COVID-19 Exposure, Risk Assessment, Contact Tracing, Testing, and Return to Work Guidelines for Healthcare Workers (HCWs)

This policy outlines the exposure evaluation process for department managers, Infection Prevention (IP), and Employee Health (EH) when a potential COVID-19 exposure event has been identified in the Hospital and Clinics. This policy applies to any Healthcare Worker, defined as any employee, volunteer, staff, physician, contract personnel, or other individual working in the Hospitals and Clinics regardless of job duty (HCWs). Exposures for HCWs or County employees who do not currently work at the Hospitals and Clinics (e.g., they work for another County department or they are assigned by County Emergency Operations Center to work at another location) will be reported to the appropriate department representative where that HCW/employee currently works for further review and follow up. For purposes of this policy, all persons who work at the COVID-19 community testing and vaccination sites established by the County Health System, including the Santa Clara County Public Health Department (SCCPHD), are considered HCWs currently working at the Hospitals and Clinics.

See Facility’s Aerosol Disease Transmission Plan (ADT) from the Infection Prevention Department and County of Santa Clara guidelines for compliance with Cal/OSHA’s Emergency Temporary Standards (ETS) (relating to employees that are not subject to the ADT) for additional requirements for occupational exposures.

I. DEFINITIONS

A. Exposure parameters:
   1. Distance and time parameters (**close contact**): Contact distance less than six feet of COVID-19 positive source for a cumulative total of 15 minutes or more in any 24-hour period.
   2. Period of Exposure (**infectivity period**):
      a. Symptomatic COVID-19 source: 48 hours prior to symptom onset until the time the source is isolated, e.g. last day of work.
      b. Asymptomatic COVID-19 source: 48 hours prior to collection date of the source’s first positive test until the time the source is isolated, e.g., last day of work.
   3. Determine the PPE that the COVID-19 Source and HCW were wearing during the exposed period, e.g., utilization of mask and eye protection.

B. Exposure and Risk Stratification: a HCW who meets the exposure parameters of both A.1 and A.2 above (Exposed HCW) shall be risk stratified based on personal protective equipment (PPE) parameters (see table 1).
Table 1: COVID-19 Exposure Risk Based on PPE (for purposes of this policy, facemask includes surgical mask or cloth mask, but not an N95 respirator or other higher level of PPE**).

<table>
<thead>
<tr>
<th>PPE Worn by Person with COVID-19</th>
<th>Unmasked</th>
<th>Face mask and NO eye protection</th>
<th>Face mask AND eye protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmasked</td>
<td>High Risk Exposure*</td>
<td>High Risk Exposure</td>
<td>Low Risk Exposure</td>
</tr>
<tr>
<td>Face mask with or without eye protection</td>
<td>High Risk Exposure</td>
<td>Low Risk Exposure</td>
<td>Low Risk Exposure</td>
</tr>
</tbody>
</table>

*High Risk Exposure also includes any HCW who performed an aerosol generating procedure (AGP) without all appropriate PPE (e.g., face shield AND N95 respirator) on a COVID positive patient for any duration of time.

**Any HCW who was wearing a fit-tested N95 respirator or higher level of PPE and eye protection during a close contact with a COVID-19 source is not considered to be an exposure for purposes of this policy.

Infection Prevention (IP) may be contacted for any clarification as needed, and/or if there are concerns for potential exposures to patients. If there is concern for potential COVID-19 exposure from a HCW to a patient or there are environmental concerns, the department manager will notify IP.

C. **Cluster:** A cluster is three (3) or more COVID-19+ cases in HCWs in the same unit or department with epi-linkage who do not share a household and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing. Epi-linkage is defined as having the potential to have been less than 6 feet for 15 minutes or more over a 24-hour period, while working in the same unit or department during the 14 days prior to the onset of symptoms or positive test collection date (e.g., worked on the same unit during the same shift), whichever occurs first.

D. **COVID-19 Household and Community Contact**
   a. A household contact is a COVID-19 positive person with whom the HCW lives.
   b. A community contact is a COVID-19 positive person with whom the HCW had close contact outside of the workplace.

II. **HCW RESPONSIBILITIES**
   a. All HCWs who are tested outside of Employee Health must notify Employee Health and their manager if they test positive for COVID-19 within 24 hours of the positive test result.
   b. All HCWs are expected to cooperate with and follow the instructions by Employee Health and their manager with respect to identifying close contacts and exposure risks in the workplace and return to work criteria.
III. MANAGER RESPONSIBILITIES

A. Identify Exposures: In the event there is a reported COVID-19 case, the department manager will interview the COVID-19 positive HCW (in consultation with IP as appropriate) and obtain the following information:

1. Confirm presence of COVID-19 source
2. Identify and confirm all HCWs that meet Section IA.1-IA.2 exposure parameters (Exposed HCWs)
3. Determine and document PPE use of both COVID-19 source and each HCW identified (see Section 1A.3)

B. Identify and Notify Employee, Exposed HCWs and Unions and Refer to Employee Health

1. COVID-19+ source is a HCW in the Hospitals and Clinics
   a. Manager will identify exposed HCWs (as defined in Section II.A.2 above) if the COVID-19+ source is another HCW. The department manager will complete a COVID-19 Positive Case and Community Exposure Close Contact Information Form (“Exposure Information Form”) (Attachment B, Appendix 1) and return to EH no later than 5:00 p.m. the next business day after receiving notification of the COVID-19+ HCW.
   b. All Exposed HCWs must be listed on the Exposure Information Form. Any HCW who is not on the Exposure Information Form will be referred back to their manager for further review. If upon further review, a HCW needs to be added to the Exposure Information Form, the manager will resubmit the Exposure Information Form with additional names.
   c. On or about the same time as the Exposure Information Form is provided to Employee Health, but no later than the next business day following notification of COVID-19 positive HCW, the manager will immediately do the following:
      b. Notify all HCWs listed on the Exposure Notification Form and their labor unions (as required by Cal/OSHA regulations) by using the template form (Attachment B, Appendix 3). This template notification to exposed HCW shall advise the HCW to contact EH for follow up.
      c. Notify entire unit/department and their labor union by using the template form (Attachment B, Appendix 4).
      d. Note: When filling out the Exposure Information Form and sending notice to HCWs, include all possible exposure locations, including the work location, working area, or common area used or accessed by the COVID-19 case during the infectious period, including bathrooms, break or eating areas, and waiting areas, as well as walkways, hallways, and aisles if the COVID-19 case congregated with others in that space.
2. **COVID-19+ source is a patient in the Hospitals and Clinics**
   a. If COVID-19+ source is a patient in the Hospitals and Clinics and HCW who provided care for that patient expresses concerns for exposure, the manager in consultation with IP as appropriate will determine potential exposure and provide names of the HCWs who may have been exposed using the Exposure Information Form to Employee Health for follow up and testing in accordance with the testing provisions of this policy. Any HCW who is not on the Exposure Information Form will be referred back to their manager. If HCW needs to be added to the Exposure Information Form, the manager will resubmit the Exposure Information Form with additional names.

3. **COVID-19+ source is identifiable household member or a person in the community**
   If the COVID-19+ source is an identifiable person in the community (e.g., family member) and HCW has concerns for exposure to that individual due to being a close contact of that individual, the HCW must notify their manager. The manager will determine exposure risk using Section I.A above and complete and provide an Exposure Information Form to Employee Health. The manager may contact Employee Health for guidance if necessary. However, if the HCW contacts Employee Health, Employee Health will assist the manager with completing the Exposure Information Form.
   a. If a HCW reports an exposure to a COVID-19+ source in the household or community more than once every 30 days, their case will be discussed with the Hospital Command Center.
   b. When there is close contact with a COVID+ source outside of work (household and community), it is considered a high-risk exposure because the probability of both individuals not wearing appropriate PPE during interactions is high. Note that all household members are considered close contacts regardless of distance parameters and masking. See return to work stratification criteria below.

C. If HCW does not work in a classification identified in the facility’s Aerosol Transmissible Diseases (ATD) Standard (generally this will include staff who do not come into contact with patients or infectious materials) contact the County Occupational Safety and Environmental Compliance (OSEC) Office for assistance in determining whether Cal/OSHA’s Emergency Temporary Standards (ETS) apply and if any additional steps need to be taken to comply with the ETS. County guidelines will apply.

D. Immediately report any serious work-related injury, illness, or death of an HCW to the Risk Management Department, who will review the matter and make any appropriate reports to regulatory authorities. “Serious injury or illness” means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing. With
COVID-19 cases, inpatient hospitalizations may occur sometime after the initial knowledge of an HCW’s illness; in those cases, inpatient hospitalizations must be reported as soon as the employer learns, or reasonably could learn, of them.

IV. EMPLOYEE HEALTH RESPONSIBILITIES

When a COVID-19+ HCW is reported to EH, EH will determine what department the HCW (or County employee) works for. If the HCW or County employee does not currently work at the Hospitals and Clinics, EH will notify the designated representative at the location where the HCW currently works. EH will also complete the HICS form providing information about the COVID-19 positive HCW or County employee to the Hospital Command Center. No further action is necessary by EH except if designated representative at location where HCW/employee currently works requests guidance from EH regarding return to work clearance (outside department will in general do their own notice, reporting, and provide their own work clearance in conjunction with guidance from the County Public Health Department).

If the HCW currently works at the County Hospitals and Clinics, follow process below.

A. COVID-19 Exposure (work & household or community): EH staff will check the Exposure Information Form received from the manager to confirm the HCW is listed on it. If the HCW is not included on the Exposure Information Form, the HCW will be instructed to notify their manager. For HCWs on the list, EH staff will:

a. If HCW is symptomatic:
   i. For HCW who experience any symptoms of COVID-19 within the past 3 days. Symptoms are any of the following as listed on the HCW screening policy: Fever 100°F or higher; chills; cough; sore throat (new or unexplained); shortness of breath or difficulty breathing; fatigue (new or unexplained); muscle or body aches (new or unexplained); headache (new or unexplained); loss of taste or smell; or nausea, vomiting, or diarrhea (new or unexplained). The HCW must remain at home or go home immediately if at work and notify manager and EH on the same day. If appropriate and safe, EH may arrange for COVID-19 testing prior to HCW leaving worksite.
   ii. EH will provide the HCW with a COVID-19 RT-PCR test. If test result is not immediately available, EH will advise the HCW to self-isolate at home pending test results and monitor for symptoms. EH will advise the HCW to consult their own healthcare provider as needed if symptoms worsen.
   iii. HCW who has a negative COVID-19 test result may be released to work by EH if at least 24 hours have passed since resolution of fever without the use of fever-reducing medications and other symptoms are improved. HCW may not return to work unless cleared by EH.
   iv. HCW who has a positive COVID-19 RT-PCR test may be released to work by EH upon the following:
1. At least 10 days have passed since symptoms first started or from positive test collection date, whichever is later; AND
2. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
3. Other symptoms have improved. **Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.**
4. The timeframe from symptom onset may be extended to up to 20 days for HCWs who are severely immunocompromised (e.g., currently receiving chemotherapy or recent organ transplant), or who had critical illness (e.g., required intensive care).

b. If HCW is **asymptomatic:**
   1. Determine Exposure Risk as per Table 1 – Exposure Risk Based on PPE
   2. COVID-19 RT-PCR testing for exposures will be offered as follows (*this is distinct from the asymptomatic non-exposure surveillance testing of HCWs)*:
      a. **Low Risk Exposure, High Risk Exposure, or Household/Community Exposure**: Test is to be obtained on or about day 7 from last date of contact with COVID-19+ source. If the HCW requests a test sooner, EH will explain the reasons why an earlier test is not recommended. If the HCW insists on an earlier test, EH will escalate to the Hospital Command Center. If the HCW is tested earlier than day 7, a second test shall be performed between day 7-10, assuming the first test was negative. Follow Return to Work Stratification below.
      b. **Asymptomatic testing not included in the above categories** shall be performed in accordance with the regular non-exposure asymptomatic HCW surveillance testing.

**Table 2: Return to Work Stratification based on Exposure Risk for Pending and Negative COVID-19 RT-PCR test results**

<table>
<thead>
<tr>
<th>Exposure Level</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk, Household, and Community Exposure</td>
<td>RT-PCR test on or about day 7. Quarantine at home until test is resulted. If test is negative and HCW remains asymptomatic, continue quarantining at home for 10 days from last exposure to case and continue to monitor symptoms as required by symptom screening policy. If isolation from the COVID+ case is not feasible, and HCW continues to be exposed to COVID-19 case during their isolation, the HCW must remain at home in quarantine up through 10 days from the last day of quarantine of the positive COVID-19 source and may not return to work even during critical staffing shortages. In this case the entire quarantine period for the HCW may last 20-24 days. If HCW tests positive, see Table 3 below.</td>
</tr>
</tbody>
</table>
If exposure involves a household member, an exposure exists for the duration that HCW has close contact with the COVID+ source, is caregiver for the COVID+ source, or uses the same living space (e.g., kitchen, bathroom, hallway, TV room, bedroom, etc.) with the COVID+ source.

*Fully Vaccinated HCWs (see below)

| High Risk Workplace Exposure (including AGPs) | RT-PCR test on or about day 7. Quarantine at home until test is resulted. If test is negative and HCW remains asymptomatic, continuing quarantining at home for 10 days from date of last contact with COVID-19+ source and continue to monitor symptoms for a full 14 days from last contact. If HCW tests positive, see Table 3 below. |

*Fully Vaccinated HCWs (see below)

*Fully Vaccinated HCWs: Fully vaccinated HCWs with low risk, household and community exposure, or higher risk workplace exposure may continue to work onsite during their post-exposure period if they meet all of the following criteria:

- Are fully vaccinated. This is defined as greater than or equal to 2 weeks following receipt of the second dose in a 2-dose vaccine or greater than or equal to 2 weeks following receipt of one dose of a single-dose vaccine.
- Have remained asymptomatic since the current COVID-19 exposure.
- Do not have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment)
- All exposed HCWs must continue wearing a surgical mask or N95 respirator and eye protection for source control within the facility, and continue to comply with all symptom screening and reporting requirements and asymptomatic testing requirements.

B. COVID-19 + HCW: On same day (or next business day) as the COVID-19+ test result is reported to EH, EH will send the Exposure Information Form to the manager to complete if one has not already been submitted. If a COVID-19+ HCW was tested at an outside facility, a copy of the test result will be requested from the HCW as well as reason for testing. The process outlined below shall be followed regardless of whether or not a copy of the test result is received. There should be no delay in contact tracing while awaiting a copy of the result.

a. On the same day as the COVID-19 positive result is reported to EH, EH will complete the HICS form providing information about the COVID-19+ HCW to the Hospital Command Center.

b. In addition, EH will notify County Public Health Department of the COVID-19 positive result within the time frame required by Public Health, and provide any information needed by the Public Health Department, including to Public Health
Hospital Command Center

Department contact tracers. EH will also provide County Incident Report to County Counsel in format requested by County Counsel, which is separate from Public Health Department reporting.

c. EH will offer COVID-19 vaccination and provide information on how to obtain vaccinations to any HCW who is not vaccinated.

Table 3: Release from Isolation and Return to Work for COVID-19 Positive HCW

<table>
<thead>
<tr>
<th>Category</th>
<th>Return to work Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>Isolation for 10 days from collection date of positive test. If HCW remains asymptomatic for the entire 10 days, return to work on Day 11 (see Tables 1 and 2) If at any time during the isolation period the asymptomatic HCW develops symptoms (including mild symptoms such as runny nose and sore throat), the isolation period will start from the onset of symptoms and the HCW will be categorized as symptomatic.</td>
</tr>
<tr>
<td>Symptomatic</td>
<td>Isolation for at least 10 days from onset of symptoms, and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications AND other symptoms have improved. The timeframe from symptom onset could be extended to up to 20 days for individuals who are severely immunocompromised (e.g., currently receiving chemotherapy, or recent organ transplant) or who had a critical illness (e.g., required intensive care). <strong>Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.</strong></td>
</tr>
</tbody>
</table>

C. Travel Risk Management:

a. Traveling staff/contractors:
   i. Regardless of vaccination status, shall obtain a negative RT-PCR test within 72 hours prior to arrival to our facility and comply with routine asymptomatic HCW testing policy. If symptomatic, need EH clearance to come to work.

b. HCW who returns from personal/non-essential travel: All HCWs should monitor and follow the CDC, CDPH, and SCCPHD guidelines prior to any personal/non-essential travel. Personal/non-essential travel remains highly discouraged, especially for non-vaccinated individuals. HCWs who have not been vaccinated should obtain a RT-PCR test within 3-5 days of return from travel and, if feasible, work remotely pending the results of the RT-PCR test. All individuals regardless of vaccination status are required to self-monitor for COVID-19 symptoms and obtain clearance from EH prior to coming to work if any symptoms develop. All provisions of this policy apply to any COVID+ exposures while travel.

D. Testing is voluntary but if an HCW develops symptoms concerning for COVID-19 or has a high risk or community exposure to a COVID-19+ source and refuses testing, HCW will
be presumed to be COVID-19+ for purposes of this policy. EH clearance to return to work is required as indicated in Tables 1-3 above.

E. EH will notify Hospital Command Center of exposures. EH will also provide to the Hospital Command Center daily a running 30-day tally of positive cases by unit.

F. EH is responsible for identifying and investigating potential clusters. EH will notify IP and Hospital Command Center by telephone and email immediately when EH becomes aware of a potential cluster.

G. Immediately report any serious work-related injury, illness, or death of an HCW to the Risk Management Department, who will review and make any appropriate reports to regulatory authorities. “Serious injury or illness” means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing. With COVID-19 cases, inpatient hospitalizations may occur sometime after the initial knowledge of an HCW’s illness; in those cases, inpatient hospitalizations must be reported as soon as the employer learns, or reasonably could learn, of them.

V. HCW EARLY RETURN TO WORK DURING CRITICAL STAFFING SHORTAGES
Maintaining an appropriate healthcare workforce is essential to providing safe care to patients and a safe work environment for staff. To address critical staffing shortages, any asymptomatic exposed HCW who is required to quarantine under this policy (e.g., HCWs who are not fully vaccinated and who have community/household or high or low risk workplace exposures) may be returned to work onsite early only if there is a critical staffing shortage requiring the HCW to work on site, as determined by the manager in consultation with HCC. The requirements for returning staff to work in such situation are as follows:

A. Manager shall review the current HCW list to identify which individuals are in quarantine for the affected area and which are needed to return to work.

B. EH may release HCWs who meet ALL criteria listed below back to work:
   a. HCW is asymptomatic (or symptoms resolved per policy)
   b. HCW receives a COVID-19 test immediately upon exposure determination and the test has resulted as negative. If the test has not been ordered or the result is still in process, the HCW must remain at home until the test is resulted as negative.
   c. If the COVID-19 exposure is from a household member and the HCW is able to isolate from the COVID-19 positive household member, the HCW may return to work if (a) and (b) above are met. If the HCW is not able to isolate from the COVID-19 positive household member, then the HCW may not return to work during the quarantine period even during critical staffing shortages.

C. EH shall provide the early released HCW with the following instructions:
   a. HCW must wear an N95 respirator and all other required PPE at all times during the 10 days quarantine period. If the HCW cannot be fitted for an N95 respirator, HCW may need to remain at home. Options should be discussed with HCC.
b. HCW must agree to be monitored with daily rapid antigen tests or RT-PCR tests every 3 days for the remainder of the quarantine period. Test type and frequency will depend on testing availability and schedules.
   i. The manager must ensure that the HCW is receiving either a daily antigen test or a RT-PCR test every 3 days for the remainder of the quarantine period. PCR tests can be performed during routine asymptomatic testing events.

c. HCW must not eat, drink, or be unmasked around others at any time, regardless of social distancing.

d. HCW must continue to monitor COVID-19 symptoms daily. If the HCW develops symptoms, the HCW must leave work and contact their manager and Employee Health.

e. HCW must maintain social distancing when possible and maintain excellent hand hygiene at all times.

f. HCW must not work with severely immunocompromised patients or individuals (e.g., HIV/AIDS, cancer, organ transplants) for 14 days after the last date of exposure.

g. HCW must follow all quarantine and shelter in place requirements except as it pertains to work and travel to and from work. HCWs must not carpool, taxi, or rideshare during the quarantine period.

D. EH shall notify the manager which HCW is being released for early return to work.
E. Manager to assign work duties in a manner that minimizes the number of different patients cared for by the HCW.

VI. INFECTION PREVENTION DEPARTMENT AND RISK MANAGEMENT RESPONSIBILITIES

A. Upon notification from EH of a potential cluster, IP will review the case with EH, and work with location managers, and Hospital Command Center designees.

B. IP will notify Risk Management and the County Public Health Department.

C. If a cluster is identified, IP, County Public Health Department, Risk Management, EH, Managers, and Hospital Command Center designees will work together on a mitigation plan. Department leaders of the cluster location will be responsible for sending out notification, including notice to all HCWs working on the unit/department at the time of exposure (including ancillary and other staff), and considering expedited testing to all such individuals at the time of notice. This notification will occur by the end of the following business day. If the first test is done within 6 days of exposure and is negative, a second test will be offered approximately 6-10 days later after exposure date. Patients will also be tested as appropriate as determined by IP in conjunction with County Public Health Department.

D. Risk Management is responsible for regulatory reporting, including but not limited to, cluster reporting to CDPH and SCCPHD, and any reporting of “serious work-related injury, illness, or death of a HCW to Cal/OSHA, and will ensure that all such reporting is completed promptly.
E. Further investigation into the cause of HCW transmission, improving environmental controls, and education will be carried out, in consultation with County Public Health Department as appropriate.

F. If COVID-19 positive HCW does not work in a classification identified in the facility’s Aerosol Transmissible Diseases (ATD) Standard, the manager will contact the County Occupational Safety and Environmental Compliance (OSEC) Office for assistance in determining whether Cal/OSHA’s Emergency Temporary Standards (ETS) apply and if any additional steps need to be taken to comply with the ETS.

Deviations from these guidelines may be made on a case-by-case base as determined necessary by IP, EH, or the Hospital Command Center.

Contact Information:

County Office of Occupational Safety and Environmental Compliance (OSEC): 408-441-4280

Employee Health Department: 408-283-7474

ATTACHMENTS

Attachment A - Intentionally Deleted

Attachment B - Checklist For Managers When There is a New Covid-19 Positive Case at the Workplace (with Appendices 1-4)

References:


Senate Bill 1159 (2020)Assembly Bill 685 (2020)

Cal/OSHA Regulation Sections 3205-3205.4

October 5, 2020 Order of the Health Officer of County of Santa Clara

CDPH All Facilities Letter 21-08.2 (March 23, 2021)

County of Santa Clara guidelines in for determining compliance with Cal/OSHA’s Emergency Temporary Standards (ETS)

Revised: 4.15.21, 5.28.21
ATTACHMENT A – Intentionally Deleted
ATTACHMENT B

Checklist For Managers When There’s a COVID-19 Positive HCW at the Workplace

NOTE: Additional Requirements May be Applicable for HCWs Who Are Not Covered by the Facility’s Aerosol Transmissible Disease Plan.

☐ Interview the COVID-19 Positive HCW and complete and return to Employee Health no later than 5:00 p.m. the next business day of notice of the COVID-19 positive HCW, the COVID-19 Positive Case and Community Exposure Close Contact Information Form (Appendix 1):

☐ Send notifications within 1 business day of notice of the COVID-19 positive HCW to the following:

- ☐ The COVID-19 positive employee. Use the COVID-19 Positive Employee Template: (Appendix 2)
  - Do not include anyone else in this notification.
- ☐ Each close contact listed on the Community Exposure Close Contact Information Form in the exposed workplace and their respective labor unions.
  - ☐ Email the General Notification Template to each employee (do not include all employees on one email) (Appendix 3a (symptomatic HCW) and Appendix 3b (asymptomatic HCW)).
  - ☐ Copy the employee’s labor union on the email that you send to the close contact
- ☐ All employees who were on the premises at the exposed workplace as the COVID-19 case during the infectious period (and not notified as a close contact in above step) and their respective labor unions.
  - ☐ Email the General Notification Template: [Appendix 4].
  - ☐ Copy the applicable labor union on the email that you send to the employees
- ☐ Independent contractors and employers of contractors (including vendors, service technicians, and individual contracted service providers) who were on the premises at the same worksite as the COVID-19 case.
  - ☐ Email the General Notification Template to each independent contractor and employer of contractors separately (i.e. do not include all independent contractors and employers of contractors on one email) (Appendix 4):

☐ Maintain records of the notifications outlined above for at least three years.
ATTACHMENT B to COVID-19 Exposure Policy - Appendix 1

EXPOSURE INFORMATION FORM ATTACHED (check latest version on the Hub: https://www.scvmc.org/COVID19/covid-19-update.html)
Email template for notification to the COVID-19 positive HCW. DO NOT INCLUDE ANYONE ELSE ON THIS NOTIFICATION. To maintain confidentiality, this notification should only go to the HCW.

Dear Healthcare Worker,

Please read the Public Health Department’s Home Isolation Steps and follow them closely.

Our Public Health Officer has put in place many directives and recommendations to reduce the spread of disease in our community. Please check the Public Health Website for the latest information and guidance. https://www.sccgov.org/sites/covid19/Pages/home.aspx.

Thank you for doing your part to stop the spread of the virus and keep our community healthy.

Sincerely,

[MANAGER]

---

**Summaries of Benefits That May Be Available**

1. [https://www.labor.ca.gov/coronavirus2019/#chart](https://www.labor.ca.gov/coronavirus2019/#chart)

**Workers’ Compensation**

2. [https://www.dir.ca.gov/dwc/Covid-19/Index.html](https://www.dir.ca.gov/dwc/Covid-19/Index.html)
3. [https://www.dir.ca.gov/dwc/TemporaryDisability.htm](https://www.dir.ca.gov/dwc/TemporaryDisability.htm)

**Leaves**

2. [https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html](https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html)

**Anti-Discrimination and Anti-Retaliation**

The County will not retaliate or discriminate against any employee who lawfully takes leave or who discloses to the County the employee’s positive COVID-19 test, diagnosis, or an order for the employee to quarantine or isolate.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td><a href="https://www.dir.ca.gov/dlse/COVID19resources/RLLVFileClaims.html">https://www.dir.ca.gov/dlse/COVID19resources/RLLVFileClaims.html</a></td>
</tr>
<tr>
<td>3.</td>
<td><a href="https://www.sccgov.org/sites/eod/Pages/home.aspx">https://www.sccgov.org/sites/eod/Pages/home.aspx</a></td>
</tr>
</tbody>
</table>
Date ________.

I am writing to inform you that a healthcare worker in your department has tested positive for COVID-19. The affected healthcare worker has been directed to isolate at home and seek medical attention. The healthcare worker was present on the unit within the 48 hours prior to onset of symptoms for COVID-19. We have cleaned all areas, including shared spaces, that the affected staff member used at work.

If you have not received direct notification from Employee Health regarding other potential exposure or instructions to self-quarantine, please continue to follow standard precautions for all staff in the Hospitals and Clinics to reduce the spread of the disease: practice good hand hygiene, do not come to work if feeling sick or experiencing a fever, maintain at least 6 feet distance from others where possible, clean frequently used or high touch surfaces and shared spaces, wear a facemask at all times or use other PPE when providing clinical care, consistent with current guidelines.

At this time, if you do not have any symptoms consistent with COVID-19 (fever, persistent cough, shortness of breath, chills, night sweats, sore throat, nausea, vomiting, diarrhea, unusual and significant tiredness, muscle or body aches, headaches, confusion, or loss of sense of taste/smell), and are not otherwise recommended to self-quarantine by a healthcare professional, Employee Health, or public health official, you are expected to continue reporting to work. We will continue to ensure your safety and access to needed supplies and personal protective equipment.

Employee Health may contact you to offer a COVID-19 test, or you may contact Employee Health yourself to schedule. In the meantime, please notify your manager and Employee Health if you experience any of the symptoms consistent with COVID-19 mentioned above (in which case please do not come to work), or if you have any questions.

Thank you for everything you are doing to support each other and our patients during this difficult time.

Signed: _______________________

Name: _______________________
Date __________________

Dear Staff and Physicians,

I am writing to inform you that a healthcare worker in your department has tested positive for COVID-19. This individual was last in the workplace on or about the date noted above and had no influenza-like symptoms or any other known symptoms for COVID-19 within at least the 48-hours prior to that date. Due to the unknown infectious risk of an asymptomatic person and the possibility that the individual is in the pre-symptomatic period (will develop symptoms over the coming days), the staff member has been instructed to self-isolate at home for at least 14 days from the test collection date. We have cleaned all areas, including shared spaces, that the affected staff member used at work.

If you have not received direct notification from Employee Health regarding other potential exposure or instructions to self-quarantine, please continue to follow standard precautions for all staff in the Hospitals and Clinics to reduce the spread of disease: practice good hand hygiene, do not come to work if feeling sick or experiencing a fever, maintain at least 6 feet distance from others where possible, clean frequently used or high touch surfaces and shared spaces, wear a mask at all times or use other PPE when providing clinical care, consistent with current guidelines.

At this time, if you do not have any symptoms consistent with COVID-19 (fever, persistent cough, shortness of breath, chills, night sweats, sore throat, nausea, vomiting, diarrhea, unusual and significant tiredness, muscle or body aches, headaches, confusion, or loss of sense of taste/smell), and are not otherwise recommended to self-quarantine by a healthcare professional, Employee Health, or public health official, you are expected to continue reporting to work. We will continue to ensure your safety and access to needed supplies and PPE.

Please notify your manager and Employee Health if you experience any of the symptoms consistent with COVID-19 mentioned above, or if you have any questions.

We are also offering asymptomatic testing to all staff in a phased approach. Please refer to the Employee Asymptomatic Testing Policy on the Communications Hub for further information: https://www.scvme.org/COVID19/covid-19-update.html

Thank you for everything you are doing to support each other and our patients during this difficult time. We will continue to provide information to you as we receive it, and you may contact the undersigned or Employee Health with any questions.

Signed: ________________________________

Name: ________________________________

ATTACHMENT B to COVID-19 Exposure Policy - Appendix 4
General Notice to Entire Unit/Department

Dear ________,

I am writing to inform you of a possible exposure on ____________ to a confirmed COVID-19 case in the workplace in your department or unit. The COVID-19 positive person is self-quarantining at home and following instructions from Employee Health and their medical provider.

This is a general notification. Individuals who were identified to have been in close contact with the COVID-19 positive person will receive separate notification and instructions from their manager and Employee Health. Please continue to follow standard protocols for masking, hand hygiene, symptom monitoring, and social distancing.

COVID-19 is an infectious disease that can be spread: a) through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; or b) by touching a contaminated object then touching the eyes, nose, or mouth, although less common. An infectious person may not have symptoms. Cal/OSHA defines a COVID-19 exposure (also referred to herein as a “Close Contact”) as being within six feet of a COVID-19 case for a cumulative total of 15 minutes or more in any 24-hour period during the COVID-positive person’s high-risk exposure period. The high-risk exposure period begins two days before they first develop symptoms or two days before their positive test and lasts until at least 10 days after their symptoms first appeared or their positive test was done.

COVID-19 testing is available through the Employee Health Department or through one of the County’s various testing sites located at www.sccfreetest.org. Please review the COVID-19 Communications Hub for testing schedule and testing policies, or call Employee Health for further information: https://www.scvmc.org/COVID19/covid-19-update.html.

Our Public Health Officer has put in place many directives and recommendations to reduce the spread of disease in our community. Please check the County Public Health Department website for the latest information and guidance. https://www.sccgov.org/sites/covid19/Pages/home.aspx.

If you develop COVID-19 symptoms (fever or chills, cough, shortness of breath or difficulty breathing, sore throat, nausea, vomiting, diarrhea, fatigue, muscle or body aches, headaches, or loss of sense of taste/ smell), contact Employee Health and your manager immediately. If you become ill and are unable to work remotely or excluded from work due to quarantine/isolation
requirements, you may be entitled to certain leave or other COVID-19-related benefits. Information about benefits that may be available to you can be found at the following links:

**Summaries of Benefits That May Be Available**

1. [https://www.labor.ca.gov/coronavirus2019/#chart](https://www.labor.ca.gov/coronavirus2019/#chart)

**Workers’ Compensation**

2. [https://www.dir.ca.gov/dwc/Covid-19/Index.html](https://www.dir.ca.gov/dwc/Covid-19/Index.html)
3. [https://www.dir.ca.gov/dwc/TemporaryDisability.htm](https://www.dir.ca.gov/dwc/TemporaryDisability.htm)

**Leaves**

2. [https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html](https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html)

**Anti-Discrimination and Anti-Retaliation**

The County will not retaliate or discriminate against any employee who lawfully takes leave or who discloses to the County the employee’s positive COVID-19 test, diagnosis, or an order for the employee to quarantine or isolate.

2. [https://www.dir.ca.gov/dlse/COVID19resources/RLLVFileClaims.html](https://www.dir.ca.gov/dlse/COVID19resources/RLLVFileClaims.html)
3. [https://www.sccgov.org/sites/eod/Pages/home.aspx](https://www.sccgov.org/sites/eod/Pages/home.aspx)

Thank you for doing your part to stop the spread of the virus and keep our community healthy.

Sincerely,

[MANAGER]