

CITY OF SONORA



COVID-19 Prevention Program

September 20, 2021

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This COVID-19 Prevention Program (CPP) is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Date: July 26, 2021

Scope

This policy applies to all employees with the following exceptions:

- a. Work locations with one employee who does not have contact with other persons
- b. Employees working from home
- c. Employees with occupational exposure as defined by Cal/OSHA Title 8 Section 5199, when covered by that section
- d. Employees teleworking from a location of the employee's choice that is not under the control of the City of Sonora

Authority and Responsibility

The City Administrator has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all department heads, 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.

Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the Appendix A: Identification of COVID-19 Hazards form
- Evaluate employees' potential workplace exposures to all persons at or who may enter our workplace
- Review 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
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls
- Conduct periodic inspections using the Appendix B: COVID-19 Inspections form as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

Employee Participation

Employees and their authorized employee representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by attending City safety committee meetings, reporting hazards anonymously as outlined in the IIPP, assisting in hazard assessments and hazard identification.

Employee Screening

Employees are directed to screen for COVID-19 when they come to work or having by self-screen according to California Department of Public Health guidelines (see Appendix C for self-screen checklist). The city will ensure face coverings are used during screening by both screeners and employees who are not fully vaccinated, and if temperatures are measured, non-contact thermometers are used.

Ventilation and Filtration Efficiency

For indoor locations, we will evaluate how to maximize ventilation with outdoor air to the highest level of filtration efficiency compatible with the existing ventilation system and whether the use of portable or mounted high efficiency particulate air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission.

We will review applicable orders and guidance from the State of California and the local health department related to COVID-19 hazards and prevention. These orders and guidance are both information of general application, including Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments by the California Department of Public Health (CDPH) and information specific to our industry, location, and operations.

Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices, or procedures will be documented on the Appendix B: COVID-19 Inspections form and corrected in a timely manner based on the severity of the hazards, as follows:

- The severity of the hazard will be assessed, and correction timeframes assigned accordingly.
- Individuals are identified as being responsible for timely correction.
- Follow-up measures are taken to ensure timely correction.

Control of COVID-19 Hazards

Face Coverings

Face coverings or masks are required for all individuals in the following indoor settings, regardless of vaccination status:

- On public transit (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares) and in transportation hubs (examples: airport, marina, train station, seaport, or other port station, or any other area that provides transportation)

- Indoors in K-12 schools, childcare
- Emergency shelters and cooling centers

Face coverings or masks are required for all individuals in the following indoor settings, regardless of vaccination status (and surgical masks are recommended):

- Healthcare settings
- State and local correctional facilities and detention centers
- Homeless shelters
- Long-term care settings and adult and senior care facilities

Additionally, face coverings/masks are required for unvaccinated individuals in indoor public settings and businesses (examples: retail, restaurants, theater, family entertainment centers, state and local government offices serving the public).

For all employees who are not fully vaccinated, we will provide face coverings and ensure they are worn when indoors or in vehicles and where required by orders from the CDPH. As required by the CDPH Health Order of July 26, 2021, all facilities identified in the Health Order must strictly adhere to current CDPH masking guidance.

We will ensure required face coverings are clean and undamaged, and they are worn over the nose and mouth.

Masks are provided to all unvaccinated employees, and they may ask their department head or manager if additional masks are needed. All unvaccinated employees must wear a face covering when indoors or in vehicles. Supervisors will ensure unvaccinated employees wear face covering when conditions require face coverings.

When employees are required to wear face coverings under section 3205 or sections 3205.1 through 3205.4, the following exceptions apply:

- a. When an employee is alone in a room or vehicle.
- b. While eating or drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent feasible.
- c. Employees who cannot wear face coverings due to a medical or mental health condition or disability or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.
- d. Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.

Any employee not wearing a face covering, pursuant to the exceptions listed in items (d) and (e) above, and not wearing a non-restrictive alternative when allowed by Section 3205 (c)(6)(E) shall be at least six feet apart from all other persons unless the unmasked employee is either fully vaccinated or tested at least weekly for COVID-19 during employee paid time and at no cost to the employee.

When face coverings are not required by this section, section 3205, or sections 3205.1 through 3205.4, we will provide face coverings to employees upon request, regardless of vaccination status.

All Facilities

1. Unvaccinated or incompletely vaccinated workers must also observe all other infection control requirements, including masking and are not exempted from the testing requirements even if they have a medical contradiction to vaccination, since they are still potentially able to spread the illness. Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous antibody test for COVID-19, do not waive this requirement for testing.
2. Diagnostics screening testing of asymptomatic fully vaccinated workers is not currently required. However, fully vaccinated workers may consider continuing routine diagnostic screening testing if they have underlying immunocompromising conditions (e.g. organ transplantation, cancer treatment), that might impact the level of protection by COVID-19 vaccine.
3. Facilities with workers required to undergo workplace diagnostic screening testing should have a plan in place for tracking results, conducting workplace contact tracing, and must report results to local public health departments. There are IT platforms that can facilitate these processes for facilities.

Vaccinations

We will document vaccinations in the following manner:

- Employees will sign a document to self-attest to their COVID vaccination status and Human Resources will maintain a record of the signed COVID status statements (See Appendix H).

Employees who choose not to reveal their vaccination status will be treated as if unvaccinated in accordance with Cal/OSHA requirements.

Human Resources will provide supervisors and managers with a list of which employees are fully vaccinated, so they are able to enforce the face covering requirements for unvaccinated employees as specified in this plan.

Engineering Controls

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

- Evaluating circumstances where the amount of outside air needs to be minimized due to other hazards, such as heat or wildfire smoke;
- Evaluate how the ventilation system will be properly maintained and adjusted; and
- Whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system.

Cleaning and Disinfecting

The following cleaning and disinfection measures for frequently touched surfaces have been implemented:

- Frequent cleaning of high touch surfaces, such as credit card machines, touch screens, doorknobs, copy machines, etc.
- Cleaning and disinfecting of conference rooms, offices, restrooms, and other common areas [Insert Frequency] by a professional cleaning crew.
- Conference rooms are also disinfected after each use by employees.
- Each department is provided with EPA-approved disinfecting cleaning supplies and wipes designed for use against COVID-19. Supplies are readily available to all employees.
- Employees have been instructed to clean their workspace each day, especially high contact areas such as keyboards, mouse, phones, headsets, door handles, light switches, and desktops.
- Employees have been instructed to follow the manufacturer's instructions for all cleaning and disinfection products (e.g., safety requirements, personal protective equipment, concentration, contact time).
- Name of Person/Job Title and all department heads conduct inventory to ensure there are adequate supplies to support cleaning and disinfection practices.
- Disposable gloves are provided to employees who handle items touched by the public.
- Hand sanitizer stations are in place, and employees are encouraged to wash their hands frequently with soap and water for 20 seconds.

Should we have a COVID-19 case during the high-risk exposure period, and disinfection of the area, material, or equipment is indoors and will be used by another employee within 24 hours of the COVID-19 case, employees will not be allowed in the area where a COVID-19 confirmed or suspected employee/person worked until the area has been deep cleaned and disinfected.

Deep cleaning will consist of the following procedures:

- Waiting for 24 hours, if possible, before cleaning and sanitizing to minimize the potential for exposure to respiratory droplets.
- Opening outside doors and windows to increase air circulation in the area.
- Using a disinfectant that is approved for use against SARS-CoV-2, the coronavirus that causes COVID-19.
- Disinfecting all touch points, not just the frequently touched surfaces.
- Making sure the custodial staff are properly trained and wear appropriate personal protective equipment.
- Removing any visible soil with a detergent-based cleaner before applying a disinfectant and following instructions on the product label for effective disinfecting. Some disinfectants are also cleaners and, therefore, can be used for both steps.
- Ensuring surfaces remain visibly wet for the contact time specified on the product label.

To minimize cross contamination, additional considerations when disinfecting surfaces may include:

- Disinfecting surfaces from clean areas to dirty areas. For example, restrooms being one of the highly contaminated areas should be cleaned last.
- Disinfecting surfaces from high areas to low areas, so any dirt or dust that may contain germs dislodged from above are removed when you clean the lower surfaces.
- Disinfecting last after other activities (including emptying trash, removing visible soil, and vacuuming) are complete, so any potentially contaminated dirt or dust does not re-contaminate already disinfected surfaces.

Hand Sanitizing

In order to implement effective hand sanitizing procedures, we will:

- Evaluate handwashing facilities
- Determine the need for additional facilities
- Encourage and allow time for employee handwashing
- Provide employees with an effective hand sanitizer
- Encouraging employees to wash their hands for at least 20 seconds each time

Personal Protective Equipment (PPE) Used to Control Employees' Exposure to COVID-19

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed.

Upon request, we will 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. We will encourage their use and ensure employees are provided with a respirator of the correct size.

Additional measures will be utilized as required by state and local health departments.

We will make COVID-19 testing available, during employee paid time, at no cost to employees with COVID-19 symptoms who are not fully vaccinated.

Investigating and Responding to COVID-19 Cases

This will be accomplished by using the Appendix D: Investigating COVID-19 Cases form.

Unvaccinated employees who had potential COVID-19 exposure* in our workplace will be:

- Informed of their possible exposure to COVID-19 in the workplace while maintaining confidentiality
- Offered COVID-19 testing through their health provider or if not covered by insurance offered testing through another provider at no cost during their working hours
- Provided information on benefits as outlined in the Training and Instruction section
- Advised of the temporary closing of the general area where the infected employee(s) worked until cleaning is completed

- Advised of the deep cleaning of the entire area where the infected employee(s) worked and may have been

*COVID exposure definition (Appendix G): Employee who was within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection)

System for Communicating

Our goal is to ensure we have effective two-way communication with our employees in a form they can readily understand, and it includes the following information:

- Requiring employees to report COVID-19 symptoms and possible hazards to their manager, supervisor, or Human Resources Department.
- Instructing employees not to report to work when sick.
- Informing employees, they can report symptoms and hazards without fear of reprisal.
- Providing reasonable accommodations for employees with medical or other conditions that put them at increased risk of severe COVID-19 illness when possible.
- Where testing is not required, advising employees to contact their personal physician, or the county health department for information on where they can access COVID-19 testing. In the event the entity is required to provide testing because of a workplace exposure or outbreak, we 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.
- COVID-19 testing is not required for the following employees:
 - a. Employees who are fully vaccinated before the close contact and do not have symptoms
 - b. COVID-19 cases who have returned to work pursuant to subsection 3205(c)(11)(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 their first positive test.
- Providing information about COVID-19 hazards to employees (and other employers and individuals in contact with our workplace) who may be exposed on what is being done to control those hazards and our COVID-19 policies and procedures.
- In the event we are required to provide testing because of a workplace exposure or outbreak, we 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.

Training and Instruction

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.

- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick and vaccination leave, if applicable, workers' compensation law, local governmental requirements, our leave policies, and leave guaranteed by contract, and Section 3205.
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air.
 - 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.
- Our policy for providing respirators, and the right of employees who are not fully vaccinated to request a respirator for voluntary use as stated in this program, without fear of retaliation and at no cost to employees. Whenever respirators are provided for voluntary use under this section or section 3205.1 through 3205.4, training will be provided on how to properly wear the respirator, and how to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair interferes with the seal.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 but are most effective when used in combination.
- The importance of frequent handwashing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or handwashing 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. COVID-19 is an airborne disease. N95s and more protective respirators protect the users from airborne disease while face coverings are intended to primarily protect people around the user.
- COVID-19 symptoms and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Information on our COVID-19 policy, how to access COVID-19 testing and vaccination; and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
- The conditions under which face coverings must be worn at the workplace and that face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance cannot be maintained. Employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

Appendix F: COVID-19 Training Roster will be used to document this training.

Exclusion of COVID-19 Cases

Where we have a COVID-19 case in our workplace and employees who had a close contact, we will limit transmission by:

- Ensuring COVID-19 cases are excluded from the workplace until our return-to-work requirements are met, with the following exceptions:
 - Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms; and
 - COVID-19 cases who returned to work pursuant to the aforementioned requirements 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 COVID-19 symptoms for 90 days after the first positive test.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished by:
 - Allowing them to work remotely when they can fulfill their duties from home
 - Ensure that employees utilize employer-provided employee sick leave benefits, or other benefited means of maintaining earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.
- Providing employees at the time of exclusion with information on available benefits.

Reporting, Record Keeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, to authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the Appendix D: Investigating COVID-19 Cases form to 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.

Return-to-Work Criteria

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
 - At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.

- COVID-19 symptoms have improved.
- At least 10 days have passed since COVID-19 symptoms first appeared.
- COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.

Once a COVID-19 case has met the return-to-work requirements outlined above as applicable, a negative COVID-19 test will not be required for an employee to return to work.

- Persons who have a close contact may return to work as follows:
 - Persons who had a close contact but never developed any COVID-19 symptoms may return to work when 10 days have passed since the last contact.
 - Persons who had a close contact and developed any COVID-19 symptom cannot return to work until the requirements listed above have been met, unless all of the following are true:
 - a. The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and
 - b. At least 10 days have passed since the last known close contact; and
 - c. The person has been symptom-free for at least 24 hours, without using fever-reducing medications.
- During critical staffing 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:
 - Emergency response workers who did not develop COVID-19 symptoms; and

If an order to isolate, quarantine, or exclude 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 shall be in accordance with the return to work period(s) listed in the return-to-work criteria in this program.

Mary Rose E. Rutikanga, City Administrator

Signature

Date

Appendices

Appendix A: Identification of COVID-19 Hazards

All persons regardless of symptoms or negative COVID-19 test results will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Person conducting the evaluation:

Date:

Name(s) of employee and authorized employee representative that participated:

Interaction, area, activity, work task, process, equipment, and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation

Appendix B: COVID-19 Inspections

This form is only intended to get you started. Review the information available at www.dir.ca.gov/dosh/coronavirus/ for additional guidance on what to regularly inspect for, including issues that may be more pertinent to your particular type of workplace. You will need to modify this form accordingly.

Date:

Name of person conducting the inspection:

Work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
Administrative			
Respiratory protection			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			

Appendix C: Employee Self-Screening Checklist

Today's Date: _____

For your safety and the safety of our staff and the community, all employees are required to complete a COVID-19 self-screening just prior to the start of each workday.

Review the following symptoms and potential COVID-19 exposures:

1. Have you experienced any of the following symptoms in the past 48 hours?					
Fever or chills	Y N	Cough	Y N	Shortness of breath	Y N
Difficulty breathing	Y N	Fatigue	Y N	Muscle or body ache	Y N
Headache	Y N	New loss of taste/smell	Y N	Sore throat	Y N
Congestion/runny nose	Y N	Nausea or vomiting	Y N	Diarrhea	Y N

2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried you may be sick with COVID-19?	Y	N
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3. Are you fully vaccinated OR have you recovered from a documented COVID-19 infection in the last 3 months?	Y	N	PREFER NOT TO ANSWER
To be considered fully vaccinated, you must be 2 or more weeks following receipt of the second dose in a 2-dose series or 2 or more weeks following receipt of one dose of a single-dose vaccine.			
IMPORTANT: IF YOU ANSWERED "YES" TO QUESTION 3 AND "NO" TO QUESTIONS 1 AND 2, PLEASE SKIP TO THE CERTIFICATION STEP BELOW. <u>YOUR ACCESS TO THIS FACILITY IS APPROVED.</u>			

4. Have you been in close contact in the last 14 days with:	Y	N
<ul style="list-style-type: none"> • Anyone who is known to have laboratory-confirmed COVID-19? <li style="text-align: center;">OR • Anyone who has any symptoms consistent with COVID-19? 		
Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting 48 hours before illness onset (or for asymptomatic individuals, 48 hours prior to test specimen collection).		

5. Are you currently waiting on the results of a COVID-19 test?	Y	N
IMPORTANT: ANSWER "NO" IF YOU ARE WAITING ON THE RESULTS OF A PRE-TRAVEL OR POST-TRAVEL COVID-19 TEST		

Today's Date: _____

I certify that my responses are true and correct.	<input type="checkbox"/>	
If you ARE NOT fully vaccinated or prefer not to disclose your vaccination status, did you answer NO to ALL QUESTIONS?	Access to this facility is APPROVED.	
If you ARE NOT fully vaccinated or prefer not to disclose your vaccination status did you answer YES to ANY Question?	Access to this facility is NOT APPROVED. Please contact ENTER NAME OR TITLE OF WHO THE EMPLOYEE SHOULD CONTACT for further screening and assessment.	

Note: This form was developed based on the [CDC screening checklist](#).

Appendix D: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Date:

Name of person conducting the investigation:

COVID-19 Case Investigation Information			
Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	
Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period and who may have been exposed (attach additional information):			

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:			
All employees who may have had a close contact with a COVID-19 case and their authorized representatives.	Date:		
	Names of employees that were notified:		
Independent contractors and other employers present at the workplace during the high-risk exposure period.	Date:		
	Names of individuals that were notified:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	

*Should an employer be made aware of a non-employee infection source COVID-19 status.

Appendix F: COVID-19 Training Roster

Date:

Person that conducted the training:

Employee Name	Signature

Appendix G: Definitions

Close Contact	<p>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.</p> <p>Exception: Employees have not had a close contact if they wore a respirator required by employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the high-risk period.</p>
COVID-19	Coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
COVID-19 Case	<p>A person who:</p> <ol style="list-style-type: none">(1) Has a positive “COVID-19 test” as defined in Section 3205(2) Has a positive COVID-19 diagnosis from a licensed health care provider; or(3) Is subject to COVID-19-related order to isolate issued by a local or state health official; or(4) Has died due to COVID-19, in determination of a local health department or per inclusion in the COVID-19 statistics of a county.
COVID-19 Hazard	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 or sneezing, or from procedures performed on a person that may aerosolize saliva or respiratory tract fluids. This also includes objects or surfaces that may be contaminated with SARS-CoV-2.
COVID-19 Symptoms	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.
COVID-19 Test	<p>A viral test for SARS-CoV-2 that is:</p> <ol style="list-style-type: none">(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 FDA Emergency Use Authorization as applicable.

Exposed Group	<p>All employees at a work location, working area, or a common area at work, where an employee 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;</p> <p>A) For the purposed 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.</p> <p>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 that distinct group are part of the exposed group.</p> <p>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 all persons were wearing face coverings at the time the COVID-19 case was present, other people at the work location, working area, or common area are not part of the exposed group.</p> <p>NOTE: An exposed group may include the employees of more than one employer. See Labor Code sections 6303 and 64304.1.</p>
Face Covering	<p>A surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two 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, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.</p>
Fully Vaccinated	<p>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; or 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).</p>
High-Risk Exposure Period	<p>The following time period:</p> <p>(1) For COVID-19 cases who develop COVID-19 symptoms: from 2 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</p> <p>(2) For COVID-19 cases who never develop COVID-19 symptoms: from 2 days before until 10 days after the specimen for their first positive test for COVID-19 was collected.</p>
Respirator	<p>A respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matters, such as an N95 filtering facepiece respirator.</p>

Worksite	For the limited purposes of COVID-19 prevention regulations only, it is a 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 buildings, floors, or other locations of the employer that a COVID-19 case did not enter.
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Appendix H: COVID Vaccination Self- Attestation Statement

Entity Name

I, _____, attest that I have:

- Have been fully vaccinated for COVID-19
- Have not been fully vaccinated for COVID-19
- Choose not to disclose my vaccination status

I understand that:

- if I am unvaccinated or choose not to disclose my vaccination status, Cal/OSHA requires I wear face coverings when indoors or in a vehicle, and/or when required by CDPH.
- The City of Sonora will provide me with face coverings that are clean and undamaged, and that I may contact my supervisor for replacements.

Name of Employee

Date