contact with a COVID-19 case and **do not** have COVID-19 Symptoms.
- B. COVID-19 case who returned to work pursuant to subsection 3205(c)(10)(A) or (B) and have remained free of COVID-19 symptoms, for 90 days after the initial onset of COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, for 90 days after the first positive test.

The County will follow the California Public Health Department strategies, 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.

Employees	Minimum Criteria for Returning to Work
<p><u>Symptomatic Positive</u> Employees with symptoms who are laboratory confirmed to have COVID-19 Infection</p>	<ol style="list-style-type: none"> 1. At least twenty-four hours have passed since resolution of fever without the use of fever-reducing medications; and 2. At least ten days have passed since symptom onset; and

	3. Other symptoms have improved.
<p>Vaccinated & Non-Vaccinated <u><i>Asymptomatic Positive</i></u> Employees who never had symptoms and are laboratory-confirmed to have COVID-19</p>	<p>A minimum of ten days has passed since the date of specimen collection of their first positive COVID-19 test. If they develop symptoms, then the criteria for symptomatic positive cases apply. If the criteria as applicable in the above section has been met a negative COVID-19 test shall not be required for an employee to return to work.</p>
<p>Vaccinated & Non-Vaccinated <u><i>Symptomatic Negative</i></u> Employees who had symptoms of COVID-19 but test result returned negative</p>	<p>Use the same criteria as symptomatic positive cases.</p>
<p>Non-Vaccinated ONLY <u><i>Asymptomatic Negative</i></u> Employees who never had symptoms but were tested due to close contact with a laboratory-confirmed case-patient and were negative</p>	<p>Employees should consult the Public Health Department. Employees may need to quarantine at home for up to fourteen days after the last known close contact with the case-patient. Symptoms can develop even after testing negative within fourteen days of exposure. Our Public Health Department may consider allowing an earlier return to work only for an employee who had a low exposure risk and who is in a critical infrastructure industry in which the essential operations of the workplace would be compromised by quarantine of the employee.</p>
<p>Vaccinated & Non-Vaccinated <u><i>Symptomatic Untested</i></u> Employees who had symptoms of COVID-19 but were not tested</p>	<p>Testing is encouraged. If an employee cannot be tested, use the same criteria for return to work as symptomatic positive cases</p>
<p>Non-Vaccinated ONLY <u><i>Asymptomatic Untested</i></u> Employees who had close contact to a laboratory-confirmed case-patient at work, home, or in the community and do not have symptoms.</p> <p>OR</p> <p>Employees who refuse or are unable to be tested after close contact with a laboratory-confirmed case-patient, despite</p>	<p>Employees should consult the Public Health Department. Employees may need to quarantine at home for ten days after the last known close contact with the case-patient. Symptoms can develop even after testing negative within ten days of exposure. Our Public Health Department may consider allowing an earlier return to work only for an employee who had a low exposure risk and who is in a critical infrastructure industry in which the essential operations of the</p>

<p>recommendation for testing from local health department or healthcare provider, and do not have symptoms.</p>	<p>workplace would be compromised by quarantine of the employee. Employees who develop symptoms of COVID-19 while in quarantine should contact their healthcare provider. Even if they are not tested, the same criteria for return to work should be used as symptomatic positive cases.</p>
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1. During critical staff shortages, when there are not enough staff to provide safe patient care, essential critical infrastructure workers in the following categories may return after Day 7 from the date of last exposure if they have received a negative PCR COVID-19 test result from a specimen collected after Day 5:
 - A. Health care workers who did not develop COVID-19 symptoms
 - B. Emergency Response workers who did not develop COVID-19 symptoms; and
 - C. Social service workers who did not develop COVID-19 symptoms and who work face to face with clients in child welfare or assisted living.

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. COVID-19 testing shall be made available to all employees who have been identified as having direct exposure to the infected employee. 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
3. 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 requirements for physical distancing and the use of face coverings, and information about hand washing and general hygiene.
6. The county's policy for providing respirators, and the right to employees who are not fully vaccinated to request a respirator 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.

ACCESS

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

ATTACHMENT A
COVID-19 EMPLOYEE DAILY SCREENING FORM

Employee Name: _____

Two-week period: _____

Each 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
3. Do you have any of the following symptoms? YES NO
 - 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
 - Diarrhea
4. Is your current temperature more than 100.4°F? YES NO
5. Have you been in prolonged close contact or staying in the same household as someone with any of the above symptoms? YES NO

Any YES answer to questions 1-5 requires the employee to immediately self-separate and to not enter the work area. These employees are restricted from working until they are cleared either through isolation, quarantine and/or testing of COVID-19.

- | | | | | |
|-----|-------------|---------------------------------------|---|-----------------|
| 1. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 2. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 3. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 4. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 5. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 6. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 7. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 8. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 9. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |
| 10. | Date: _____ | Symptoms: <input type="checkbox"/> No | Symptoms: <input type="checkbox"/> Yes: _____ | Initials: _____ |

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:

Total employee count for this specific location only		Total employee count for this specific location only	
Identify the last day the employee worked at this location.		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 Workers' Compensation claim or believes the illness is industrial?

YES NO

IF YES, PLEASE FILL OUT THE FOLLOWING:

Employee First Name:

Employee Last Name:

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:

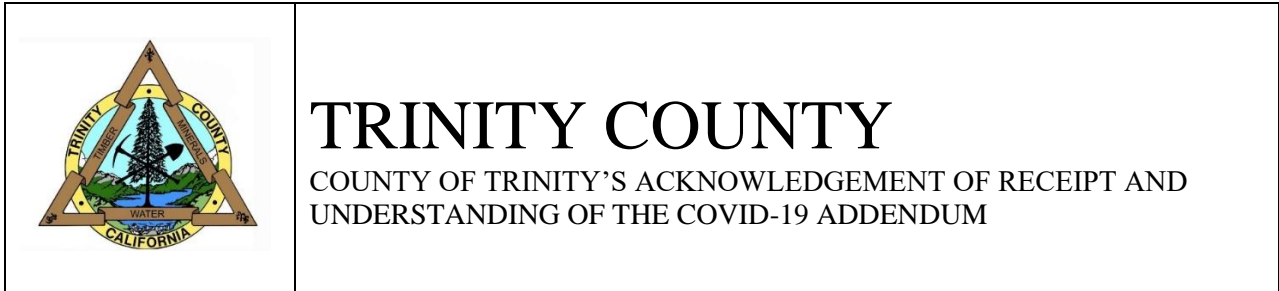
Email address:

Phone Number:

Date:

Signature:

ATTACHMENT C
COVID-19 ADDENDUM ACKNOWLEDGEMENT FORM



I acknowledge that I have been given the opportunity to review the revised COVID-19 Addendum as of June 21, 2021. 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 County's website. If I have trouble accessing the Addendum, I will contact the Human Resources Department.

Print Name _____

Signature _____

Date _____



ATTACHMENT D to the COVID-19 ADDENDUM

SUBJECT:	Face Covering Exemption Procedure
DATE:	June 21, 2021

Pursuant to Cal/OSHA’s COVID-19 Emergency Temporary Standards (ETS) and Governor Newsom’s Executive Order N-09-21, “fully vaccinated” employees are no longer required to wear a face covering in the workplace.

If an employee would like to be exempt from wearing a face covering pursuant to Cal/OSHA’s ETS due to being fully vaccinated, they must:

1. Request to have a private meeting with their direct supervisor [alone, out of hearing distance of other employees or over the phone].
2. In that private meeting, inform their supervisor that they request an exemption from wearing a face covering in the workplace.
3. As proof of being fully vaccinated, provide to their supervisor a vaccination card, an image of their vaccination card, or a health care document showing their vaccination status.

Supervisors/Managers shall

1. Confirm their employee is fully vaccinated, as described herein
2. Complete the Face Covering Exemption Form
3. Do Not save or maintain a copy of the vaccination card/document
4. Forward the Face Covering Exemption Form to Human Resources

It is important to note that an employee wearing a face covering after the implementation of this policy does not necessarily mean the employee is not fully vaccinated. Employees that are fully vaccinated may prefer to continue to wear a face covering in the workplace.

This Face Covering Exemption Policy is voluntary. It is up to the employee to initiate contact with their supervisor if they desire a face covering exemption. Supervisors/Managers should not proactively engage an employee in regard to obtaining an exemption.

The COVID-19 pandemic has and continues to be a deeply personal experience. Discrimination or harassment of those who choose not to be vaccinated or continue to choose to wear a face covering is strictly prohibited.

“Fully vaccinated” means the employer has documented that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).



ATTACHMENT E
COUNTY OF TRINITY
Department of Human Resources | Risk
Management P.O. Box 1347, Weaverville, CA 96093-1347
Phone (530) 623-1325 FAX (530) 623-4222

Face Covering Exemption Form

The County of Trinity continually strives to maintain a workplace that is free from recognized hazards and to promote the health and well-being of our employees and those who visit our facilities. As part of this effort, the County has implemented numerous safety protocols Pursuant to Cal/OSHA's COVID-19 Emergency Temporary Standards (ETS) and Governor Newsom's Executive Order N-09-21 ("fully vaccinated¹" employees are no longer required to wear a face covering in the workplace).

Fully Vaccinated - means the employer has documented that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

By signing below, as the supervisor/manager, you have received a request from an employee to be exempt from wearing a face mask, have reviewed their vaccination card, an image of their vaccination card, or a health care document showing their vaccination status and confirm they now qualify for face covering exemption.

Employee's Printed Name: _____

Supervisor or Manager's Printed Name: _____

Date: _____

Supervisor or Manager's Signature: _____

Completed Face Covering Exemption form shall be filed in Human Resources
Do Not retain a copy of the vaccination card/document or forward to HR