

**CITY OF STOCKTON, CALIFORNIA
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

Subject: EMERGENCY CORONAVIRUS (COVID-19) ILLNESS AND INJURY PREVENTION PROGRAM	Directive No. HR 73	Page No. 1 of 19
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NO EMPLOYEE WILL BE RETALIATED AGAINST FOR REPORTING COVID-RELATED HAZARDS OR BEING DEEMED A COVID CASE. (See City Manager Administrative Directive – HR:44 Whistleblower Protection Policy)

CITY WILL PROTECT ALL EMPLOYEE MEDICAL INFORMATION CONSISTENT WITH ALL APPLICABLE LAWS TO INCLUDE CALIFORNIA CONFIDENTIALITY OF MEDICAL INFORMATION ACT.

I. PURPOSE

The strategies and practices outlined in this policy are designed to support the protection of employees and the general public by minimizing the risk of exposure to Coronavirus (COVID-19). This policy may be revised frequently as new information and guidance become available from the Centers of Disease Control (CDC) California Department of Public Health (CDPH), San Joaquin County Public Health Services Department based on the evolving circumstances; and California Occupational Safety and Health Act (Labor Code § 6300, *et seq*) and associated regulations (8 C.C.R. § 3205.). City will continuously monitor evolving laws and regulations and revise HR-73 and distribute accordingly.

II. DEFINITIONS

COVID-19 means coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may have no symptoms. Particles containing the virus can travel more than six (6) feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, including hand washing, in order to be effective.

COVID-19 Case (1) Has a positive COVID-19 test; (2) Is subject to COVID-19-related order to isolate issued by a local or state health official.

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Close Contact COVID-19 Exposure being within six (6) 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” as defined here. This definition is irrespective of face coverings.

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

COVID-19 Symptoms (1) fever of 100.4 degrees Fahrenheit or higher or chills; (2) cough; (3) shortness of breath or difficulty breathing; (4) fatigue; (5) muscle or body aches; (6) headache; (7) new loss of taste or smell; (8) sore throat; (9) congestion or runny nose; (10) nausea or vomiting; or (11) diarrhea.

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

High-Risk Exposure Period (1) **Symptomatic Employees:** from two (2) days before they first develop symptoms until ten (10) days after symptoms first appeared, and 24-hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or (2) **Asymptomatic Positive Employees:** from two (2) days before until ten (10) days after the specimen for their first positive test for COVID-19 was collected.

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III. SAFE WORK HABITS TO COMBAT CORONAVIRUS (COVID-19)

Handwashing

Wash hands frequently with soap and water for at least 20 seconds and use hand sanitizer when you do not have immediate access to a sink or hand washing facility. (Caveat: hand sanitizer does not work if hands are soiled.) City does not provide hand sanitizers with methyl alcohol.

Physical Distancing

Employees must be at least six (6) feet from other individuals. When six (6) feet is not possible, social distance as far apart as feasible. In locations where social distancing is not feasible, the City will install cleanable solid partitions that effectively reduce aerosol transmission between the employees and other individuals.

Increasing social distances should include the following methods:

- (1) teleworking;
- (2) reducing the number of persons in an area at one time, including visitors;
- (3) posting visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel;
- (4) adopting staggered arrival, departure, work, and break times; and
- (5) adjusting work processes or procedures, such as reducing production speed, to allow greater distance between employees.

Face Coverings

City will provide face coverings to employees and requires that such face coverings be worn by employees and individuals at worksites and facilities. Face coverings are not respiratory protective equipment.

Website for face coverings:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>. Face coverings must be worn over the nose and mouth when indoors, when outdoors, and unable to social distance. Face coverings should be clean and undamaged. Face shields to be used to supplement, and not supplant face coverings.

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Exceptions:

<p>Alone in room/office</p> <p>Eating and drinking</p> <p>Medical/mental health condition</p> <p>Hearing impaired</p>	<p>Wearing respiratory protection in accordance with section 5144 or other title 8 safety orders (8 C.C.R. 5144 is available at the following web address: https://www.dir.ca.gov/title8/5144.html);</p> <p>Specific tasks which cannot feasibly be performed with a face covering (limited to such tasks and employee shall be at least six (6) feet away from all other persons unless unmasked employees are tested at least twice weekly for COVID-19</p>
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Employees exempted should wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it.

Signage will be posted to inform non-employees that they are required to utilize face coverings at worksites and facilities.

Personal Protective Equipment (PPE)

Designated department representatives will evaluate the need for PPE such as gloves, goggles, face shields, and respiratory protection (when social distancing not feasible), to prevent exposure to COVID-19.

Designated department representatives will provide and ensure use of respirators in accordance when deemed necessary by Cal/OSHA through issuance of Order to Take Special Action.

Employees are encouraged to direct requests for PPE to the department designated representative.

IV. PROCEDURES

Before Entering the Workplace. Employees are required to familiarize themselves with COVID-19 symptoms and self-monitor before and during work hours. Employees exhibiting any signs related to COVID-19 are **NOT TO COME TO WORK.** If COVID-19 is suspected as the cause of illness, employees are to notify the supervisor to enable confidential disclosure to co-workers who may have been exposed.

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Symptoms Checks. For departments conducting symptom checks: supervisors should reference the definition of symptoms before allowing employees into the workplace and document in accordance with confidentiality laws. Employees who display any symptoms will not be permitted into the workplace and referred to Workers Compensation or a primary care physician for evaluation before being allowed into the workplace.

At-Work – Exhibiting Symptoms. Employees are required to become familiar with COVID-19 symptoms (see II. Definitions) and self-monitor. Employees experiencing any symptoms related to COVID-19 are to report to the supervisor immediately and leave the workplace.

Notifications of Close Contact COVID-19 exposures.

Employee within **one (1) day** (written).

Local health department.

Union Representative

Employers of subcontracted employees who were present at the City's worksite **within one (1) day.**

Workers' compensation plan administrator.

Cal/OSHA.

A template for notification to employees who may be exposed is on page 11 of this directive. It is imperative the supervisor notify Human Resources Deputy Director or designee immediately and be provided with a copy of the communication sent to employees.

Close Contact Exposed Employee. The City will provide free COVID-19 testing during their working hours to all employees who had potential close contact COVID-19 exposure at a worksite or facility.

Additionally, employees can refer to the following website for free COVID-19 testing in cases unrelated to the worksite:

<http://www.sjready.org/events/covid19/testing.html>

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The City may allow qualified employees subjected to an isolation/quarantine period to telework during the isolation or quarantine period. Said employees will receive normal compensation. If employee does not qualify for teleworking, an employee may utilize COVID-19 Supplemental Paid Sick Leave followed by City of Stockton paid sick leave. Employees are not required to utilize non-sick paid leave.

Employee will maintain seniority and all other rights and benefits including right to former job status during the isolation/quarantine period.

Record Keeping. COVID-19 cases will be recorded and tracked by Human Resources Deputy Director or designee utilizing following information: name; contact info; occupation; location worked; last date worked; and date of positive test.

Workers Compensation. Employees who: ***become ill at work; exposed to a co-worker with/suspected of COVID-19; or are required to quarantine*** based on a potential exposure must call both:

- 1) Workers Compensation Provider Athens Administrators at **(844) 490-4712** to file a "report only" utilizing option two (2) of the menu; and
- 2) Case Management Nurse Support line at **(800) 405-9498**. The nurse will complete an Assessment Form and offer guidance as to the next steps.

Decontamination of City Facilities or Vehicle. When a supervisor becomes aware of an employee with a COVID-19 positive test who was present in a City facility or vehicle, they must immediately contact the Department of Public Works or building janitorial services (non-city owned facilities) to request decontamination of an employee's area. The supervisor should make attempts to limit staff access to an employee's work area until decontamination occurs.

Facilities Maintenance
(209) 937-8954
(209) 937- 7440
(209) 937-7582

Vehicle Fleet Maintenance Management

(209) 937-8453

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Note: Vehicle will need to be returned to a City facility and must sit for 72 hours from initial time of contamination before decontamination can begin.

Cleaning and Disinfecting Procedures. Designated department representatives will identify and ensure regular cleaning and disinfecting of frequently touched surfaces and objects such as doorknobs, elevator buttons, equipment tools, handrails, handles, controls, bathroom surfaces, and steering wheels. Said cleaning must be done in a manner that does not create a hazard to employees and the public. The designated department representative will inform employees (and authorized Union representatives) of cleaning and disinfecting protocols including the planned frequency and scope of regular cleaning and disinfection.

Employees are prohibited from sharing personal protective equipment and to the extent feasible, items that employees come in regular physical contact with such as phones, headsets, desks, keyboards, writing materials, instruments, and tools.

Sharing of vehicles will be minimized to the extent feasible and high touch points (steering wheel, outdoor handles, seatbelt buckles, armrests, shifters, etc.) shall be disinfected between users.

Employees who have tested Positive - Return to Work.

Symptomatic: 24-hours since fever passed (100.4/higher) without fever reducing medications; and
Improvement of symptoms; and
10 days passed since symptoms first appeared.

Asymptomatic: 10 days after taking test (as opposed to test result.)

On occasions said employees' leave of absence would create undue risk to community health and safety, City will request from Cal/OSHA that employees be allowed to return to work.

V. ACCOMMODATIONS FOR EMPLOYEES WITH MEDICAL CONDITIONS THAT PUT THEM AT INCREASED RISK OF SEVERE COVID-19 ILLNESS

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City Manager Administrative Directive (HR-35) addresses the procedure in place for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness.

VI. IDENTIFYING HAZARDS/INVESTIGATIONS

Employee Reporting. Employees are encouraged to report any Covid-19 hazards to their department designated representative.

Management. The department designated representative shall investigate hazards and employee complaints utilizing the attached checklists (page 14). Department designated representatives should evaluate how frequent monitoring for hazards should occur at the worksite. Once frequency is determined, a strict monitoring schedule should be adhered to.

VII. TRAVEL

City business related travel should be limited. Until further notice and out of an abundance of caution and care, in accordance with health guidelines from the CDC, and other health authorities, the City is limiting employee travel during these evolving circumstances of the pandemic. City staff should verify all business-related travel with their Department Heads. Where possible, cancellations and/or refunds should be obtained within appropriate timelines.

VIII. COVID-19 WORK RELATED MEDICAL LEAVES

Pursuant to California Labor Code section 3205 (c)(10)(C):

“For employees excluded from work under subsection (c)(10) and otherwise able and available to work, employers shall continue and maintain an employee’s earnings, seniority, and all other employee rights and benefits, including the employee’s right to their former job status, as if the employee had not been removed from their job. Employers may use employer-provided employee sick leave benefits for this purpose...”

A. SUPPLEMENTAL PAID SICK LEAVE (QUALIFYING EMPLOYEES)

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Qualifying employees are entitled to Supplemental Paid Sick Leave if taken between January 1, 2021 and September 30, 2021 for the specified entitlements and qualified reasons related to COVID-19 as follows:

Caring for Yourself: The employee is subject to quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer with jurisdiction over the workplace, has been advised by a healthcare provider to quarantine, or is experiencing COVID-19 symptoms and seeking a medical diagnosis.

Caring for a Family Member: The covered employee is caring for a family member who is subject to a COVID-19 quarantine or isolation period or has been advised by a healthcare provider to quarantine due to COVID-19 or is caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.

Vaccine-Related: The covered employee is attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms.

Qualifying full-time employees: 80 hours

Full-time employees assigned to a 56-hour workweek are entitled to an amount of COVID-19 supplemental paid sick leave equal to the total number of hours the employee was scheduled to work in the two (2) weeks preceding the date the employee took COVID-19 paid sick leave.

Qualifying part-time employees:

Regular weekly schedule, the number of hours the employee is normally scheduled to work over two (2) weeks.

Variable schedules, 14 times the average number of hours worked per day over the past six (6) months.

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B. EMPLOYEES WHO HAVE EXHAUSTED SUPPLEMENTAL LEAVE BENEFITS

Work-Related Quarantines. Qualifying employees who receive notice of a possible exposure have the following options:

- 1) Teleworking; or
- 2) Utilization of personal sick leave; (*if no personal sick leave available, employees may be required to enter into reimbursement agreements for sick - leave advanced.*)

(Fire and Police Departments are encouraged to evaluate how teleworking can be accomplished for safety employees who have been subject to a work-place quarantine.)

Non-Work-Related Quarantines. Employees exposed outside of the workplace subject to a quarantine:


- 1) Utilization of personal sick leave; or
- 2) Utilization of vacation pay.

IX. ADDITIONAL COVID-19 RELATED RESOURCES:

[www.stocktonca.gov/Employee Resources](http://www.stocktonca.gov/EmployeeResources)

This policy is available to Cal/OSHA, all employees, and respective union representatives immediately upon request.

APPROVED:


HARRY BLACK
CITY MANAGER

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SAMPLE DOCUMENTATION ONLY

COVID-19 EXPOSURE NOTIFICATION

[DATE]

[EMPLOYEE NAME]

[JOB TITLE/DEPARTMENT]

CITY OF STOCKTON

This memo is to inform you that on xx/xx/xx, you may have come in contact with a person who has tested positive for the COVID-19 virus. The possible contact was reported as occurring during the course of your work. Accordingly, in consultation with County Health Offices, City Administration, and the City Physician, you are directed to do the following:

- **Call Athens** at (844) 490-4712, Option2, and report this possible exposure.
- **Call Choices Case Management** on-call nurse triage line at (800) 405-9498 and follow the directions provided by Choices on-call nurse.
- **Initiate Self-monitoring** – City employees receiving this memo should monitor themselves for fever by taking their temperature twice a day and remain alert for any respiratory symptoms (e.g., cough, shortness of breath, sore throat). Anyone self-monitoring should contact their supervisor if symptoms develop or if they have questions. If you develop a fever or respiratory symptoms during the self-monitoring period and you determine medical evaluation is needed, you should contact Choices Case Mgmt. at (800) 405-9498 and speak with the advice nurse.
- **Follow CDC guidelines** – Continue to perform self-monitoring for ten (10) days after the date of this notice.
- **Review the following links:**
 - Stockton FAQ: www.stocktonca.gov/files/Return2Work.pdf.

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- o [www.stocktonca.gov/government/departments/humanresources/employee resources](http://www.stocktonca.gov/government/departments/humanresources/employee%20resources)
- o County Health: <https://www.sjgov.org/covid19/>
- o CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

We hope that you were not infected with COVID-19 due to this possible exposure, but out of an abundance of caution, please follow the above directions to promote your own health and well-being as well as the health and well-being of your coworkers and the community at large.

Employees may qualify for COVID-19-related workers compensation benefits. Please consult with your supervisor regarding quarantining leave options which may include either teleworking or sick leave pay.

If you have any questions or concerns regarding this notice, or the associated instructions, please contact Risk Management at 209-937-8233.

cc: Human Resources Deputy Director
Union Representative

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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

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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 can need to modify 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			
Physical distancing			
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			
Respiratory protection			

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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: _____

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:	

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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):			

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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 COVID-19 exposure 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:	

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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:

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 non-employee infection source COVID-19 status.

