

# VARIANCE TO STAGE 2 OF CALIFORNIA'S ROADMAP TO MODIFY THE STAY-AT-HOME ORDER



COVID-19 COUNTY VARIANCE ATTESTATION FORM

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FOR

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## Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14<sup>th</sup>, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4<sup>th</sup>, announced that entry into Stage 2 of the plan would be imminent.

Given the size and diversity of California, it is not surprising that the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

## Local Variance

A county that has met certain criteria in containing COVID-19 may consider increasing the pace at which they advance through Stage 2, but not into Stage 3, of California's roadmap to modify the Stay-at-Home order. Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local public health officer must:

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the

relevant regional health system(s) is also acceptable. The full submission must be signed by the local public health officer.

All county attestations, and submitted plans for moving through Stage 2 as outlined below, will be posted publicly on CDPH's website.

While not required, CDPH recommends as a best practice the development of a county COVID-19 containment plan by the local public health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov) to set up a time with our technical assistance team.

**County Name:** \_\_\_\_\_

**County Contact:** \_\_\_\_\_

**Public Phone Number:** \_\_\_\_\_

**Readiness for Variance**

The county's documentation of its readiness to increase the pace through Stage 2 must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including for example the elderly and those residing in long-term care and locally controlled custody facilities, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

As part of the attestation, counties must provide specifics regarding their movement through Stage 2 (e.g., which sectors, in what sequence, at what pace), as well as clearly indicate how their plans differ from the state's order.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen for modifying the pace of advancing through stage 2, including reinstating restrictions, in advance of any state action. Counties must also submit their plan for how they anticipate moving through Stage 2 (e.g., which sectors will be opened, order of opening etc.).

**Readiness Criteria**

To establish readiness for an increased pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, a county must attest to the following readiness criteria and provide the requested information as outlined below:

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
  - No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

- No COVID-19 death in the past 14 days prior to attestation submission date.

- **Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:
  - Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide copies of the guidance(s).

- Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:

- Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

- Testing availability for at least 75% of residents, as measured by a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county, whether there are any geographic

areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
  - Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:
  - County (or regional) hospital capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

- County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE. Please describe the process by which this is assessed.

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to:
  - Skilled nursing facilities (SNF) have >14 day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs..

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. This should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Please note that this variance should not include sectors that are part of Stage 3.

- **Triggers for adjusting modifications.** Please share the county metrics that would serve as triggers for either slowing the pace through Stage 2 or tightening modifications, including the frequency of measurement and the specific actions triggered by metric changes. Please include your plan for how the county will inform the state of emerging concerns and how it will implement early containment measures.

- **Your plan for moving through Stage 2.** Please provide details on your plan for county to move through opening sectors and spaces that are part of the State's plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3. For additional details on sectors and spaces included in Stage 2, please go to the [California Coronavirus \(COVID-19\) Response County variance web page](#)

### COVID-19 Containment Plan

While not mandatory, CDPH strongly recommends that counties requesting a variance to increase the pace through Stage 2 create a county COVID-19 containment plan as noted above. While not exhaustive, the following areas and questions are important to address in any containment plan.

#### Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <7% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

Protecting the Vulnerable

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Do facilities have the ability to safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

Essential Workers

- How many essential workplaces are in the county?
- What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?
- Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?
- Is there a testing plan for essential workers who are sick or symptomatic?
- Is there a plan for supportive quarantine/isolation for essential workers?

Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

### Community Engagement

- Has the county engage with its cities?
- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
- Have virtual community forums been held to solicit input into the variance plan?
- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

### Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

In addition to your county's COVID-19 VARIANCE ATTESTATION FORM, please include:

- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.
- County Plan for moving through Stage 2

All documents should be emailed to Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov)

I \_\_\_\_\_, hereby attest that I am duly authorized to sign and act on behalf of \_\_\_\_\_. I certify that \_\_\_\_\_ has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for \_\_\_\_\_, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Date \_\_\_\_\_



# RESOLUTION NO. 20-157

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION APPROVING A LETTER OF SUPPORT FOR NEVADA COUNTY'S NOVEL CORONAVIRUS REOPENING READINESS PLAN, AND AUTHORIZING THE CHAIR OF THE BOARD TO SIGN THE LETTER, AS A NECESSARY STEP TO SAFE, PHASED REOPENING

WHEREAS, on March 4, 2020 the Governor of the State of California proclaimed a state of emergency in response to the unprecedented Novel Coronavirus pandemic; and

WHEREAS, on March 19, 2020 the State Health Officer issued a shelter-in-place order, which ordered Californians to shelter in their place of residence except for essential business; and

WHEREAS, on April 28, 2020 the Governor announced a roadmap to reopening that envisioned four phases, the first being the full shelter in place order, followed by the opening of low-risk businesses with modifications, the opening of high-risk businesses with modifications, and finally the full release of the shelter in place order; and

WHEREAS, on May 7, 2020 the State amended the shelter-in-place order to commence Phase 2 of the reopening roadmap on May 8, 2020, allowing certain low-risk business activities to commence with modifications, including things like curb-side retail. The modification also established a process for counties with low prevalence and adequate containment measures to accelerate through Stage 2 of the re-opening; and

WHEREAS, in Nevada County cases increased rapidly in late March 2020, and subsequently due to the sacrifice and diligence of the community, the hard work of medical professionals, local jurisdictions and of County staff, the increase in cases has slowed, and the epidemiological curve has "flattened;" and

WHEREAS, Nevada County meets all the readiness criteria established by the State, and stands ready to accelerate through Phase 2 reopening not because Novel Coronavirus is no longer a threat, but rather because prevalence in the community, containment measures and the diligence of the community allow that reopening to occur safely; and

WHEREAS, Public Health Officer Dr. Ken Cutler has prepared a Reopening Readiness Plan and Attestation, has reviewed them with the State Health Officer, and has received concurrence from the Medical Community.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the chair of the board of supervisors be and hereby is authorized to sign the letter of approval in substantially the form attached hereto.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a special meeting of said Board, held on the 11th day of May, 2020, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller,  
Susan K. Hoek and Richard Anderson

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: \_\_\_\_\_



\_\_\_\_\_  
Heidi Hall, Chair

5/11/20 cc:

HHSA\*\*  
P. Health  
All Dept Heads  
CEO\*  
A-C\*

COUNTY OF NEVADA  
STATE OF CALIFORNIA  
BOARD OF SUPERVISORS



Chair Heidi Hall, 1<sup>st</sup> District  
Edward C. Scofield, 2<sup>nd</sup> District  
Vice Chair Dan Miller, 3<sup>rd</sup> District  
Susan Hoek, 4<sup>th</sup> District  
Richard Anderson, 5<sup>th</sup> District

Julie Patterson Hunter,  
Clerk of the Board

May 11, 2020

Dr. Sonia Angell, State Health Officer,  
California Department of Public Health  
Sacramento, California

**RE: Letter of Support for County of Nevada Attestation of Readiness for California  
Pandemic Resilience Roadmap Stage 2: Lower Risk Workplaces**

Dear Dr. Sonia Angel,

In accordance with Governor Newsom's Executive Order N-60-20 and May 7, 2020 guidance issued by the California Department of Public Health, the Nevada County Board of Supervisors submits the following letter of support.

Nevada County Health Officer Dr. Cutler has fully apprised the Board of Supervisors of the efforts that have been and will be taken to mitigate the spread of COVID-19. These efforts will ensure that individuals who are at heightened risk, continue to be protected as Nevada County progresses through California's roadmap.

The Nevada County Board of Supervisors fully supports the attestation by Dr. Cutler that the County of Nevada has met readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,

Chair Heidi Hall  
Chair, Board of Supervisors

950 Maidu Avenue, Suite 200, Nevada City CA 95959-8617  
phone: 530.265.1480 | fax: 530.265.9836 | toll free: 888.785.1480 | email: [bdofsupervisors@co.nevada.ca.us](mailto:bdofsupervisors@co.nevada.ca.us)  
website: <http://www.mynevadacounty.com/nc/bos>

May 11, 2020

Dr. Sonia Angell, State Health Officer,  
California Department of Public Health  
Sacramento, California

**RE: Letter of Support for County of Nevada Attestation of Readiness for  
California Pandemic Resilience Roadmap Stage 2: Lower Risk Workplaces**

Dear Dr. Angell,

In accordance with Governor Newsom's Executive Order N-60-20 and May 7, 2020 guidance issued by the California Department of Public Health, Sierra Nevada Memorial Hospital submits the following letter of support.

Sierra Nevada Memorial Hospital has the capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Sierra Nevada Memorial Hospital has a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE.

On behalf of Sierra Nevada Memorial Hospital, I fully support the attestation by Dr. Cutler that the County of Nevada has met readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,



Brian D. Evans, M.D.  
President / CEO



May 11, 2020

Dr. Sonia Angell, State Health Officer,  
California Department of Public Health  
Sacramento, California

**RE: Letter of Support for County of Nevada Attestation of Readiness for California  
Pandemic Resilience Roadmap Stage 2: Lower Risk Workplaces**

Dear Dr. Sonia Angel,

In accordance with Governor Newsom's Executive Order N-60-20 and May 7, 2020 guidance issued by the California Department of Public Health, the Tahoe Forest Health System submits the following letter of support.

Tahoe Forest Health System has the capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Tahoe Forest Health System has a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE.

On behalf of Tahoe Forest Health System I fully support the attestation by Dr. Cutler that the County of Nevada has met readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,

A handwritten signature in blue ink, appearing to read "H. Weis", is written over the word "Sincerely,".

Harry Weis  
President & CEO



NEVADA COUNTY  
Public Health

## REOPEN NEVADA COUNTY: A PLAN TO REOPEN IN STAGES WHILE LIMITING THE LOCAL SPREAD OF COVID-19

### BACKGROUND

The plan to reopen Nevada County outlines stages that may be phased in, or out, based on data-driven measures for loosening or tightening restrictions to limit the spread of COVID-19. The plan outlines the measures, lists the stages of reopening, and includes guidance for industry sectors that were developed in partnership with public and private sector representatives, or provided by the State. The stages align with the [State's Resilience Roadmap](#). The plan is consistent with guidance issued by the California Department of Public Health: *Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order: Guidance to County Government*.

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*NOTE: The plan to reopen Nevada County is based on State guidance as of May 8, 2020, and will change as the State Resilience Roadmap changes. The plan was developed using best available information.*

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### REOPENING NEVADA COUNTY IN STAGE 2

The plan to reopen Nevada County into Stage 2 at an accelerated rate aligned with the State's Resilience Roadmap. The planned reopening of sectors included in Stage 2 is based on the potential risk for spreading the virus within a specific workplace or facility and on the ability to make modifications to mitigate risk.

### STAGE 1: STAY-AT-HOME ORDER IN PLACE WITHOUT MODIFICATIONS

The Governor announced modifications to the State's Stay-at-Home Order on May 8, 2020, which allows some sectors to reopen with modified operations as shown below in Stage 2 – State Resilience Roadmap.

## STAGE 2: STATE RESILIENCE ROADMAP

The State outlined a resilience roadmap for modifying the Stay-at-Home Order. As of May 8, 2020 the State indicates the following are allowed with no local action. You may review the [State guidance online](#) for full details.

- Curbside retail, including but not limited to: bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists.
- Supply chains supporting the above businesses, in manufacturing and logistical sectors.

The State indicates the following sectors/businesses will be opened later in Stage 2 by the State but may be opened sooner by some counties that meet the requirement for a Local Variance.

- Destination retail, including shopping malls and swap meets.
- Personal services, limited to car washes, pet grooming, tanning facilities, and landscape gardening.
- Office-based businesses (telework remains strongly encouraged)
- Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted)
- Schools and childcare facilities
- Outdoor museums and open gallery spaces

### **Nevada County – Moving Further into Stage 2**

The State issued guidance that counties may move further into Stage 2 and allow businesses to reopen with greater operations **once businesses meet mitigations measures to slow the spread of COVID-19**. The guidance allows counties to attest to local readiness and move through Stage 2 and to reopen more businesses before the State does so as a whole.

This plan describes Stage 2 for Nevada County as of May 8, 2020. Stage 2 includes workplaces and activities rated as low and medium risk for contact intensity and number of contacts by the [Johns Hopkins guidance](#).

Workplaces that reopen and activities that resume in Stage 2 must do so in accordance with the required reopening measures. State guidance can be found online at <https://covid19.ca.gov/roadmap/>. Stage 2 in Nevada County includes industry sectors that are rated as low-medium risk by the Johns Hopkins guidance and by the State.

During Stage 2, individuals should continue taking steps to reduce exposure and limit the spread of COVID-19 as shown in the list below.

**Individual Actions:**

- **Anyone who is feeling ill should stay home.**
- **Vulnerable (i.e., at high risk for serious illness) individuals** – should continue to follow the State’s Stay-at-Home Order.
- **Wear face coverings** – individuals are strongly encouraged to wear a face covering when in public. See Appendix A for face covering guidance.
- **Continue physical distancing** – When in public, maximize physical distance from others (at least six feet).
- **Maintain good hygiene practices** – Washing hands, use hand sanitizer, cleaning frequently touched surfaces, covering coughs and sneezes.
- **Social Settings** – Gatherings of non-household members are still not allowed under Stage 2.
- Non-essential travel is discouraged.

**Workplaces and Facilities**

The industry sectors in Stage 2 are rated as low and medium by the Johns Hopkins guidance and are considered to be in [Stage 2 by the State](#). Businesses in the sectors listed in Stage 2 **must implement required mitigation measures**, as shown in and referenced in Appendix B, before reopening.

The mitigation measures for the public and private industry sectors were developed in coordination with local public and private sector representatives. These representatives continue to work with the County in partnership for Reopen Nevada County and to limit the spread of COVID-19. See Appendix C for a description of the COVID-19 Recovery Advisory Committee and its membership.

Stage 2 - Lower Risk Workplaces and Activities		
Sector	Opening Timeline*	Mitigation Measures
<b>General business, office</b>	Reopen May 12, 2020	See Appendix B, section 1 for reopening measures.
<b>Retail</b>	Reopen May 12, 2020	See Appendix B, Section 2 for reopening measures.

<b>Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening.</b>	Reopen May 12, 2020	See Appendix B, Section 1 for reopening measures.
<b>Manufacturing</b>	Reopen May 12, 2020	See Appendix B, Section 3 for reopening measures.
<b>Restaurants</b>	Reopen once the State releases State mitigation measures. (Estimated May 12, 2020.)	See Appendix B, Section 1 for general reopening measures, and State mitigation measures once released.
<b>Child care</b>	Reopen May 12, 2020	See the <a href="#">California Department of Social Services guidance for child care providers</a> and see State guidance when it is released.
<b>Schools</b>	Not currently planned for opening in local Stage 2.	Reopening measures are in development with education representatives.

\*Opening Timeline is estimated only. Actual reopening cannot occur before Nevada County’s Attestation Form is reviewed by CDPH and posted on CDPH’s website, and until each place of business develops and implements a site-specific protection plan as per [State Guidance](#).

## MEASURES FOR TIGHTENING RESTRICTIONS TO LIMIT COVID-19 SPREAD

The measures tightening local restrictions are considered in three categories: epidemiology, healthcare, and public health. The model is provided by Resolve to Saves Lives, a global health initiative that describes the “adaptive response” to the COVID-19 pandemic. Stricter mitigation measures should be considered when one or more criteria in two or more columns are met:

Epidemiology	Health Care	Public Health
<ul style="list-style-type: none"> <li>• A significant increase in new cases* over 3 consecutive calendar or work days in the context of no substantial increase in testing</li> <li>• Doubling time of cases less than 5 days (from most recent nadir)</li> <li>• More than 4 unlinked chains of transmission in a 14-day period</li> <li>• High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (&gt;5 days) from a mass gathering or long-term care facility)</li> <li>• Concerning, persistent increase in Influenza Like Illnesses in syndromic surveillance per symptom tracker at 211</li> <li>• Increasing number of new health care worker infections for 5 consecutive days</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to scale up to 2x the number of ICU patients from current census (including staffing)</li> <li>• Can no longer screen significant numbers* of symptomatic patients safely (including staffing)</li> <li>• Inadequate availability of PPE for healthcare workers</li> <li>• Insufficient face masks to provide to all patients seeking care</li> <li>• Unacceptable ratio** of admissions to discharges for COVID-19</li> <li>• Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot elicit contacts for 20% or more of cases</li> <li>• 10% or more of symptomatic contacts fail to get tested or get tested in more than 48 hours of symptom onset</li> <li>• Insufficient hand sanitizer to place at entry of buildings including workplaces</li> <li>• No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise)</li> </ul>

\*Case means a laboratory-confirmed case for COVID-19

\*\*Measure may be changed by Health Officer to address the local needs in Nevada County and in consultation with local hospital officials

Actions to consider to tighten over time if triggers are met include: in-dining restaurant closures; return to curbside pickup; childcare closures; restrictions on some outdoor recreation; if there is a large surge, may consider return to strict stay at home (Stage 1).

## RELEVANT GUIDANCE

The California Department of Public Health (CDPH) recommends the following guidance for all essential sectors:

- [Face Coverings Guidance](#)
- [Self-Isolation for Older Adults and Those Who Have Elevated Risk](#)
- [Employers, Health Care Workers and Workers in General Industry](#)

In addition, CDPH also recommends guidance relevant to each specific sector listed above. Those guidance recommendations can be found [here](#).

## APPENDIX A

### FACE COVERING GUIDANCE

The Nevada County Health Officer continues to recommend that our best community and individual steps to slow the transmission of COVID-19 include washing hands frequently, avoiding touching our eyes, nose and mouth with unwashed hands, and physical distancing, especially by staying at home. In addition, given more recent evidence that people can transmit the virus before symptoms develop, Dr. Cutler encourages everyone to cover their faces when it is necessary to go out in public. There are several key points to consider:

1. Covering your face DOES NOT substitute for existing guidance about physical distancing and handwashing and is not mandated.
2. Cloth face coverings may help to reduce asymptomatic or pre-symptomatic (before symptoms start) transmission; however, that only works if people do not increase risk by going out more, getting closer to others, or washing hands less often. If you must make a trip outside of your home, a cloth face covering may reduce transmission to others.
3. It is important to wash your hands *before* putting on a face covering, *after* putting on the covering, and trying not to touch the face covering. *If you do touch it, wash your hands again.*
4. Cloth face coverings are not a substitute for staying home when ill.
5. Given the shortage of surgical masks and N95 respirators, those should be reserved mainly for healthcare workers and first responders until the shortage is over. In the current environment, purchases of these items by the general public will worsen these shortages for those who are taking care of ill patients.

We thank all of you who are sewing and creating cloth face coverings. For more information about cloth face coverings and how to care for them, please see:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Face-Coverings-Guidance.aspx>

## APPENDIX B

### MITIGATION MEASURES TO SLOW THE SPREAD OF COVID-19

The following sections outline required mitigations measures for businesses aimed at limiting the spread of COVID-19. Employers/businesses should use this document as follows: Section 1 includes mitigations measures that all employers/businesses should follow as applicable.

Additional measures identified for specific industry sectors and specific business types can be found at <https://covid19.ca.gov/roadmap/>. Those specific industries should reference both Section 1 in conjunction with the section(s) applicable to its business.

Nevada County will continue to monitor State and Federal guidance materials to determine modifications needed, if any, to create alignment. The County will also continue to work with specific industries and business types to seek input as these mitigation measures are implemented.

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*NOTE: The State of California may issue guidance for employers/businesses that is different than these mitigation measures. The County may update these measures to align with State requirements and guidance, or other best practices as data becomes available for COVID-19. These measures were developed to speed up the reopening of businesses in Nevada County, and the development occurred prior to [State guidelines](#) being complete.*

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### SECTION 1: ALL EMPLOYERS

Section 1 includes recommended guidelines and best practices that all employers should follow. The best practices are written to describe the current understanding of actions that can be taken to limit or mitigate the spread of COVID-19 in the workplace.

In addition to these measures, additional best practices and guidelines have been identified for specific industry sectors and specific business types, as listed in the following sections. Those specific industries should reference both Section 1 in conjunction with the section(s) applicable to its business.

#### **A. Training:**

- Train employees on all measures and protocols applicable to their function or role prior to returning to work at place of business.

## **B. Signage:**

- Post local self-certification notification in a visible location.
- Provide signage at each entrance of the facility to inform employees and customers of common COVID-19 symptoms and that they must not enter the facility if they are sick with or suspect they may be experiencing COVID 19 symptoms.
- Provide signage regarding the social / physical distancing protocol at the facility; persons to maintain a minimum six-foot distance from non-household members as much as practicable and not engage in any unnecessary physical contact.
- Provide signage regarding proper hand washing technique should be posted at all hand- wash sinks.
- Provide signage encouraging regular hand washing in breakrooms and other locations where employee information is provided.

## **C. Measures to Protect Employee Health:**

- Direct all employees to stay home if sick.
- Instruct employees to notify a supervisor if they are experiencing symptoms of COVID-19, such as fever, cough, and/or gastrointestinal symptoms.
- Direct sick employees with symptoms associated with COVID-19 to be evaluated for testing by their doctor or urgent care.
- Direct all employees to self-monitor for symptoms of COVID-19.
- Direct all employees to maintain at least six feet distance from customers and from each other, as much as practicable.
- Provide face coverings to employees and encourage employees to use face covering when physical distancing is not feasible.
- Encourage customers to utilize face coverings when entering the facility.
- Separate workstations by at least six feet.
- Do not share office supplies, tools, etc.
- Provide separate seating in common areas such as break rooms and conference rooms.
- Utilize and encourage virtual meetings where possible.
- Encourage telecommuting where possible.
- Discourage congregation of employees during breaks and lunches,

unless physical distancing can be maintained.

- Instruct cleaning staff to wear applicable Personal Protective Equipment (PPE) such as disposable gloves and eye protection for all tasks in the cleaning process, including handling trash. Direct staff to wash their hands immediately after removing disposable gloves.
- Disinfect high contact surfaces in break rooms, restrooms, and other common areas (i.e. door handles, lobbies, etc.) frequently. Those areas receiving more traffic should be disinfected more often. As a best practice, all businesses should disinfect on the following schedule and maintain a log capturing actions, at a minimum:
  - Public Restrooms: Twice daily
  - Employee Breakrooms: Daily
  - Employee Restrooms: Daily
  - Other employee shared areas: Daily
  - High contact surfaces (door handles, light switches, etc.): At least daily and more frequently if needed
- Sanitize incoming packages, products or materials as part of the receiving process.
- Direct employees to regularly clean their workstations daily, or at the start and end of their shift for shared workstations and areas.
- Make sanitizer / disinfectant and related cleaning supplies available to all employees at specified locations.
- Ensure employees frequently wash hands using soap, water and single-use paper towels. In situations where hand washing facilities are not available, provide hand sanitizer that contains at least 60% alcohol.
- Provide hand sanitizer containing at least 60% alcohol to all employees and customers at common points of ingress/egress and in common areas such as conference rooms, breakrooms, or other locations used by multiple employees.
- Provide hand sanitizer to employees at their workstation when their role requires regular interaction with customers.
- Post copies of measures and protocols being taken related to COVID-19 in a conspicuous place and provide to all employees.

**D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:**

- Limit the number of customers in the facility at any one time to the maximum number which allows for customers (or groups of household members) and

employees to easily maintain at least six-foot distance from one another, at all practicable times.

- At retail counters or in other locations where queueing is possible, placing tape or other markings at least six feet apart in customer areas inside the facility and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance. If groups of household members often wait together, increase distances between markings so that separation of household groups of at least six feet is maintained.
- Where long lines can form, assign an employee to monitor lines in order to ensure that the maximum number of customers in the facility is not exceeded.
- Limit use of lobbies / waiting rooms. Develop a system(s) that allows customers to wait in cars or other locations.
- Offer service by appointment-only.
- Offer and encourage on-line product ordering with curbside pickup or delivery.
- Create one-way shopping aisles in higher traffic areas.
- Separate order areas from pickup and delivery areas to prevent customers from gathering.
- Implement protections for cashiers, pharmacy workers, and other workers who normally have regular, close interaction with the public with engineering controls such as Plexiglas screens or other physical barriers, or spatial distance of at least six feet.
- Develop restroom occupancy plans that will help ensure 6 foot physical distancing can be accomplished, limit restrooms to single user if necessary.

**E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitation / Disinfection:**

- Provide contactless payment systems or, if not feasible, sanitize payment systems frequently, depending on volume of use.
- Provide hand sanitizers at check-out stands/stations.
- Provide disinfecting wipes containing an EPA-registered disinfectant or other disinfection measure(s) for employee or customer use where appropriate.
- Eliminate or restrict use of self-service sampling unless provided from a single use container (personal care products, foods, etc.).
- Assign employee(s) to disinfect high-contact surfaces frequently (point of sale terminals, counters, common tables, restroom surfaces, doorknobs, phones, keyboards, light switches, etc.).

**F. Additional Measures to Protect Health:**

- Require employees to wear face coverings when physical distancing of at least 6 feet cannot be maintained. See face covering guidance.
- Discourage customers from bringing their own bags, mugs, or other reusable items from home.
- Clean visibly dirty surfaces with soap and water prior to disinfecting.
- Use EPA-approved disinfectant against COVID-19 and read the label to make sure it meets your needs and application. A list of approved disinfectants can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- Only allow service animals in your facilities.

**G. Measures to Prevent Crowds from Gathering/ Encourage Physical Distancing:**

- Review and follow guidelines by the Center for Disease Control (CDC) to develop, implement, maintain, and revise your cleaning and disinfecting plan as new information becomes available.
- Read instructions and wear gloves and other Personal Protective Equipment (PPE) as specified by the manufacturer for the cleaning and disinfecting products you are using
- Consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. You can find additional reopening guidance for cleaning and disinfecting in the CDC's [Reopening Decision Tool](#).
- Implement flexible sick leave and supportive policies and practices.
- Consider how your facilities will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children.
- Prepare to perform cleaning and disinfection if persons suspected or confirmed to have COVID-19 have been in your facilities.
- Follow all industry guidance issued by State and federal regulatory agencies. See industry [guidance published by the State of California](#).

## SECTION 2: RETAIL STORES

*Note: The County may update these measures to align with State requirements and guidance or other best practices as data becomes available for COVID-19.*

In addition to the measures listed in the [CDPH and Cal/OSHA COVID-19 Industry Guidance: Retail](#), additional measures have been identified for Retail Stores. Employers within this Industry should implement the following measures in order to open for in-store shopping.

**A. Training:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Retail](#).

**B. Signage:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Retail](#).
- Post local self-certification in a visible location.

**C. Measures to Protect Employee Health:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Retail](#).

**D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Retail](#).
- Assign an employee to monitor that the maximum number of customers in the facility is not exceeded.

**E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Retail](#).
- Close fitting rooms until required guidelines can be finalized.
- Suspend returns and exchanges until a store policy is established to mitigate the spread of COVID-19 for returned items.

**F. Additional Measures to Protect Health:**

- Require employees to wear face coverings when working in places accessible to the public. See Appendix A for face covering guidance.

## SECTION 3: MANUFACTURING

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*Note: The County may update these measures to align with State requirements and guidance or other best practices as data becomes available for COVID-19.*

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In addition to the measures listed in the [CDPH and Cal/OSHA COVID-19 Industry Guidance: Manufacturing](#), additional measures have been identified for Retail Stores. Employers within this Industry should implement the following measures in order to open for in-store shopping.

**A. Training:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Manufacturing](#).

**B. Signage:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Manufacturing](#).
- Post local self-certification in a visible location.

**C. Measures to Protect Employee Health:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Manufacturing](#).

**D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Manufacturing](#).

**E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Manufacturing](#).

**F. Additional Measures to Protect Health:**

- Comply with [CDPH and Cal/OSHA COVID-19 Industry Guidance: Manufacturing](#).
- Require employees to wear face coverings when working in places accessible to the public. See Appendix A for face covering guidance.

## APPENDIX C

### COVID-19 RECOVERY ADVISORY COMMITTEE

**Establishment:** The Nevada County COVID-19 Pandemic Roadmap to Recovery Advisory Committee (“Committee”) is hereby established by the Nevada County Public Health Officer on April 28, 2020 and will be dissolved when no longer needed as determined by the Nevada County Public Health Officer. This Committee is created in accordance with all applicable State and Federal laws, including but limited to: California Health and Safety Code sections 101040, 101085, and 120175 and Title 17 California Code of Regulations section 2501.

**Purpose:** The purpose of this Committee is twofold: to provide advice, input and recommendations to the Public Health Officer on implementing any decision by the Governor to modify the Stay-at-Home Order and to provide guidance and resources to local businesses to assist them in preparing to reopen, once allowed, with modified public health and safety measures in place.

**Functions/ Responsibilities:** This Committee is responsible for collecting questions and concerns from community stakeholders including businesses, non-profits, city/town and special districts, clubs, organizations and other groups who operate facilities where groups of people may congregate and therefore pose a risk for spreading COVID-19. The Committee is then responsible for weighing those concerns and providing recommendations and information to the Public Health Officer to consider as related to implementing the Statewide Stay-at-Home Order. Topics to be discussed may include but are not limited to: adaption strategies to protect employees and community members in high risk and low risk businesses/organizations to safely reopen in conjunction with the State’s six-point reopening plan.

This Committee is also responsible for developing communication tools and meeting with stakeholders to explain the necessary precautions and safety measures required to prepare for modified re-opening when that becomes allowed under Governor’s Order and per the Nevada County Pubic Health Officer’s direction.

The Committee shall serve solely in an advisory capacity to the Public Health Officer. It is not the responsibility or within the authority of the Advisory Committee to make decisions, manage or direct the implementation of any modifications of the Stay-at-Home Order.

**Composition/ Membership:** The Committee shall consist of the following persons:

1. The Nevada County Assistant County Executive Officer
2. The Grass Valley City Manager
3. The Nevada City Manager
4. The Truckee Town Manager
5. The Nevada County Environmental Health Director
6. The Nevada County Chief Building Official
7. The Nevada County Public Health Director
8. The Nevada County Superintendent of Schools
9. A representative of the Nevada County Economic Resource Council
10. Two representatives from the incorporated business community as determined by the City/Town management (1 Eastern, 1 Western representative)
11. A representative from the unincorporated business community as determined by County management.
12. A representative from the faith community as determined by the Public Health Officer
13. A representative from law enforcement as determined by the Public Health Officer
14. A representative from the healthcare community as determined by the Public Health Officer
15. A representative from the recreation community as determined by the Public Health Officer

**Method of Operation:** The Committee will meet as needed and a summary of the Committee's work will be made available to the public following each meeting. The Public Health Officer will not necessarily attend each meeting. It will be the responsibility of the Assistant County Executive Officer and Public Health Director to liaison with the Public Health Officer. This Committee will seek input from individuals and stakeholder groups as needed to make the most informed and comprehensive recommendations it can to the Public Health Officer. Comments and ideas may be submitted to [COVID19Recovery@co.nevada.ca.us](mailto:COVID19Recovery@co.nevada.ca.us).



NEVADA COUNTY  
Public Health

# GUIDANCE FOR EMPLOYERS AND CRITICAL INFRASTRUCTURE WORKPLACES

## BACKGROUND

COVID-19 is a respiratory illness caused by a novel virus that has been spreading worldwide. Community-acquired cases have been confirmed in Nevada County and throughout the state. As time progresses, we continue to gain more understanding of COVID-19's epidemiology, clinical course, and other factors. For the most recent information on COVID-19, please visit the Center for Disease Control and Prevention's (CDC's) [website](#).

## ESSENTIAL WORKFORCE

On March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents immediately to heed current State public health directives to stay home, except as needed to maintain continuity of operations of essential critical infrastructure sectors and additional sectors as the State Public Health Officer may designate as critical to protect health and well-being of all Californians.

In accordance with this order, the State Public Health Officer designated the following list of "Essential Critical Infrastructure Workers" to help state, local, tribal, and industry partners as they work to protect communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security.

## THE ESSENTIAL SECTORS INCLUDE:

1. Health and Public Health
2. Emergency Services
3. Food and Agriculture
4. Energy
5. Water and Wastewater Sector
6. Transportation and Logistics
7. Communications and Information Technology Sector

8. Government Operations and Other Community-Based Essential Functions
9. Critical Manufacturing
10. Financial Services
11. Chemical
12. Defense Industrial Base
13. Industrial, Commercial, Residential and Sheltering Facilities and Services

More information about these sectors can be found [here](#).

## RELEVANT GUIDANCE

The California Department of Public Health (CDPH) recommends the following guidance for all essential sectors:

- [Face Coverings Guidance](#)
- [Self-Isolation for Older Adults and Those Who Have Elevated Risk](#)
- [Employers, Health Care Workers and Workers in General Industry](#)

In addition, CDPH also recommends guidance relevant to each specific sector listed above. Those guidance recommendations can be found [here](#).

## QUESTIONS AND ANSWERS

Listed below are answers to questions we have received from workplaces about confirmed or suspected cases of COVID-19 at their worksites.

### 1. HOW CAN PEOPLE PROTECT THEMSELVES?

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. The virus spreads mainly from person-to-person between people who are in close contact with one another (within about 6 feet). This occurs by respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Surfaces can also get infected. Older adults and people who have severe underlying medical conditions like hypertension, obesity, heart or lung disease, diabetes or asthma seem to be at higher risk for developing more serious complications from COVID-19 illness. Every person has a role to play. So much of protecting yourself and your family comes down to common sense:

- Stay home except for essential needs/activities.
- Practice physical distancing – stay 6 feet away from people.
- Wear a cloth face mask if you leave home.
- Wash hands with soap and water for at least 20 seconds.
- Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection.

- Avoid touching eyes, nose or mouth.
- Cover your cough or sneeze with a tissue or your elbow or a tissue. Wash hands afterwards.
- Avoiding close contact with people who are sick.
- Stay home and away from people if you become sick with respiratory symptoms like fever and cough.
- If you smoke or vape, consider quitting.
- Follow guidance from public health officials.

Please consult with your health care provider about additional steps you may be able to take to protect yourself.

## 2. WHAT SHOULD I DO IF I AM UNABLE TO WORK AFTER BEING EXPOSED TO COVID-19?

Individuals who are unable to work due to having or being exposed to COVID-19 (certified by a medical professional) can [file a Disability Insurance \(DI\) claim](#). Disability Insurance provides short-term benefit payments to eligible workers who have full or partial loss of wages due to a non-work-related illness, injury, or pregnancy. Benefit amounts are approximately 60-70 percent of wages (depending on income) and range from \$50 - \$1,300 a week.

Californians who are unable to work because they are caring for an ill or quarantined family member with COVID-19 (certified by a medical professional) can [file a Paid Family Leave \(PFL\) claim](#).

Paid Family Leave provides up to six weeks of benefit payments to eligible workers who have a full or partial loss of wages because they need time off work to care for a seriously ill family member or to bond with a new child. Benefit amounts are approximately 60-70 percent of wages (depending on income) and range from \$50-\$1,300 a week.

For more information related to resources for California's Employers and Workers, please visit this [Labor and Workforce Development Agency webpage](#).

## 3. WHAT IF IT IS A CUSTOMER OR CLIENT WHO SHOWS UP WITH SYMPTOMS OF ILLNESS?

If your worksite gets customer or client traffic, make it easy for visitors to practice good hygiene and respiratory etiquette. Post signs requesting that people who are ill visit you online. Provide tissues, trash receptacles, and no-touch hand sanitizer dispensers near entrances. And make sure your employees follow social distancing guidance, keeping a safe six feet between themselves and visitors whether or not they seem sick. If your

employee must be closer to the customer, make sure they minimize time together to less than 10 minutes.

After the customer or client leaves, use cleaning chemicals with EPA-registered disinfectant labels with claims against emerging viral pathogens to wipe down doorknobs/push bars, elevator buttons, restroom doors, etc. that the visitor may have touched.

An employee calls in to report that they have tested positive for COVID-19. They didn't have any obvious symptoms when they were on the job, but they work closely with other people and may have exposed them to COVID-19. What steps do I need to take? This employee must stay home and self-isolate until at least 10 days have passed after the symptoms first appeared AND at least 3 days after recovery. Recovery means that fever is gone for 72 hours (3 days) without the use of fever-reducing medications and respiratory symptoms (e.g. cough, shortness of breath) have improved.

Employees who have been in close contact with a suspected or known case of COVID-19 while that individual was ill or at any time starting two days before symptoms appeared should be in quarantine at home for 14 days. A close contact is any person who was within 6 feet for more than 10 minutes of the ill individual or had unprotected direct contact to body fluids of the ill employee (e.g. cough or sneeze on face or sharing of a drink or a food utensil).

You cannot legally tell other employees who is sick. It is a violation of patient rights to reveal private medical information about someone. Employees may guess who the infected person is, but even if they do it is illegal for you to divulge that information. That said, there are steps you can take to protect your other workers and your customers:

- Assess who has had close contact as described above with this employee, on the job, during breaks or at lunch. Those individuals are at risk and should home quarantine for 14 days from the time of their last close contact with the infected worker while the worker had symptoms and two days (48 hours) before symptoms appeared. If they don't get sick within fourteen days, the time span over which the virus generally appears, they can come back to work safely. In the meantime, they may be able to work remotely.
- Thoroughly clean and disinfect equipment and surface in the workplace that the employee may have touched, such as doorknobs/push bars, elevator buttons, restroom doors, copiers or other office machines, etc. Use cleaning chemicals with EPA-registered disinfectant labels with claims against emerging viral pathogens.

If one of your other employees develops symptoms while in quarantine, then they should follow the return to work guidelines noted above (10 days after symptoms started and 3 days after fevers have resolved and symptoms improved).