Karuk Tribe

COVID-19 Pandemic Response Plan

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Purpose

The purpose of this plan is to clearly define the response of the Karuk Tribe to the current COVID-19 pandemic and conditions that warrant changes in day-to-day operations of the organization. This document is intended to **augment** the approved Return to Work Protocol (Appendix E).

Each phase will be clearly defined. The current phase will be updated based on current area data and critical thinking. Phases will be implemented based on data for the county of operations (i.e. Siskiyou or Humboldt) as situations can vary by region. Progress to each phase will be conditional based on trigger conditions (See Section 2 Conditions of Progression).

I. PHASES AND TRIGGERS

Each phase will be using the dimmer switch model in which offices will scale back their operations based on the Remote Work Employee Evaluation Tool (See appendix A). An office location should follow the recommendations for the dimmer switch percent. This percent translates to the percentage of total people normally in an office building—you may count this by the number of available desks/chairs.

- Dimmer switch %: The percent of building capacity. To get this number, one multiplies the decimal of the percent (e.g. 0.25 for 25%, 0.5 for 50%, 0.75 for 75%) by the building capacity.

  o For example, the DNR building in Orleans building capacity is 20 employees. So 25% of 20 is: 0.25 x 20 = 5. So a dimmer switch at 25% for the DNR would allow 5 people in the building.

Offices will be moved between phases on a County of Operations (County in which office is located) and regional basis (regional location of recent cases, as reported by the County Public Health Nurse and/or through the Karuk Clinics). The regional basis means if the trigger occurs within the immediate area of the office (the surrounding town or city), that one office location will be moved back a

phase but other offices may remain in current phase. <u>It will be the duty of the incident commander to report to the Tribal council representative when a trigger has been met (and the duty of the Incident Command Team to identify when a trigger has been met for a particular office location.)</u>

Triggers have been based on the State of California's Department of Public Health tier framework (from the Blueprint for a Safer Economy, see Appendix B). The tier framework assigns each county a tier ranking between 1 and 4 representing risk of community disease transmission ("Counties are assigned a tier based on two metrics: test positivity and case rate." -CA DPH), 1 being higher risk and 4 being lower risk: Tier 1-Widespread, Tier 2-Substantial, Tier 3-Moderate, Tier 4-Minimal.

"Small counties are subject to all existing Blueprint rules…with the exception of the case rate thresholds as delineated…" -CA DPH Blueprint for a Safer Economy. For concerns about small counties and tier-to-tier movements, see the 'Small County Framework' section of Appendix B.

	Higher Risk ⟶ Lower Risk of Community Disease Transmission***			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Measure				
Adjusted Case Rate for Tier Assignment ** (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	>7	4-7	1-3.9	<1
Testing Positivity^ (Excluding prison cases^, 7 day average with 7 day lag)	>8%	5-8%	2-4.9%	<2%

Figure 1. CA DPH Tier Framework.
"^Excludes state and federal inmates, ICE facility residents, State Hospital inmates and US Marshal detainees
*Population denominators from the Department of Finance: State Population Projections - Total Population by County- Table P-1
**Case rate will be determined using cases confirmed by PCR
*** Counties are assigned a tier based on two metrics: test positivity and case rate. Large counties with populations greater than approximately 106,000 must also meet the health equity metric described on the Health Equity Metric page in order to advance to a less restrictive tier."

<u>Phase 1: Pandemic Response</u> - **Triggered** by the State of California Department of Public Health (CA DPH) placing the County of Operations into **Tier 1** of the Blueprint for a Safer Economy (see Appendix B), highly essential employees only.

- Minimal employees reporting to the office (dimmer switch to 25% of total employees in an office building or less) to maintain essential function.

- Non-essential employees will be asked to work from home. Employees unable to work from home with reasonable technical support will be placed on leave as directed by council.

- <mark>No business-related travel allowed. Follow State mandates to the best of one's ability outside of work.</mark>

Phase 2: Return to Work - **Triggered** by the CA DPH placing the County of Operations into **Tier 2 or 3** of the Blueprint for a Safer Economy.

- Essential employees, positions that cannot be done from home (use COVID-19 Employee Remote Work Capability Evaluation Tool, Appendix A):

  - Employees return to work (dimmer switch to 50%).

    - If able to fulfill 100% of job duties from home continue work from home.

    - If unable to work from home return to work with appropriate precautions such as rotating office schedule (i.e. shared offices are not occupied by all users at the same time *if possible*), limiting shared work spaces, frequent disinfection of high touch/shared areas, monitoring symptoms per public health guidelines (see Appendix C), testing for COVID-19 if requested.

  - Non-essential employees continue as in Phase 1

Phase 3: Pandemic Normal **- Triggered** by the CA DPH moving the County of Operations into **Tier 4**, most community businesses open to the public. High-risk individuals work from home.

- All employees return to work unless deemed high risk based on current COVID-19 high risk definitions. (see Appendix D) Dimmer switch 75%

- Precautions remain in place to allow social distancing, limiting shared work spaces, frequent disinfection of high touch/shared areas, monitoring symptoms per public health guidelines.

  - Meeting of more than 3 people should be held virtually.

  - All offices closed to public interaction whenever possible.

Phase 4: Full Operations - **Triggered** by lifting of pandemic status by CDC and WHO.

- All employees return to normal job function following the return to work protocol (Appendix E). Offices open to the public and meetings with partnering agencies allowed.

II. CONDITIONS OF PROGRESSION & BACKWARDS TRIGGERS

Each condition must be met in order to move to the next phase as defined in Section 1. Due to the size of Siskiyou and Humboldt counties the IC/Public Health Nurse/or infection control officer will

reach out to county public health officials to determine location of cases. If cases are not in immediate service areas trigger will not be considered met. If location of cases becomes questionable or within immediate area action should be taken.

Phase 1 to phase 2 - **Triggered** by movement of County of Operations into **Tier 2 or 3.**

- Each office must have adequate PPE and sanitation supplies for 3 weeks based on the CDC burn rate calculator (See Appendix D)

- Entry point decontamination station are set up

- Every employee has at least 2 reusable masks to be sanitized frequently

- Clinics have testing capacity to meet needs of symptomatic patients/employees

Phase 2 to Phase 3 - **Triggered** by movement of County of Operations into **Tier 4.**

- Testing made available to all Karuk Employees at no cost to employee and on a volunteer basis. Screening tests, made available to the community with results <7 days.

- Offices have capacity to support PPE needs of employees and social distance work spaces. (See Appendix D)

Phase 3 to Phase 4 - **Triggered** by lifting of pandemic status

- PPE supply returns to normal levels

- Testing capacity and supplies to meet demand (local hospitals, medical centers, and Tribal medical centers' capacities may be combined to meet this condition)

Phase 2 to Phase 1 - **Triggered** by CA DPH moving County of Operations to **Tier 1**.

- Provide technical and material support to employees working from home.

- Maintain and provide adequate PPE supplies and social distancing measures to essential employees working in office/normal work area.

Phase 3 to Phase 2 - **Triggered** by one or more positive COVID-19 cases in the workplace that cannot be traced back to a known case OR CA DPH moves County of Operations to **Tier 2.**

- Maintain adequate PPE supplies. Utilize remote work employee evaluation tool to assist employees transition back to work-from-home as possible/allowable.

Phase 4 to Phase 3 - **Triggered** by CA DPH moving County of Operations to **Tier 3.**

III. TRAVEL

During Phase 1 no business-related travel is permitted by direction of the county officials. Travel should be limited to essential purposes only as described in the return to work protocol (Appendix E).

We understand that the rural circumstances of our communities complicate the issue of travel during a pandemic. Employees' personal lives are their own business, and we humbly request that employees do their best to follow State mandates on travel (the ICT will keep employees informed of current travel advisories from local Counties and the State).

It is everyone's personal responsibility to prevent the spread of this virus, thus if current State or County mandates require, please complete a self-isolation period per CDC guidelines (work from home if possible) after returning from travel. If it is not possible for you to work from home during this time, discuss with your supervisor measures that can be taken (for example, moving to a private work space in the office, using extra PPE or working on a rotating office schedule so your physical interactions with other employees are minimized.)

Holiday Travel Recommendations

"Travel increases your chance of getting and spreading COVID-19. **Staying home is the best way to protect yourself and others from COVID-19.**

You can get COVID-19 during your travels. You may feel well and not have any symptoms, but you can still spread COVID-19 to others. You and your travel companions (including children) may spread COVID-19 to other people including your family, friends, and community for 14 days after you were exposed to the virus.

Don't ravel if you are sick or if you have been around someone with COVID-19 in the past 14 days. Don't travel with someone who is sick."

-CDC *Travel during the COVID-19 Pandemic,* updated Oct. 21, 2020

- While planning your trip, check in with the CDC's interactive map COVID-19 Travel Recommendations by Destination

- Wear masks during travel

-    o   "CDC strongly recommends everyone wear a mask on public transportation. This recommendation includes passengers and workers on airplanes, trains, ships, ferries, subways, taxis, and ride shares, and at transportation hubs such as airports and stations."

- Please see Appendix C for the full CDC article on travel recommendations.

IV. EVALUATING A POSITIVE CASE IN THE WORKPLACE

A temperature of 100.4 or higher will require reporting to the nearest Karuk Tribal Health Clinic or your Primary Care Provider to be evaluated by a provider, and determine if COVID-19 testing, or other action, is needed. If tested, employee will self-quarantine until results are received. If the results are positive, all required reporting and CDC contact tracing guidelines will be completed by the Karuk Tribal Health Program in conjunction with county public health officials. This includes employers to notify employees who may have been exposed to COVID-19 and to report workplace outbreaks of COVID-19 to local health department.

If an employee tests positive all known employee contacts (employees working in the work area or having direct contact) with-in the last 14 days of the positive case must self-quarantine per county health officials.**. Contact will be defined as closer than 6 feet for longer than 15 minutes. Entry logs will be used to help identify personnel that may have been exposed (Appendix G.)

During self-quarantine, employees will monitor symptoms per CDC guidelines. Supervisors will sanitize positive employees' work areas and contact work areas. Consult IC if guidance is needed in sanitization. Employees may return to work as per CDC guidelines and county public health recommendation after the 14-day self-quarantine.

**Health employees wearing proper PPE will not need to self-quarantine unless instructed by a County public health officer.

V. VACCINE

When a vaccine is approved and distributed, it does not matter what Response Phase we are in—vaccines will be offered at all Karuk Tribal Clinics to any community members who will take a vaccine.

After an individual goes through the entire vaccination process (at the moment, all vaccine prospects must be administered twice in a four week period) they will report to their place of vaccination. Once vaccinated that individual may return to work within Phase 4 regulations and protocols as an individual.

VI. DEFINITIONS

- <u>Self-quarantine</u>: "If you have been in close contact with someone who has COVID-19, you may be infected even if you feel well right now…You should self-quarantine (separate yourself from others and stay home) in case you are infected." -CA DPH.

    o Stay home the required length of time. Check your temperature twice daily report the primary care provider or Karuk Tribal Health if above 100.4`F.

    o Please see CA DPH's guidance document on Home Quarantine.

- <u>Self-isolate</u>: "stay at home and separate yourself from others" if you have or likely have COVID-19. "You should stay in a separate room away from other people in your household to keep them safe and prevent them from getting ill." -CA DPH

    o Please see CA DPH's guidance document on Home Isolation.

- <u>County of Operations</u>: The County in which a particular office building is located.

- <u>Regional Basis</u>: If case spikes are not in the town or city in which a particular office building is located, they may be exempt from moving back a phase.

COVID-19 Emergency Response Plan

Draft 11.3.2020

Appendix A - Covid-19 Employee Remote Work Capability Evaluation Tool

This tool (excel spreadsheet) can be access via the link below. Follow the instructions in each column, then report the results in the final green cells to the Covid-19 IMT, or use them to guide your implementation of the dimmer switch within each response phase.

https://app.box.com/s/nnskzubenkatcii7m9xhj3j9vbvhp62v

Covid-19 Employee Evaluation Tool							
Name	**Title**	**Duties**	**Remote**	**Tools / Skills**	**Susceptible**	**Current**	**Maximum**
What is the Employee's Name?	*What is the Employee's Title?*	*What are the employees primary work duties or tasks?*	*Can the employee perform ANY of their primary work tasks remotely, primarily under their own direction? Can they do this without shifting work duties to others in the office?*	*What tools are necessary to work remotely? Does the employee possess the skills to utilize these tools remotely?*	*Is the employee (or household members) part of a susceptible demographic at higher risk of complications from Covid-19?* ***ONLY Enter 1 for Yes, or No, DO NOT Specify conditions.***	*Enter remote work as decimal (100% = 1, 25% = 0.25).*	*Enter remote work as decimal (100% = 1, 25% = 0.25).*
Calculations							
(1) Enter total number of Employees.	31.00			*Cheat Sheeet:*			
(2) Enter total from Calculate column.	0.00			*1 Day = 8 Hours*	0.20		
Divide (2) by (1).	0.00			*2 Days = 16 Hours*	0.40		
Percentage of program currently remote.	0%			*3 Days = 24 Hours*	0.60		
Maximum percentage of program that could be remote if needed.	0%			*4 Days = 32 Hours*	0.80		
Number of Susceptible Employees unable to work remotely, consult with HR-Finance for options.	0						

Appendix B – California Department of Public Health's Blueprint for a Safer Economy

"

"California has a new blueprint for reducing COVID-19 in the state with revised criteria for loosening and tightening restrictions on activities. Every county in California is assigned to a tier based on its test positivity and adjusted case rate for tier assignment. Additionally, a new health equity metric took effect on October 6, 2020. In order to advance to the next less restrictive tier, each county will need to meet an equity metric or demonstrate targeted investments to eliminate disparities in levels of COVID-19 transmission, depending on its size. The California Health Equity Metric is designed to help guide counties in their continuing efforts to reduce COVID-19 cases in all communities and requires more intensive efforts to prevent and mitigate the spread of COVID-19 among Californians who have been disproportionately impacted by this pandemic."

Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe

This guidance outlines an updated framework for a safe progression of opening more businesses and activities in light of the pandemic. The framework for this guidance is informed by increased knowledge of disease transmission vulnerabilities and risk factors and is driven by the following goals:

1)   To progress in phases based on risk levels with appropriate time between each phase in each county so impacts of any given change can be fully evaluated.

2)   To aggressively reduce case transmission to as low a rate as possible across the state so the potential burden of flu and COVID-19 in the late fall and winter does not challenge our healthcare delivery system's ability to surge with space, supplies and staff. Also, with winter weather pushing more activities indoors, low levels of transmission in the community will make large outbreaks in these riskier settings less likely.

3) To simplify the framework and lay out clear disease transmission goals for counties to work towards.

Tier Framework

This framework lays out the measures that each county must meet, based on indicators that capture disease burden, testing, and health equity. A county may be more restrictive than this framework. This framework also notes signals of concern, including impacted healthcare capacity that may lead towards a dimming intervention. This framework replaces the former County Data Monitoring metrics. As the COVID-19 pandemic continues to be an evolving situation and new evidence and understanding emerges, the California Department of Public Health (CDPH), in collaboration with other State officials, will continue to reassess metrics and thresholds.

See chart below for the framework metrics as set according to tiers based on risk of community disease transmission. Calculation of metrics is described in Appendix 1. Description of the Health Equity Metric can be found on the Health Equity Metric page.

Measure	Higher Risk ⟶ of Community Disease Tr...		
	Widespread **Tier 1**	**Substantial** **Tier 2**	**Mod...** **Ti...**
Adjusted Case Rate for Tier Assignment ** (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	>7	4-7	1-
Testing Positivity^ (Excluding prison cases^, 7 day average with 7 day lag)	>8%	5-8%	2-4

Metrics with values greater than or less than tier cut points by 0.05 are rounded up or down using conventional rounding rules.

^Excludes state and federal inmates, ICE facility residents, State Hospital inmates and US Marshal detainees

*Population denominators from the Department of Finance: State Population Projections - Total Population by County- Table P-1

**Case rate will be determined using cases confirmed by PCR

*** Counties are assigned a tier based on two metrics: test positivity and case rate. Large counties with populations greater than approximately 106,000 must also meet the health equity metric described on the Health Equity Metric page in order to advance to a less restrictive tier.

The case rate is adjusted based on testing volume per 100,000 population as described below. Due to variability in data, this adjustment does not apply to small counties (defined as those with a population less than 106,000 residents).

- For counties with testing volume above the state median, the factor is less than 1, decreasing in a linear manner from 1.0 to 0.6 as testing volume increases from the state median to 2x the state median. The factor remains at 0.6 if the testing volume is greater than 2x the state median.
- For counties with testing volume below the state median, the factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as testing volume decreases from the state median to zero. However, this adjustment for low testing volume will not be applied to counties with a test positivity < 3.5%.

California COVID-19 Case Rate Adjustment Factor

Testing Volume	Case Rate Adjustment Factor*
0	1.4
0.25* State Median	1.3
0.50* State Median	1.2
0.75* State Median	1.1
State Median	1
1.25* State Median	0.9
1.5* State Median	0.8

1.75* State Median	0.7
2.0*State Median and above	0.6

- Counties with fewer than 106,000 residents, will be exempted from case rate adjustments, and counties with test positivity <3.5% will be exempted from adjustment for testing rates lower than the state median.

- If the two metrics are not within the same tier, the county's tier assignment will be determined by the more restrictive of the two. For example, if a county's test positivity corresponds to tier 3 (orange, moderate), but the case rate corresponds to tier 1 (purple, widespread), the county will be assigned as tier 1.

Moving through the Tiers

Rules of the framework:

1. CDPH will assess indicators weekly on Mondays and release updated tier assignments on Tuesdays.

2. A county must remain in a tier for a minimum of three weeks before being able to advance to a less restrictive tier.

3. A county can only move forward one tier at a time, even if metrics qualify for a more advanced tier.

4. If a county's adjusted case rate for tier assignment and test positivity measure fall into two different tiers, the county will be assigned to the more restrictive tier.

5. The health equity metric is applied to jurisdictions with populations greater than 106,000. Rules of the health equity metric are described on the Health Equity Metric page.

6. City local health jurisdiction (LHJ) data will be included in overall metrics, and city LHJs will be assigned the same tier as the surrounding county

7. An LHJ may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.

8. Tier status goes into effect the Wednesday following each weekly tier assignment announcement on Tuesdays.

To advance:

1. A county must have been in the current tier for a minimum of three weeks.
2. A county must meet criteria for the next less restrictive tier for both measures for the prior **two** consecutive weeks in order to progress to the next tier.
3. In addition, counties must meet the health equity criteria to demonstrate the county's ability to address the most impacted communities within a county.

To move back:

1. During the weekly assessment, if a county's adjusted case rate and/or test positivity has fallen within a more restrictive tier for two consecutive weekly periods, the state will review the most recent 10 days of data, and if CDPH determines there are objective signs of improvement the county may remain in the tier. If the county's most recent 10 days data does not show objective signs of improvement the county must revert to the more restrictive tier. For subsequent weekly assessments, the above rules apply.
2. Counties with a population less than 106,000 will have a small county criteria applied to it to ensure movement to a more restrictive tier is appropriate. Description of the small county framework is below.
3. Counties will have three days, beginning the Wednesday after tier assignments are announced on Tuesdays, to implement any sector changes or closures unless extreme circumstances merit immediate action.

Small County Framework

Because California's case rate metric is normalized per 100,000 population, a number of counties with small populations have experienced large swings in their daily case rate as a result of a small number of newly reported cases. For some counties, this has raised the specter of needing to move back to a more restrictive

tier despite overall disease stability and a demonstrated ability to trace, follow up with, investigate and support cases.

For example, once a small county is in yellow tier, a small number of cases – as low as 1 case per week for 2 consecutive weeks – could cause it to return to a more restrictive tier. While the overall proportion of cases may be the same as a larger county, the absolute number of cases is also an important consideration in gauging county capacity to control transmission through disease investigation, contact tracing and supportive isolation.

It is not in the interest of the public health of communities to close or restrict entire business sectors on the basis of such a small number of cases, and in some situations a small swing in week over week case counts can move a county from yellow tier all the way to purple tier. Because the state wants to avoid swift shifts in tier status based on small absolute case number changes, we are creating an alternate case assessment measure to apply to small counties. Small counties are defined as having fewer than 106,000 residents.[1]

Alternate Case Assessment Measure. Small counties are subject to all existing Blueprint rules (test positivity thresholds, minimum duration of 3 weeks in a tier before moving to a less restrictive tier, inability to skip over a tier while moving from more restrictive to less restrictive tier designations, etc.) with the exception of the case rate thresholds as delineated below.

The alternate case assessment measure provides a small county protection against sudden tier changes as a result of small increases in cases.

For a small county that has test positivity that meets the threshold of that county's currently assigned tier, but is flagged for potentially moving to a more restrictive tier based on its weekly case rate assessment, the following criteria shall be applied in lieu of the Blueprint case rate thresholds.

If the county exceeds the following absolute weekly case numbers based on its population and tier for two consecutive weeks, it will be required to move to a more restrictive tier:

From Tier	To Tier	Pop ≤ 35K	Pop 35K-70K	Pop 70K-106K

Yellow	Orange	7	14	21
Orange	Red	14	21	28
Red	Purple	35	42	49

NEW: Movement into Yellow Tier

In moving from purple to red or red to orange tiers, small counties are subject to all existing Blueprint rules (test positivity thresholds, minimum duration of 3 weeks in a tier before moving to a less restrictive tier, inability to skip over a tier while moving from more restrictive to less restrictive tier designations, etc.).

For a small county to move from the orange to yellow tier, it must meet the existing test positivity threshold of less than 2%. However, in lieu of meeting the established daily case rate threshold for yellow tier of less than 1 case per 100,000, a small county is allowed to have a daily case rate of less than or equal to 2 cases per 100,000. Of note, these are the same parameters used for the health equity acceleration criteria to yellow tier.

[1] Twenty-two California counties have a population of less than 100,000. Sutter, which has a population of 106,000 is also included as it shares a health officer with Yuba County. Counties below this size have similar challenges and opportunities in controlling COVID-19 transmission and generally do not have major or large, densely populated cities. This distinction factors into how rapidly COVID-19 transmission can increase beyond households and the ability of the county to rapidly identify and contain outbreaks with existing contact tracing, isolation and quarantine resources.

Risk Criteria

Activities and sectors will begin to open at a specific tier based on risk-based criteria (PDF), as outlined below. Lower risk activities or sectors are permitted sooner and higher risk activities or sectors are not permitted until later phases. Many activities or sectors may increase the level of operations and capacity as a county reduces its level of transmission.

Criteria used to determine low/medium/high risk sectors

- Ability to accommodate face covering wearing at all times (e.g. eating and drinking would require removal of face covering)
- Ability to physically distance between individuals from different households
- Ability to limit the number of people per square foot
- Ability to limit duration of exposure
- Ability to limit amount of mixing of people from differing households and communities
- Ability to limit amount of physical interactions of visitors/patrons
- Ability to optimize ventilation (e.g. indoor vs outdoor, air exchange and filtration)
- Ability to limit activities that are known to cause increased spread (e.g. singing, shouting, heavy breathing; loud environs will cause people to raise voice)

Schools

Schools may reopen for in-person instruction based on equivalent criteria to the July 17 School Re-opening Framework (PDF) previously announced. That framework remains in effect except that Tier 1 is substituted for the previous County Data Monitoring List (which has equivalent case rate criteria to Tier 1). Schools in counties within Tier 1 are not permitted to reopen for in-person instruction, with an exception for waivers granted by local health departments for TK-6 grades. Schools that are not authorized to reopen, including TK-6 schools that have not received a waiver, may provide structured, in-person supervision and services to students under the Guidance for Small Cohorts/Groups of Children and Youth.

Schools are eligible for reopening at least some in-person instruction following California School Sector Specific Guidelines once the county is out of Tier 1 (and thus in Tier 2) for at least 14 days, which is similar to being off the County Data Monitoring List for at least 14 days. The first day a county is considered in Tier 2 is the Wednesday after the weekly county tier assignments are announced and posted on the CDPH website (Tuesdays). For example, if a county is assigned to Tier 2 on Tuesday, October 13, the first full day the county is in Tier 2 is Wednesday, October 14. The county will have completed 14 days in Tier 2 on Tuesday, October

27 and may reopen schools for in-person instruction on Wednesday, October 28. As noted above, an LHJ may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.

As stated in the July 17 School Re-opening Framework (PDF), schools are not required to close if a county moves back to Tier 1, but should consider surveillance testing of staff. However, if a school or district had not already reopened for in-person instruction while in Tier 2 and is then moved to Tier 1, it may not reopen those schools until the county moves back to Tier 2 and remains in Tier 2 for 14 days.

Blueprint for a Safer Economy

Activity and Business Tiers

SECTORS	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Critical Infrastructure	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Limited Services	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Outdoor Playgrounds & Outdoor Recreational Facilities **	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Hair Salons & Barbershops	Open Indoors with modifications	Open indoors with modifications	Open indoors with modifications	Open indoors with modifications
All Retail (including critical infrastructure, except standalone grocers)	Open Indoors with modifications • Max 25% capacity	Open Indoors with modifications • Max 50% capacity	Open Indoors with modifications	Open Indoors with modifications

This is a screen capture from a supplemental document detailing openings for each type of sector in California. This document may be found online here.

Appendix C-CDC Recommendations and Guidelines

<u>Self-monitoring for COVID-19</u>

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- 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

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

When to seek emergency medical attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Caring for yourself or others

- [How to protect yourself](#)
- [How to care for someone who is sick](#)
- [What to do if you are sick](#)

What is the difference between Influenza (Flu) and COVID-19?

Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with [influenza viruses](#).

There are some key differences between flu and COVID-19. COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer. Another important difference is there is a vaccine to protect against flu. There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus. More information about differences between flu and COVID-19 is available in the different sections below.

Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and [testing](#) may be needed to help confirm a diagnosis. Flu and COVID-19 share many characteristics, but there are some key differences between the two.

While more is learned every day, there is still a lot that is unknown about COVID-19 and the virus that causes it. This page compares COVID-19 and flu, given the best available information to date.

The above information was taken direction from the following CDC webpage:
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Travel

Travel increases your chance of getting and spreading COVID-19. **Staying home is the best way to protect yourself and others from COVID-19.**

You can get COVID-19 during your travels. You may feel well and not have any symptoms, but you can still spread COVID-19 to others. You and your travel companions (including children) may spread COVID-19 to other people including your family, friends, and community for 14 days after you were exposed to the virus.

Don't travel if you are sick or if you have been around someone with COVID-19 in the past 14 days. Don't travel with someone who is sick.

Wear Masks During Travel

CDC strongly recommends everyone wear a mask on public transportation.

This recommendation includes passengers and workers on airplanes, trains, ships, ferries, subways, taxis, and ride shares, and at transportation hubs such as airports and stations. Click here for more information.

Holiday Travel

Find out how to keep yourself and your family safer when you celebrate fall and winter holidays.

If you are planning to travel for an upcoming holiday, see CDC's information about Holiday Celebrations.

Before You Travel

Before you travel, consider the following:

- **Is COVID-19 spreading at your destination?**
  The more cases at your destination, the more likely you are to get infected during travel and spread the virus to others when you return.

- [Check Each State's Cases in the Last 7 Days](#)
- [Travel Recommendations for Destinations Around the World](#)
- **Do you live with someone who might be [at increased risk for severe illness from COVID-19](#)?**
  If you get infected while traveling, you can spread the virus to loved ones when you return, even if you don't have symptoms.
- **Are you [at increased risk for severe illness from COVID-19](#)?**
  Anyone can get very ill from the virus that causes COVID-19, but older adults and people of any age with certain underlying medical conditions are at [increased risk for severe illness](#) from COVID-19.
- **Does your destination have requirements or restrictions for travelers?**
  Some state, local, and territorial governments have requirements, such as requiring people to wear masks and requiring those who recently traveled to stay home for up to 14 days. Check [state, territorial,](#) [tribal](#) and local public health websites for information before you travel. If you are traveling internationally, check the destination's Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information pageexternal icon](#) for details about entry requirements and restrictions for arriving travelers, such as mandatory testing or [quarantine](#).

If You Travel

During your trip, take steps to [protect yourself and others](#) from COVID-19:

- Wear a [mask](#) to keep your nose and mouth covered when in public settings, including on [public transportation and in transportation hubs such as airports and stations](#).
- Avoid close contact by [staying at least 6 feet apart](#) (about 2 arms' length) from anyone who is not from your household.
- [Wash your hands](#) often or use hand sanitizer (with at least 60% alcohol).
- Avoid contact with anyone who is sick.
- Avoid touching your eyes, nose, and mouth.

Traveling Abroad? Check CDC's [COVID-19 Travel Recommendations by Destination](#) before planning your trip.

Considerations for Types of Travel

Travel increases your chances of getting and spreading COVID-19. Your chances of getting COVID-19 while traveling also depend on whether you and those around you take steps to protect yourself and others, such as wearing masks and staying 6 feet away from people outside your household ([social distancing](#)). Airports, bus stations, train stations, and rest stops are all places travelers can be exposed to the virus in the air and on surfaces. These are also places where it can be hard to [social distance](#). In general, the longer you are around a person with COVID-19, the more likely you are to get infected.

Air travel

Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and sitting within 6 feet of others, sometimes for hours, may increase your risk of getting COVID-19.

Also consider how you get to and from the airport, as [public transportation and ridesharing](#) can increase your chances of being exposed to the virus.

Bus or train travel

Traveling on buses and trains for any length of time can involve sitting or standing within 6 feet of others, which may increase your risk of getting COVID-19. If you choose to travel by bus or train, learn what you can do to [protect yourself on public transportation](#).

Car travel

Making stops along the way for gas, food, or bathroom breaks can put you and your traveling companions in close contact with other people and frequently-touched surfaces.

RV travel

You may have to stop less often for food or bathroom breaks, but RV travel usually means staying at RV parks overnight and getting gas and supplies at other public places. These stops may put you and those with you in the RV in close contact with others.

Learn more about how to protect yourself from COVID-19 on different types of transportation

Know When to Delay your Travel to Avoid Spreading COVID-19

People who are sick, have recently tested positive for the virus that causes COVID-19, or have been exposed to a person with COVID-19 should delay travel. Learn when and for how long to delay travel to avoid spreading COVID-19.

How Are Companies Protecting Customers from COVID-19?

When planning travel, you may want to check companies' websites to see what they are doing to protect customers from COVID-19. Things to look for include:

- Requiring people to wear a mask
- Promoting social distancing
- Using online or contactless reservations and check-in
- Using contactless payment
- Enhanced cleaning procedures

Tips to avoid getting and spreading COVID-19 in common travel situations:

In public:

- Wear a mask in public settings, including on public transportation and in transportation hubs such as airports and stations.
- Stay at least 6 feet (about 2 arms' length) from anyone who is not from your household.

Bathrooms and rest stops:

- Wash your hands with soap and water for at least 20 seconds after using the bathroom and after you have been in a public place.
- If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

Getting gas:

- Use disinfecting wipes on handles and buttons at the gas pumps before you touch them (if available).
- After fueling, use a hand sanitizer with at least 60% alcohol. When you get to your destination, wash your hands with soap and water for at least 20 seconds.

Hotels and accommodations:

- See advice for traveling overnight.

Food stops:

- The safest option is to bring your own food. If you don't bring your own food, use drive-through, delivery, take-out, and curb-side pick-up options.

Anticipate Your Travel Needs

- Bring a mask to wear in public places and on public transportation.
- Pack hand sanitizer with at least 60% alcohol. Keep this within reach.
- Bring enough of your medicine to last you for the entire trip.
- Pack food and water in case restaurants and stores are closed, or if drive-through, take-out, and outdoor-dining options aren't available.

- If you are considering cleaning your travel lodgings, see CDC's guidance on how to [clean and disinfect](#).

Check Travel Restrictions

State, local, and territorial governments may have travel restrictions in place, including testing requirements, stay-at-home orders, and [quarantine](#) requirements upon arrival. Follow state, local, and territorial travel restrictions. For up-to-date information and travel guidance, check the [state, territorial,](#) [tribal](#) and local health department where you are, along your route, and where you are going. Prepare to be flexible during your trip as restrictions and policies may change during your travel.

If traveling internationally or across international borders, check with the destination's Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information pageexternal icon](#) for details about entry requirements and restrictions for arriving travelers, such as mandatory testing or [quarantine](#). Local policies at your destination may require you to be tested for COVID-19 before you are allowed to enter the country. If you test positive on arrival, you may be required to [isolate](#) for a period of time. You may even be prevented from returning to the United States, as scheduled.

After You Travel

You may have been exposed to COVID-19 on your travels. You may feel well and not have any symptoms, but you can be contagious without symptoms and spread the virus to others. You and your travel companions (including [children](#)) pose a risk to your family, friends, and community for 14 days after you were exposed to the virus. Regardless of where you traveled or what you did during your trip, take these actions to protect others from getting sick after you return:

- When around others, [stay at least 6 feet](#) (about 2 arms' length) from other people who are not from your household. It is important to do this everywhere, both indoors and outdoors.
- Wear a [mask](#) to keep your nose and mouth covered when you are outside of your home.

- Wash your hands often or use hand sanitizer (with at least 60% alcohol).
- Watch your health and look for symptoms of COVID-19. Take your temperature if you feel sick.

Follow state, territorial, tribal and local recommendations or requirements after travel.

Higher Risk Activities

Some types of travel and activities can put you at higher risk for exposure to COVID-19 (see list below). If you participated in higher risk activities or think that you may have been exposed before or during your trip, take extra precautions (in addition the ones listed above) to protect others for 14 days after you arrive:

- Stay home as much as possible.
- Avoid being around people at increased risk for severe illness from COVID-19.
- Consider getting tested for COVID-19.

What activities are considered higher risk?

Here are examples of activities and situations that can increase your risk of exposure to COVID-19:

- Being in an area that is experiencing high levels of COVID-19, including destinations with a Level 3 Travel Health Notice. You can check the Travel Health Notices for recommendations for places you have traveled, including foreign countries and U.S. territories. You can also check states, counties, and cities to determine if these areas are experiencing high levels of COVID-19.
- Going to a large social gathering like a wedding, funeral, or party.
- Attending a mass gathering like a sporting event, concert, or parade.
- Being in crowds — for example, in restaurants, bars, airports, bus and train stations, or movie theaters.
- Traveling on a cruise ship or river boat.

If you know that you were exposed to someone with COVID-19, postpone further travel. If you get any symptoms of COVID-19, see What to Do If You Are Sick.

The above information was taken directly from the following CDEC webpage:
https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html

Appendix D - links to useful CDC webpages

- People at Increased Risk (to COVID-19)
    - https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html
- CDC burn rate calculator
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

Appendix D - Karuk Tribe Return to Work Protocol

Let's All Return to Work Safely!
The following is a one page summary of the Protocols provided to all employees with the goal of keeping everyone as Safe and Healthy as possible when returning to the workplace.

1) DO NOT report to work if you are sick or exhibiting symptoms of illness (fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, sore throat); contact your Supervisor to report any illness.
2) Wear a face covering at all times while inside of Tribal facilities, very limited exceptions are outlined in the full protocol document.

3) Report to your designated Entry Point before reporting to your office for the day.

4) Take your temperature and log that it was within normal range at the start of each shift and again upon entering any additional facilities visited throughout the day. A temperature of 100.4 or higher will require reporting to nearest Karuk Tribal Health Clinic to be evaluated by a provider.

5) Wash your hands with soap and water for at least 20 seconds EACH TIME you enter the building, and frequently throughout the day (before/after eating, using the toilet, touching shared items/tools, wearing mask/gloves, after blowing nose, or after sneezing).

6) Wipe down all surfaces touched, both in your workspace, and in common areas where you touch something (fax, phone, copier, doorknobs, keyboard, mouse, calculator, printer, etc.) with disinfectant wipes or paper towels and bleach spray prior to initial use, and throughout the day.

7) Maintain 6 feet of separation from other employees at all times, stagger arrival times and breaks.

8) Adhere to all guidance and recommendations issued by the Centers for Disease Control, and practice Good Hygiene Protocols at all times.

9) Employees are strongly encouraged to report **ANY** of the following to Vickie Simmons, HR Director: 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.

péekrii vúra yávhi (Stay Safe)!

Please refer to your personally signed copy for the entire contents of the Return to Work Protocol, the above information is only the first page.

COVID-19 Emergency Response Plan

Appendix F - 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 for 14 days. If not possible the employee 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.

COVID-19 Emergency Response Plan

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 for 14 days. 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.

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.

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

Karuk Tribe

COVID-19 Emergency Response Plan

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?

COVID-19 Emergency Response Plan

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 _____

1. Put on Gloves
2. Put on mask (if not already wearing a mask)
3. Turn on thermometer, check temperature
4. Fill out sign in sheet
5. Clean area (Clorox wipe or other disinfectant)
6. Gloves off
7. Wash hands
8. If temperature is less than 100.4°F, proceed to work. <u>If temperature is above 100.4°F, disinfect area, exit building and notify your Supervisor immediately!</u>

Pre-Screening Checklist

COVID-19: Screening Checklist for Visitors and Employees

*ALL individuals (employees, family, visitors, government officials)
entering the building must be asked the following questions:*

1. **Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?**

   ☐ YES   ☐ NO – please ask them to do so

2. **Ask the individual if they have any of the following respiratory symptoms?**
   ☐ Fever
   ☐ Sore throat
   ☐ Cough
   ☐ New shortness of breath
   ☐ New onset sore muscles/body aches

   If YES to any, restrict them from entering the building.
   If NO to all, proceed to question #3 for employees and step #4 for all others.

3A. For employees, check temperature and document results (not required for visitors)
   ☐ Fever present? >100.4°F / 38°C

   If YES, restrict from entering the building.
   If NO, proceed to step 3B.

3B. For employees, ask if they have:
   ☐ Worked in facilities with recognized COVID-19 cases?

   If YES, ask if they worked with person with confirmed COVID-19?

   ☐ YES ☐ NO

   If YES, restrict them from entering the building or monitor them throughout shift.
   If NO, proceed to step 4.

4. **Allow entry to building and remind the individual to:**
   ☐ Wash their hands or use ABHR throughout their time in the building.
   ☐ Not shake hands with, touch or hug individuals during their visit.
   ☐ Visitors that are permitted for compassionate care situations must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.

	A	B	C	D
1				
2	Return to Work Sign-in Sheet		Date:	
3				
4	**If your temperature is below 100.4 F and you are SX free, you are cleared to work.**			
5	NAME	TEMPERATURE BELOW 100.4 F?	Are you expetrencing; sore throat, cough, new SOB, new onset sore muscles/body aches?	Initial
6	(example: Jane Doe)	(Yes)	(No)	(JD)
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Self-quarantine Instructions for Individuals Exposed to COVID-19

CDPH

These instructions are for people who have been in close contact with someone who has been diagnosed with COVID-19. *Are you a healthcare worker or essential worker? Check with your employer about their guidelines.*

Why is self-quarantine important?

If you have been in close contact with someone who has COVID-19, you may be infected even if you feel well right now.

It can take as little as 2 days to as many as 14 days after being near someone with COVID-19 to feel any symptoms or know if you are infected. Some people who are infected never have symptoms, but are still contagious to others.

You should self-quarantine (separate yourself from others and stay home) in case you are infected. This is so you do not pass on COVID-19 infection to anyone else.

What is a "close contact"?

A "close contact" is anyone who was exposed to a person with COVID-19 while they were contagious*.

Examples of close contacts are:

▸ *Household member, intimate partner, or caregiver*
▸ *Person who was within 6 feet (2 meters) of you for 15 minutes or more*
▸ *Person who had unprotected contact with your body fluids/secretions*

Unprotected contact with bodily fluids/ secretions includes actions like:

Being coughed or sneezed on   *Sharing utensils*   *Caring for someone who is sick without wearing proper protective equipment*

*A person with COVID-19 is considered to be contagious 2 days before their first symptoms appear until they are no longer required to be self-isolated as described in Self-isolation Instructions for Individuals Who Have or Likely Have COVID-19. *A person with a positive COVID-19 test but no symptoms is considered to be contagious from 2 days before their test was taken until 10 days after their test.*

How long do you need to self-quarantine?

You will need to stay in self-quarantine for 14 days from the last time you were in close contact with a person who has COVID-19. If you continue to live with or care for this person, the amount of time you have to self-quarantine depends on the type of contact that you have. To assist with determining this, please see *Tips to determine when your self-quarantine ends* on Page 4 of these instructions.

Do you need to get tested for COVID-19 during self-quarantine?

You may be referred for testing depending on availability in your area.

If your test is positive:

▶ It means you have COVID-19.

▶ You should follow the *Self-isolation Instructions for COVID-19*.

▶ You should tell your close contacts to self-quarantine. You can even tell them anonymously by text or email using the website tellyourcontacts.org.

If your test is negative:

▶ You may have been infected after your last exposure but it is too early to tell on the test.

▶ You still need to stay in self-quarantine for the full 14 days after your last exposure.

▶ Monitor your health and stay alert for symptoms of COVID-19.

Tips for monitoring your health during self-quarantine:

Stay alert for symptoms of COVID-19. Common symptoms include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body pain, headache, congestion or runny nose, sore throat, nausea, vomiting, diarrhea, or new loss of taste or smell. This list does not include all possible symptoms.

Check your temperature twice a day. Watch for fever of at least 100.4ºF.

What if you develop COVID-19 symptoms?

If you develop symptoms that concern you, call your medical provider.

● Tell them that you were exposed to someone with COVID-19.

● Ask them about getting tested. To find testing in your area, visit covid19.ca.gov/testing-and-treatment.

● Let them know if you are at high risk for serious illness. You are at high risk if you are: 65 years or older; have a chronic disease (e.g., diabetes); or a weak immune system.

● Remember to write down when your symptoms started and follow the *Self-isolation Instructions for Individuals Who Have or Likely Have COVID-19*.

If you have to leave your home for medical care or testing, be careful.

● Wear a facemask or a cloth face covering (see *Guidance for Cloth Face Coverings*).

● Use a private vehicle if possible. If you cannot drive yourself, keep as much distance as possible between you and the driver. Wear a face covering and leave the windows down if you can. Avoid using public transportation, ride shares, or taxis.

Call 911 if you start to have emergency warning signs

Difficulty breathing

Pressure or pain in chest

Bluish lips or face

Confused or hard to wake

Other serious symptoms

Self-quarantine
Do & Do Nots

DO!

- **Do stay home** except to get medical care. If you have other health conditions, make sure to closely monitor any new or existing symptoms, and check-in with your doctor, especially if you feel worse.
- **Do stay at least 6 feet (2 meters) away from others**
- **Do wear a facemask or cloth face covering** when around others (see *Guidance for Cloth Face Coverings* for more information).
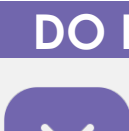- **Do stay away from others in your home** (unless they are also in quarantine) by staying alone in a specific room.
- **Do stay away from people who are at high risk for serious illness**. People at higher risk are: 65 years or older; severely overweight; have a chronic disease (e.g., diabetes); or a weak immune system.
- **Do use a separate bathroom**, if available. If not possible, clean and disinfect the bathroom after use.
- **Do wash your hands often and thoroughly** using soap and water for at least 20 seconds. Wash your hands after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. If a sink is not available, use hand sanitizer (containing 60% ethanol or 70% isopropanol). Never use hand sanitizers with methanol due to its high toxicity to both children and adults.
- **Do wipe down surfaces that you touch frequently** with disposable cloths using bleach or household cleaners.

DO NOT!

- **Do not go to work, school, or public areas.**
- **Do not allow visitors.**
- **Do not prepare or serve food to others.**

Getting help with food and other basic needs:

▸ If you do not have someone to help you, you can order food or groceries online for home delivery, if available. Ask that deliveries be left in a safe spot at your door.

▸ If you need help obtaining food or other essential items, call 2-1-1, your county's Information Line or visit the website www.211.org.

▸ Additional resources: financial help, food assistance, housing and homelessness, emotional support, childcare, immigrant communities.

When can you safely end self-quarantine?

You will need to stay in self-quarantine for 14 days from the date of your last close contact with someone with COVID-19. The examples below will teach you how to determine the last date in your self-quarantine period.

Tips to determine when your self-quarantine ends

<u>No further contact</u> **with someone with COVID-19:** Your last day in self-quarantine is 14 days from the date when you last had close contact with that person.

Your last close contact with a person with COVID-19 on **January 1**	**+**	**14 days**	**=**	Your last day in self-quarantine is **January 15**

<u>Continued contact</u> **with someone with COVID-19:** If you continue to have close contact (like living with or caring for the person), your last day of self-quarantine is 14 days from the date the person started to follow *Self-isolation Instructions for Individuals Who Have or Likely Have COVID-19*

The person with COVID-19 started to follow self-isolation instructions on **January 5**	**+**	**14 days**	**=**	Your last day in self-quarantine is **January 19**

<u>Continued contact</u> **with someone with COVID-19:** The 14-day quarantine period will restart if you have close contact with the person with COVID-19 at any time during your self-quarantine. It will restart on the date of your last close contact.

You started to self-quarantine on **January 10**	→	You had close contact with a person with COVID-19 on **January 13**	**+**	**14 days**	**=**	Your last day in self-quarantine is **January 27**

<u>Cannot avoid close contact</u> **with someone with COVID-19:** Your last day of self-quarantine is 14 days from the date the person with COVID-19 completed their self-isolation. This means they were told by their doctor or local health department it was safe to be near others.

Person with COVID-19 completes self-isolation on **January 15**	**+**	**14 days**	**=**	Your last day in self-quarantine is **January 29**

Want more information? Visit the CA Department of Public Health website <u>cdph.ca.gov/covid19</u>
Please call your medical provider for any questions related to your health.
If you need help finding a medical provider, call 2-1-1 or your county's Information Line.

Self-isolation Instructions for Individuals Who Have or Likely Have COVID-19

CDPH

These instructions are for people who have or likely have COVID-19. They include information for households, families, caregivers, or close contacts.

What is self-isolation?

When you have COVID-19 it is important to self-isolate (or stay at home and separate yourself from others). You should stay in a separate room away from other people in your household to keep them safe and prevent them from getting ill.

How can you care for yourself at home?

There is no specific treatment for the virus that causes COVID-19. Most people with COVID-19 will have mild illness and can get better with proper home care without the need to see a medical provider. Here are steps that you can take to help you feel better:

▶ Rest & drink plenty of fluids
▶ Take over-the-counter medicines as directed to reduce fever and pain (talk to a medical provider before giving a child younger than 2 years old over-the-counter cold medicines)

Note: over-the-counter medicines do not "cure" you and do not stop you from spreading germs.

What are the symptoms of COVID-19?

Common symptoms of COVID-19 include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body pain, headache, congestion or runny nose, sore throat, nausea, vomiting, diarrhea, or new loss of taste or smell. Please note that this list does not include all possible symptoms.

When should you get medical care?

Write down when your symptoms started and continue to monitor your health. Get medical care if your symptoms get worse, especially if you are at a higher risk of serious illness. If you are 65 years or older, severely overweight, or have a health problem such as a chronic disease (e.g., diabetes) or a weak immune system, you are considered high risk and should contact your doctor, especially if you are having any symptoms. Call ahead before visiting your medical provider, you may be able to get advice by phone. If you need help finding health care, call your county's Information Line or 2-1-1. For more information, visit this website.

Call 911 if you start to have emergency warning signs

Difficulty breathing | **Pressure or pain in chest** | **Bluish lips or face** | **Confused or hard to wake** | **Other serious symptoms**

If you call 911, tell the dispatch personnel that you have COVID-19.

# What steps can you take to protect others in your home and community?

Stay home except to get medical care

- Do not go to work, school, or public areas.
- If you must leave home to get medical care, call ahead of time and use a private vehicle if possible. If you cannot drive yourself, keep as much distance between you and the driver as you can. Wear a facemask (or if you don't have one, cloth face covering) and leave the windows down if possible.
- Avoid public transportation, ride shares, or taxis.
- Wear a facemask (or cloth face covering) before entering hospitals or medical offices.

Separate yourself from other people in your home

- Stay in a separate room and away from other people.
- Try to stay away from people who are at higher risk of serious illness. People who are age 65 years or older, severely overweight, or have a health problem such as a chronic disease (e.g., diabetes) or a weak immune system are considered high risk. If these people live with you, they should contact their doctor, especially if they are having any symptoms.
- Use a separate bathroom. If not possible, clean and disinfect the bathroom after use.
- Stay at least 6 feet (2 meters) from others.
- Open windows and turn on a fan (if possible) in shared spaces for good airflow.
- Do not allow visitors.
- Do not prepare or serve food to others.
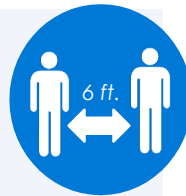
Clean your hands often

- Wash your hands often and thoroughly with soap and water for at least 20 seconds.
- Wash your hands after blowing your nose, coughing, or sneezing, going to the bathroom, and before eating or preparing food.
- If soap and water are not available, use a hand sanitizer containing (60% ethanol or 70% isopropanol). Never use hand sanitizers with methanol due to its high toxicity to both children and adults.

Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw used tissues in a lined trash can and immediately wash your hands.

What steps can you take to protect others in your home and community?

Wear a facemask or cloth face covering when around others

- Wear a facemask any time you are around other people, even at home.
- This includes any time someone else must enter the same room you are in.
- If you do not have a facemask, wear a cloth face covering. Do not place a facemask or cloth face covering on anyone who has trouble breathing or is unable to remove it without assistance.
- A person who must enter your room should wear a facemask if you are unable to wear one. Afterwards they should immediately wash their hands, then remove their facemask, and wash their hands again.
- Infants and children under 2 years of age should not wear a facemask or cloth face covering. Children ages 2-8 can use them under parent or adult supervision. Parents should make sure children can breathe safely to avoid choking or suffocation.
- See *Recommendations for Cloth Face Coverings* for more information.

Avoid sharing personal household items

- Do not share dishes, drinking glasses, cups, or eating utensils with other people. Thoroughly wash with soap and water after use.
- Do not share towels or bedding with other people in your home.

Clean and disinfect all "high-touch" surfaces every day

- High-touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
- Clean and disinfect any surfaces that may have body fluids on them.
- Use household cleaning and disinfectant sprays or wipes, following product instructions.
- See cleaning instructions in *Guidance for disinfecting your home if someone is sick*.

Getting help with food and other basic needs

- Try to order food or groceries for home delivery if you do not have someone to help you. Ask deliveries be left in a safe spot at your door. If you need help getting food or other necessities, call 2-1-1.
- See additional resources for: financial help, food assistance, housing and homelessness, emotional support, childcare, immigrant communities

When can you safely stop self-isolating?

If you had symptoms, you can be with others after:

☑ A minimum of 10 days have passed since your symptoms first appeared **and**

☑ Your symptoms have improved **and**

☑ You have been fever-free for the last 24 hours (without using medicine that reduces fevers)

If you tested positive for COVID-19 but never had any symptoms:
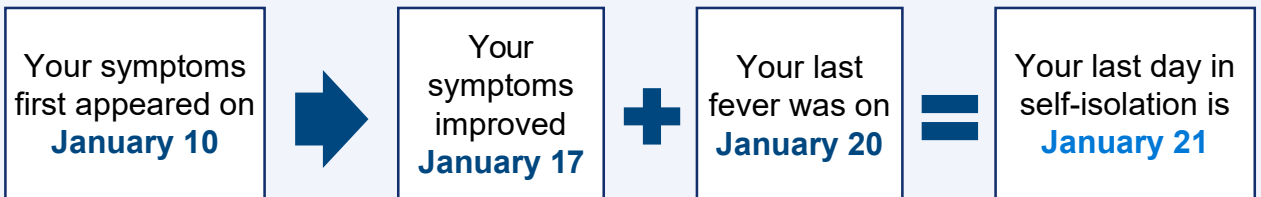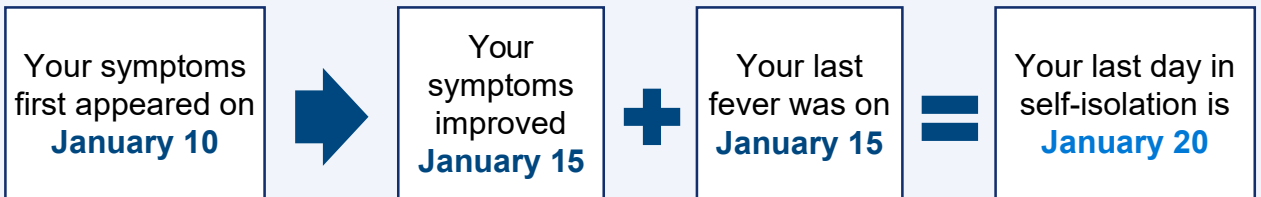
☑ You can be with others 10 days after your test date

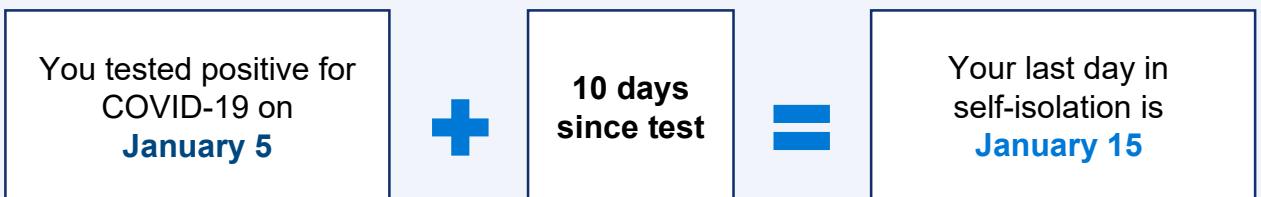See the section below for examples to help you determine when your self-isolation ends.

Follow the guidance of your medical provider and local health department if they tell you to stay home longer.

Examples to help you determine when your self-isolation ends

If you <u>have or had</u> symptoms:

Your symptoms first appeared on **January 10**	→	Your symptoms improved **January 15**	+	Your last fever was on **January 15**	=	Your last day in self-isolation is **January 20**
Your symptoms first appeared on **January 10**	→	Your symptoms improved **January 17**	+	Your last fever was on **January 20**	=	Your last day in self-isolation is **January 21**

If you <u>never had</u> symptoms:

You tested positive for COVID-19 on **January 5**	+	**10 days since test**	=	Your last day in self-isolation is **January 15**

What is a "close contact"?

A "close contact" is any person who was exposed to you while you were contagious. You are considered to be contagious 2 days before your first symptoms began until you are done with self-isolation. If you had a positive COVID-19 test, but no symptoms, you are considered to be contagious 2 days before your test date until 10 days after.

Examples of close contacts are:
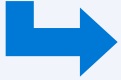
▶ *Household member, intimate partner, or caregiver*

▶ *Person who was within 6 feet (2 meters) of you for 15 minutes or more*

▶ *Person who had unprotected contact with your body fluids/secretions*

Unprotected contact with bodily fluids/secretions includes actions like:

Being coughed or sneezed on

Sharing utensils

Caring for someone who is sick without wearing proper protective equipment

How can close contacts protect themselves?

Everyone should stay at least 6 feet (2 meters) away from you while you are self-isolating.

Caregivers and household contacts should wear disposable gloves and a facemask if:

▶ They clean your room or bathroom

▶ Come into contact with your body fluids or secretions (including sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea)

They should remove and dispose of their gloves first, wash their hands, then remove their facemask, and wash their hands again. See cleaning instructions in *Guidance for disinfecting your home if someone is sick*.

While both self-isolation and self-quarantine refer to ways to prevent the spread of illness, they do not mean the same thing. Close contacts who were exposed to COVID-19 need to **self-quarantine**, which means staying home for 14 days while waiting to see if they get sick.

You should instruct your close contacts to self-quarantine. You can even tell them anonymously by text or email using the website tellyourcontacts.org.

Your close contacts should quarantine even if they feel well because it can take 2–14 days for them to start having symptoms. People can be infected and contagious without having any symptoms. Provide them the *Self-quarantine Instructions for Individuals Exposed to COVID-19* for more information.

What should you do if you have questions?

▶ Visit the California Department of Public Health website cdph.ca.gov/covid19.

▶ Call your medical provider for any questions related to your health. If you need help finding a medical provider, call 2-1-1 or your county's Information Line.

COVID-19

Employer Guidance on AB 685: Definitions

AB 685 (Chapter 84, Statutes of 2020) is a new California law that **requires employers to notify employees** who may have been exposed to COVID-19 and to **report workplace outbreaks of COVID-19** to the local health department.

In its requirements for employers, AB 685 refers to terms "as defined by the California Department of Public Health (CDPH)." CDPH definitions for these terms are below. CDPH also uses these terms in other contexts; the definitions here are intended for employer use in relation to AB 685.

1. **COVID-19 outbreak:**
   - A COVID-19 outbreak in a non-healthcare workplace is defined as at least three COVID-19 cases among workers at the same worksite within a 14-day period.
     - Under AB 685, a COVID-19 case is someone who:
       - Has a positive viral test for COVID-19,
       - Is diagnosed with COVID-19 by a licensed health care provider,
       - Is ordered to isolate for COVID-19 by a public health official, OR
       - Dies due to COVID-19, as determined by a public health department.
   - Under AB 685 Section 4 (Labor Code Section 6409.6, subsection (a)(4(b)), if an employer or their representative is notified of the number of cases meeting the definition of a COVID-19 outbreak, they must notify the local public health agency in the jurisdiction where the worksite is located.

   - **Non-healthcare employers must therefore report to the local public health agency when three or more workers with COVID-19 are identified within a 14-day period.**

   - Health facilities, who are exempt from AB 685's mandate to report outbreaks to local health departments, should follow CDPH reporting guidance for healthcare facilities.

2. **Infectious period:**

   - For an individual **who develops symptoms**, the infectious period for COVID-19 begins 2 days before they first develop symptoms. The infectious period ends when the following criteria are met: 10 days have passed since symptoms first appeared, AND at least 24 hours have passed with no fever (without use of fever-reducing medications), AND other symptoms have improved.

   - For an individual **who tests positive but never develops symptoms**, the infectious period for COVID-19 begins 2 days before the specimen for their first positive COVID-19 test was collected. The infectious period ends 10 days after the specimen for their first positive COVID-19 test was collected.

   - Under AB 685 Section 4 (Labor Code Section 6409.6, subsection 1), employers must provide notice to all employees who were present at the same worksite as someone with COVID-19 during their infectious period.

3. **Laboratory-confirmed case of COVID-19:**

     ○ A laboratory-confirmed case of COVID-19 is defined as a positive result on any viral test for COVID-19.[1]

Please see CDPH's Employer Questions about AB 685 web page for additional information about AB 685 requirements.

[1] At time of writing, this includes nucleic acid (PCR) and antigen tests. https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html

Page Last Updated : October 16, 2020

State of California—Health and Human Services Agency
California Department of Public Health

Sandra Shewry
Acting Director

GAVIN NEWSOM
Governor

October 16, 2020

AFL 17-_

TO: California Employers

SUBJECT: Employer Questions about AB 685, California's New COVID-19 Law

What is AB 685?

AB 685 (Chapter 84, Statutes of 2020) is a California law signed by Governor Gavin Newsom on September 17, 2020. This law:

- **Requires employers to notify employees** who may have been exposed to COVID-19 and to **report workplace outbreaks** to the local health department.
- **Requires the California Department of Public Health (CDPH) to publicly report information** on workplace outbreaks.
- Authorizes Cal/OSHA to enforce COVID-19 hazards as an imminent hazard to provide immediate protection for workers.

What information am I required to give workers?

Upon identifying a COVID-19 case in the workplace, you need to provide the following information:

1. **Notice to your employees and the employer of subcontracted workers that they may have been exposed to COVID-19.**
   You can inform other workers of the dates that an individual with COVID-19 was at the worksite but should not share information that could identify the affected individual. You must also provide this information to the exclusive labor representative, if any.
2. **Information about benefits & options**
   You must provide your employees with information about COVID-19 benefits under federal, state, or local laws. This includes workers' compensation, company sick leave, state-mandated leave, supplemental sick leave, negotiated leave, and anti-retaliation and anti-discrimination protections.
3. **A disinfection & safety plan**
   You need to inform your employees and the employer of subcontracted workers of your disinfection and safety plan for the worksite, in accordance with CDC guidelines. You must also provide this information to the exclusive labor representative, if any.

How and when should workers be notified?

You must provide a written notice to your employees and the employer of subcontracted workers within 1 business day of receiving notification of potential exposure. The written notice can be hand delivered or given by email or text message and should be in both English and any other language understood by the majority of employees. You must also provide this written notice to the exclusive labor representative, if any, within 1 business day.

Which workers must be notified?

All employees and employers of any subcontracted employees who were at the same worksite as the worker diagnosed with COVID-19 during their infectious period[1] must be notified.

When am I required to report COVID-19 cases to the local health department?

You must report COVID-19 outbreaks to the local health department. For non-healthcare workplaces, this is defined as 3 or more COVID-19 cases among workers at the same worksite within a 14-day period. Once this threshold is met, you have 48 hours to report to the local health department in the jurisdiction where the worksite is located.

You also must continue to notify the local health department of additional COVID-19 cases identified among workers at the worksite.

What information should I report to the local health department?

1. Information about the worksite – name of company/institution, business address, and North American Industry Classification System (NAICS) industry code.
2. Names and occupations of workers with COVID-19.
3. Additional information requested by the local health department as part of their investigation.

How do local health departments and CDPH use this information?

Local health departments will review information you share and work with you to reduce the risk of COVID-19 transmission in the workplace. Local health departments will also share information about workplace COVID-19 outbreaks with CDPH.

CDPH is required under AB 685 to share information about COVID-19 workplace outbreaks by industry on their website.

Who qualifies as a COVID-19 case?

 Under AB 685, a COVID-19 case is someone who:

- Has a positive viral test for COVID-19,[2]
- Is diagnosed with COVID-19 by a licensed health care provider,
- Is ordered to isolate for COVID-19 by a public health official, OR
- Dies due to COVID-19, as determined by a public health department.

If you are notified of individual(s) in your workplace who meets any of those criteria, you must notify workers and the local health department as described above.

What does AB 685 authorize Cal/OSHA to do?

AB 685 allows Cal/OSHA to:

- Issue an Order Prohibiting Use[3] to shut down an entire worksite or a specific worksite area that exposes employees to an imminent hazard related to COVID-19.
- Cite or fine employers for serious violations related to COVID-19 without having to provide 15-days' notice.
- Cite or fine employers for violations of AB 685 worker notification provisions.

How is AB 685 different from CDPH's COVID-19 employer guidance?

CDPH's guidance, "Responding to COVID-19 in the Workplace for Employers," also requires employers to notify local health departments if there are 3 or more cases of COVID-19 in their workplace within a 2-week period. **This requirement is** *already in effect, so employers must follow it now.* The additional requirements under AB 685 go into effect on *January 1, 2021.*

Which employers have to follow AB 685?

All public and private employers in California must follow AB 685 **except**:

- Health facilities[4] are not subject to AB 685 requirements for reporting outbreaks to local health departments, but must continue to follow existing reporting requirements. All other AB 685 requirements apply to health facilities, including notifying employees about potential exposure to COVID-19.
- Employers of workers who provide direct care or testing to individuals with suspected or confirmed COVID-19 are not subject to AB 685 requirements.

Where can I find more information about AB 685 and COVID-19 in the workplace?

- AB 685 bill text - California Legislative Information webpage.
- COVID-19 Infection Prevention Requirements (AB 685) - Cal/OSHA outlines how the bill enhances their enforcement of COVID-19 in the workplace.
- Responding to COVID-19 in the Workplace for Employers - CDPH guidance on how to respond to cases of COVID-19 in the workplace, including strategies for transmission prevention, worker testing, contact tracing, and quarantine and isolation.
- CDPH Employer Guidance on AB 685: Definitions – CDPH definitions of terms used in AB 685.
- Industry Guidance to Reduce Risk - Information and resources for reopening businesses and facilities safely in California.
- Blueprint for a Safer Economy - California's plan for reducing COVID-19 in the state with revised criteria for loosening and tightening restrictions on activities.

[1] For an individual **who develops symptoms**, the infectious period begins 2 days before they first develop symptoms. The infectious period ends when the following criteria are met: 10 days have passed since symptoms first appeared, AND at least 24 hours have passed with no fever (without use of fever-reducing medications), AND other symptoms have improved. For an individual **who tests positive but never develops symptoms**, the infectious period for COVID-19 begins 2 days before and ends 10 days after the specimen for their first positive test for COVID-19 was collected.

[2] At time of writing, this includes nucleic acid (PCR) and antigen tests.

[3] An Order Prohibiting Use allows Cal/OSHA to protect workers from an imminent hazard by prohibiting entry into a place of employment or prohibiting the use of something in a place of employment which constitutes an imminent hazard.

[4] As defined in Health & Safety Code section 1250

California Department of Public Health
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377
Department Website (cdph.ca.gov)

Page Last Updated : October 19, 2020

Blueprint for a Safer Economy

Activity and Business Tiers

SECTORS	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Critical Infrastructure	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Limited Services	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Outdoor Playgrounds & Outdoor Recreational Facilities **	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Hair Salons & Barbershops	Open Indoors with modifications	Open indoors with modifications	Open indoors with modifications	Open indoors with modifications
All Retail (including critical infrastructure, except standalone grocers)	Open Indoors with modifications • Max 25% capacity	Open Indoors with modifications • Max 50% capacity	Open Indoors with modifications	Open Indoors with modifications

SECTORS	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Shopping Centers (Malls, Destination Centers, Swap Meets)	Open Indoors with modifications • Max 25% capacity • Closed common areas • Closed food courts	Open indoors with modifications • Max 50% capacity • Closed common areas • Reduced capacity food courts (see restaurants)	Open indoors with modifications • Closed common areas • Reduced capacity food courts (see restaurants)	Open Indoors with modifications • Reduced capacity food courts (see restaurants)
Personal Care Services*	Open Indoors with modifications	Open indoors with modifications	Open indoors with modifications	Open indoors with modifications
Museums, Zoos, and Aquariums	Outdoor Only with modifications	Open indoors with modifications • Indoor activities max 25% capacity	Open indoors with modifications • Indoor activities max 50% capacity	Open indoors with modifications
Places of Worship	Outdoor Only with modifications	Open indoors with modifications • Max 25% capacity or 100 people, whichever is fewer	Open indoors with modifications • Max 50% capacity or 200 people, whichever is fewer	Open indoors with modifications • Max 50% capacity
Movie Theaters	Outdoor Only with modifications	Open Indoors with modifications • Max 25% capacity or 100 people, whichever is fewer	Open indoors with modifications • Max 50% capacity or 200 people, whichever is fewer	Open indoors with modifications • Max 50% capacity

SECTORS	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Hotels and Lodging	Open with modifications	Open with modifications • +Fitness centers (+10%)	Open with modifications • +Fitness centers (+25%) • +Indoor pools	Open with modifications • +Fitness Centers (50%) • +Spa facilities etc.
Gyms and Fitness Centers	Outdoor Only with modifications	Open indoors with modifications • Max 10% capacity • +Climbing walls	Open indoors with modifications • Max 25% capacity • +Indoor pools	Open indoors with modifications • +Saunas • +Steam rooms • Max 50% capacity
Restaurants	Outdoor Only with modifications	Open indoors with modifications • Max 25% capacity or 100 people, whichever is fewer	Open indoors with modifications • Max 50% capacity or 200 people, whichever is fewer	Open indoors with modifications • Max 50% capacity
Wineries	Outdoor Only with modifications	Outdoor Only with modifications	Open indoors with modifications • Max 25% capacity indoors, or 100 people, whichever is fewer	Open indoors with modifications • Max 50% capacity or 200 people indoors, whichever is fewer

3

SECTORS	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Bars, Breweries, and Distilleries (where no meal provided) (follow restaurants where meal is provided)	Closed	Closed	Open Outdoors with modifications	Open indoors with modifications • Max 50% capacity
Family Entertainment Centers	Outdoor Only with modifications e.g. • Kart Racing • Mini Golf • Batting Cages	Outdoor Only with modifications e.g. • Kart Racing • Mini Golf • Batting Cages	Open Indoors for naturally distanced activities with modifications • Max 25% capacity • Bowling Alleys	Open indoors for activities with increased risk of proximity and mixing with modifications • Max 50% capacity • Arcade Games • Ice and roller skating • Indoor playgrounds
Cardrooms, Satellite Wagering	Outdoor Only with modifications	Outdoor Only with modifications	Open indoors with modifications • Max 25% capacity	Open indoors with modifications • Max 50% capacity
Offices	Remote	Remote	Open indoors with modifications • Encourage telework	Open indoors with modifications • Encourage telework
Professional Sports	Open • Without live audiences • With modifications	Open • Without live audiences • With modifications	Open • Without live audiences • With modifications	Open • Without live audiences • With modifications

SECTORS	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Live Audience Sports***	Closed	Closed	Outdoors Only • Max 20% • Regional visitors (120 miles) • Advanced reservations only • Assigned seating only • In-seat concessions only (No concourse sales)	Outdoors Only • Max 25% • Regional visitors (120 miles) • Advanced reservations only • Assigned seating only • In-seat concessions only (No concourse sales)
Amusement Parks***	Closed	Closed	Smaller Parks Open • 25% capacity or 500 people, whichever is fewer • Outdoor attractions only • In-county visitors only • Advanced reservations only	Larger Parks Open • 25% capacity • Advanced reservations only

**Outdoor playgrounds and outdoor recreational facilities updated September 28, 2020

***Personal care services, live audience professional sports and amusement parks updated October 20, 2020

RESOLUTION NO. 20-58

RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF SISKIYOU
REGARDING THE PLAN TO REOPEN SISKIYOU COUNTY

WHEREAS, the Governor of California issued a statewide Stay At Home order on March 19, 2020 in order to slow the spread of COVID-19; and

WHEREAS, the County of Siskiyou Board of Supervisors recognizes and acknowledges the impact of the Stay At Home order to all citizens of Siskiyou County; and

WHEREAS, the Siskiyou County Public Health Officer and the Siskiyou County Public Health Director, researched and composed a Plan to Reopen Siskiyou County with the understanding that the Plan may not be implemented until said Plan is authorized by the Governor of California.

BE IT RESOLVED, the Board of Supervisors approves and supports the attached Plan to Reopen Siskiyou County, as amended and encourages an attestation be submitted as soon as possible to move into Phase 3.

DULY PASSED AND ADOPTED by the Siskiyou County Board of Supervisors at a regular meeting of said Board, held on the 5th day of May 2020, by the following vote:

AYES: Supervisors Criss, Haupt, Valenzuela, Nixon and Kobseff
NOES: NONE
ABSENT: NONE
ABSTAIN: NONE

Michael N. Kobseff, Chair
Siskiyou County Board of Supervisors

ATTEST:
LAURA BYNUM,
COUNTY CLERK

By _Wendy_____
Deputy

SISKIYOU COUNTY

Health and Human Services Agency
Public Health Division

810 South Main Street
Yreka, CA 96097
(530) 841-2134 / Fax (530) 841-4094

SARAH COLLARD, PH.D.
Director of Health and Human Services Agency
AARON STUTZ, M.D.
Public Health Officer
SHELLY DAVIS, MN BSN PHN CCHP
Director of Public Health Division
Director of Nursing/Inmate Medical

<u>**Reopening Siskiyou County**</u>
Supported by Siskiyou County Public Health and Siskiyou County Office of Emergency Services

Siskiyou County would like to begin a strategic plan for reopening of the county in phases. Support from our communities, social obligation, and personal responsibility are critical for the success of the reopening plan. The safety and health of Siskiyou County residents are the most important decision-making guides during the COVID-19 response and remain our number one priority.

Upon Governor Newsom's authorization, Siskiyou County will implement the following guidelines in steps to begin the process of reopening to a pre-COVID 19 state. As of 4/29/20, Siskiyou County has five confirmed cases, all of which have recovered. We have not received any new positive cases in the last 22 days.

The Reopening Plan for Siskiyou County

<u>**Standard Guidelines – To be followed in Phase 1 and Phase 2**</u>
All residents and visitors must adhere to these guidelines:
- Proper social distancing with 6 feet of space between one another in public, unless in same household.
- Washing hands frequently and thoroughly.
- Staying home if sick or not feeling well.
- Proper sanitation practices and protocols are followed at all facilities.
- All residents 65 or older or having underlying health conditions are strongly encouraged to continue to self- isolate.
- No large gatherings where proper social distancing cannot be maintained.
- Facial covering recommendations provided by the Centers of Disease Control (CDC).

Phase 1 – Safety and Preparedness
- Follow **Standard Guidelines**
- Anyone who is feeling ill should stay home.
- Continue social distancing when in public; maximize physical distance from others (at least six feet).
- Wash hands, use hand sanitizer, clean frequently touched surfaces, cover coughs and sneezes, consider wearing facial coverings when in public.
- Gatherings should be limited to 10 or fewer people.
- Residents are encouraged to participate in outdoor recreation activities daily. Travel for these activities should be kept to a minimum and within Siskiyou County.
- Vulnerable (high-risk) individuals are strongly encouraged to stay home. Households with vulnerable members should be aware that other members of the household might increase risk of transmission. Precautions should be taken to protect the vulnerable household members.

- Elective surgeries may resume service under the advised PPE guidelines and development of a written plan must be done showing how the business will execute those guidelines.
- Skilled Nursing Facilities and Long-Term Care Facilities:
  - Restrict all visitations except for certain compassionate care situations, such as end of life situations.
  - Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers).
  - Cancel all group activities and communal dining.
  - Implement active screening of residents and HCP for fever and respiratory symptoms.
- Non-essential travel is strongly discouraged.
- Those traveling to Siskiyou County for the purpose of staying in a second home must quarantine for 14 days upon arrival.
- Residents currently living in the county equal to or older than 65 years of age, or residents with underlying health conditions are strongly encouraged to stay in their place of residence and must at all times follow the above **Standard Guidelines** to the greatest extent feasible. Such residents may leave for essential services only.
- The CDC and Siskiyou County Public health is recommending that residents wear facial coverings while in public in an effort to prevent transmission of COVID-19. All employees working in the public must wear a facial covering while being employed. Wearing a facial covering does not reduce your risk of exposure to the virus; however, it reduces transmission of COVID-19.

Triggers to transition into Phase 2
- Hospitalization and ICU trends stable.
- Hospital surge capacity to meet demand.
- Sufficient PPE supply to meet demand.
- Sufficient testing capacity to meet demand.
- Contact tracing capacity county-wide.
- Isolation / quarantine guidelines are in place.
- Support for those who are isolated or exposed.
- Workplaces have available their individual plan to meet the standard guidelines.

Phase 2 – Lower Risk Workplaces (as soon as feasible)
- Follow **Standard Guidelines**
- A gradual opening to businesses considered low-risk (retail stores with curbside pickup, manufacturing, offices and hotels) may open but must be able to adhere to the above standard guidelines and develop a written plan showing how the business will execute those guidelines. Plan should be available upon request. All employees must wear a mask during employment.
- Public transit companies may return to operations if social distancing guidelines above can be followed, are practices to achieve them are clearly defined, and there is developed a written plan showing how the business will execute those guidelines. Plan should be available upon request. Masks should be worn by transit driver and strongly suggested for patrons.
- Restaurants may open only by curbside, take-out or delivery with mask being worn during food preparation and delivery. A written plan must be in place and available upon request.

- Dental services and routine medical services may resume service under the advised PPE guidelines and with a developed written plan showing how the business will execute those guidelines. Plan should be available upon request. Masks must be worn at all times for such services by dental and medical providers.
- Businesses that develop a physical barrier between their employees and their clients and that practice social distancing may open. Social distancing must be clearly defined and there must be developed a written plan showing how the business will execute the standard guidelines. Masks must be worn by both employee and patron at all times. Plans should be available upon request.
- Golf courses, public parks and trails may open, but crowds must be limited and social distancing strictly maintained.

Triggers to transition into Phase 3
- Hospital and ICU trends remain stable.
- Hospital surge capacity meets demand.
- Sufficient PPE supply meets demand.
- Testing capacity and supplies meet demand.
- Contact tracing county-wide meets capacity.
- Isolation / quarantine guidelines remain in place.
- Support services for those who are isolated or exposed meet capacity.
- Workplaces have available their individual plans to meet the standard guidelines.
- Widespread high-quality community antibody testing is available.

Phase 3 – Higher Risk Workplaces
- **Open Higher Risk Environments with adaptations and limits on size of gatherings**
   - Restaurants and bars with inside dining may only be open at half-capacity of their maximum occupancy with frequent cleaning and proper sanitation and there must be developed a written plan showing how the business will execute those guidelines. Plan should be available upon request.
   - Schools, churches, private and government sectors may also open if above **Standard Guidelines** can be followed and there must be developed a written plan showing how the entity will execute those guidelines. Plan should be available upon request.
   - Personal care (e.g. hair and nail salons, gyms, massage, spa services, and tattoo services) must have a plan in place that limits patrons, and provides social distancing. Masks are required for clinician and client at all times. Plans must show how the entity will execute the standard guidelines. Plan should be available upon request.
   - Entertainment venues (e.g. movie theaters, sports without live audiences) social distancing must be clearly marked and the venue open to no more than half-capacity of its maximum capacity. Facial masks are to be worn by all employees.
   - In-person religious service (e.g. religious services at churches, weddings, etc.) seating must be clearly defined for social distancing. Families may sit together and at least 6 feet apart from others.

Triggers to transition into Phase 4
- Hospital and ICU trends remain stable.
- Hospital surge capacity exceeds demand.

- Sufficient PPE supply exceeds demand.
- Testing capacity and supplies meet demand.
- Contact tracing county-wide meets capacity.
- Isolation/quarantine guidelines are lifted.
- Support services for those who are isolated or exposed meet capacity.
- Workplaces have available their individual plans to meet the standard guidelines.
- Therapeutics have been developed and available to all residents

Phase 4 – End of Stay-At-Home
- **Re-open highest risk environments and venues**
    - Concerts
    - Convention centers
    - Live audience sports
    - Fairs
    - Casinos
    - Large Gatherings
    - All others

As we move through this staged approach to reopen our County, we will always be ready to reinitiate previous closure measures. At the discretion of the Siskiyou County Health Officer, guidelines will be assessed and rescinded as necessary.

Examples of reasons to revert to previous measures include, but are not limited to:
- Confirmation of a significantly increased number of active cases of COVID-19 in the County in a period of one week.
- Surge of respiratory patients at medical facilities and resources.
- Substantially increased unexplained deaths within the County.
- Isolation/quarantine guidelines are re-imposed by the governor.

The health and safety of Siskiyou County residents is and continues to be, our number one priority. We would also like the citizens of Siskiyou County to expect that this might possibly lead to more positive COVID-19 cases in Siskiyou County, yet this impact must be balanced against the economic impact of continuing the closure which have adverse health impacts themselves. It is our opinion that this reopening plan was made in the best interest of residents' physical, mental, and economic health.

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