



Karuk Tribe

COVID-19 Emergency Response Plan

Appendix E - Guidelines for Protocol Appeals

The purpose of the Return to Work Protocol (Protocol) is to remove as many risks as possible related to the Covid-19 Pandemic from the work environment of all Karuk Tribe employees. They are intended to be used as a tool to guide employees and managers, in evaluating and ensuring that activities are being undertaken with everyone's safety in mind.

The Protocol strongly encourages, but does not require, reporting of the following activities:

- a) Your own non-compliance with any protocols.
- b) Your travel outside of rural Northern California and Southern Oregon for ANY Non-Essential purposes (essential includes but is not limited to groceries, gas, medicine, or medical care.)
- c) Your exposure to or contact with anyone who has tested positive for Covid-19.
- d) Your participation in activities without proper social distancing observed, including personal, private, family activities with anyone who is not part of your household.

The Protocol does require several key safety measures to minimize the risk of those who do not comply with public health recommendations on their own time, from spreading the virus in the workplace, including but not limited to temperature checks, facial coverings when within 6 feet, frequent surface cleaning, frequent personal hygiene activities, etc.).

To ensure consistency, and the applicability of the frequently changing public health guidance, all requests for proposed activities outside of the Protocol, will be submitted to the Incident Commander (IC) and Human Resources Director (HR) and evaluated using the following guidelines to determine the need for modifications to the planned activity to lessen/remove risk, self-quarantine, and/or additional workplace precautions.

If a Director, Manager, or Supervisor receives, or has, a request, they shall provide the attached form to be completed by the Requestor and submitted to the IC and HR, beforehand, for risk review and recommendations. After review the IC will return the response to the employee with a copy to HR and the Immediate Supervisor.

If the request is deemed essential and the employee has followed CDC and local public health orders the employee will return to work. Employees will self-monitor symptoms and report changes to supervisor immediately. Supervisor will then report to HR. Employees will wear a mask, wash hands frequently, and avoid large gatherings.

If the request is deemed non-essential but the risk is low (i.e. No large crowd or gatherings, area of travel case count is low etc.) and the employee followed all current CDC and local public health guidelines the employee is encouraged to work from home if possible -per CDC guidelines- If not possible the employee



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will return to work. Employee will self-monitor symptoms and report changes to the supervisor immediately. Employee will wear a mask, wash hands frequently, and avoid large gatherings.

If the request is deemed non-essential and high risk (i.e. Travel to locations with a high rate of COVID cases, large gatherings where social distancing cannot be maintained) OR the employee did not follow CDC guidelines for travel the employee will be asked to self-quarantine per CDC guidelines. If the employee is able to work from home they may do so. If the employee is unable they may use sick/annual leave or leave without pay.

Individuals whom are fully vaccinated may have different recommendations based on CDC guidelines.

If the activity is reported after completed or by 3rd party the individual in question will be asked to work from home/self-quarantine for 1 business day while the IC and HR review the case. The individual must answer the questions and a decision will be made case by case based on the above guidelines.

Travel plans are not required during Tiers 2-4. The ICT is available for questions or recommendation for quarantine.

For the most up to date guidelines visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>



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REQUEST FOR APPEAL OF COVID-19 RETURN TO WORK PROTOCOL

Submit To: Danci Harris, Lead Vocational Nurse II

Cc: Vickie Simmons, Human Resources Manager

From:

Date:

I am requesting an appeal of the Karuk Tribe's Covid-19 Return to Work Protocols (most recently revised June 4, 2020). To help you determine the level of risk of exposure to COVID-19 that is associated with this request, I submit the following Safety Plan, and agree to abide by it, should my waiver be granted.

SAFETY PLAN

1. What is the specific Request?
2. Is it specifically excluded under the Tribe's Protocol, or Local/State public health guidelines? If yes, explain.
3. Does the request involve more than one person? If yes, how many?
4. Is this time sensitive? If yes, explain.
5. Is it essential? If yes, explain.
6. Does it involve you traveling away, or someone traveling to, your location? If yes, include City, County and State.
7. What is the status of Covid cases in that location?
8. Anticipated date(s) from/to?
9. What is the mode of travel: car, airplane, etc.?
10. Is anyone else traveling with you, or coming with the traveler? If yes, who.
11. What is the planned route of travel (cities/states)?
12. What are the predetermined stops for food and/or gas?



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13. What are the predetermined locations for overnight stays and type of lodging (self-contained travel trailer, hotel, camping, other)?

14. Mitigation steps you (or visitor) will be taking to prevent exposure?

15. What Personal Protective Equipment PPE do you (they) have to prevent exposure?

16. What Personal Protective Equipment do you (they) need to prevent exposure?

17. Will this request affect any other employees of the Karuk Tribe or one of its entities? For example, do you have a household with any other employees?

I acknowledge that if I deviate from this Safety Plan, I am increasing the potential to contract and potentially spread the Covid-19 virus within my workplace and/or community. I understand that even if this waiver is approved, I could be required to self-isolate for a certain period of time following the activity. I further understand that if self-isolation is required as a result of my voluntary actions, any time missed from work, would be non-compensable requiring the use of sick, annual, or leave without pay. Additionally, I agree to immediately notify my Supervisor if I become ill at any time during or after this activity.

Name of Employee _____

Signature of Employee _____ Date _____

Recommendation: Quarantine Work from home Return to work

Comments:

IC Signature _____