



EMPLOYMENT &
HUMAN SERVICES

M E M O R A N D U M

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To: All Staff (Code 2A)

Date: 04/22/2020

From: Executive Team

Subject: COVID-19 Exposures and the Workplace Revised April 21, 2020 1630 hours

We are providing the most up-to-date information from County Risk Management. As with the past guidance, there is a date and time it was sent out so users will know this is the latest information. This guidance supersedes all previous versions. We will be following this guidance in handling reports of affected staff and working to ensure the health and safety of our staff and customers.

The County Health Order to wear face coverings is effective today, Wednesday, April 22, 2020. The attached document has good information on face coverings.

We urge you to carefully read the attached and refer any questions to your supervisor.

Attachment



COVID-19 Exposures and the Workplace

County employees play an essential role in community disaster response, whether they are performing in their primary roles or as Disaster Service Workers. This document is designed for County employees to understand COVID-19 exposures and procedures in the workplace. You can use the Table of Contents links to go directly to topics of interest.

This document contains information compiled by Risk Management provided specifically for county employees and operations with input and review from Public Health and Occupational Health.

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EXPOSURES AND THE WORKPLACE

This portion of the document describes exposures in the workplace and is designed for County employees to understand:

- Symptoms of COVID-19 (also known as *novel coronavirus*).
- When and how long to self-isolate when symptoms are present.
- When to return to the workplace after illness or exposure.

REMINDERS

- Protect and respect employee health information during any communications regarding symptoms, exposures, and response. Refer to Equal Employment Opportunity Commission [guidelines](#).
- If you are sick – stay home. All employees should be instructed to remain home and monitor symptoms or developing symptoms, even if there is no concern for workplace exposure.
- Follow the most current County Administrator’s Office guidelines on how to account for leave of absence resulting from COVID-19 exposures and the workplace.
- Employees should continue to follow normal [preventive actions](#) while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands, and practicing social distancing.

SYMPTOMS

During this time of COVID-19 Public Health Order and response, all employees should monitor themselves for symptoms of illness. The most common symptoms of COVID-19 are *fever, tiredness, and dry cough*. Some patients may have less-common symptoms such as *aches and pains, chills, nasal congestion, runny nose, sore throat, or headache*. These symptoms often come on gradually. If you have fever, cough, and difficulty breathing, remove yourself from the workplace, stay at home, isolate from others, and seek medical attention if needed, by calling your healthcare provider. Unsure what your symptoms may mean? Review this helpful chart “[Is it Cold, Flu, or Coronavirus?](#)” available on the Health Services website. ‡For tracking purposes, note your health status and symptom onset using the attached calendar resource tool.

DEFINITIONS

Critical Infrastructure Workers is a list of employment sectors identified by [Homeland Security](#). The list includes (but is not limited to) government services, contractors, and internal service providers (e.g., custodial services, facilities maintenance, mail services, recycling, telecommunications, information technology, network services) that enter and work in these environments. These internal service providers will be characterized by and may be screened based on the setting in which they work (SOS vs. Non-SOS).

Essential Government Functions are the critical activities that are performed by governments that enable them to provide vital services, exercise civil authority, and maintain safety of the general public during a disruption of normal activities.

Sensitive Occupation/Services Settings (SOS) are defined as people living and working in congregate living facilities such as skilled nursing, board and care, assisted living, and other congregate senior-living facilities, shelters, group homes, residential treatment programs, detention facilities, healthcare/healthcare workers/first responders, and dialysis centers, and those receiving dialysis or chemotherapy in a facility.

Non-Sensitive Occupations/Services Settings (Non-SOS) are defined as all other County community service and general office facilities, internal services departments (information technology, network services, telecommunications, facilities maintenance, etc.).

Screening means using measures to identify symptoms, infection, and exposure risks for COVID-19. For example, 911 dispatchers use a series of questions to identify risks prior to contact with emergency responders. Screening is conducted prior to entry to some county facilities and operations. Screening may include measuring the employee’s temperature and assessing symptoms prior to starting work or entering a county facility. Ideally, temperature checks should happen before an individual enters the facility.

Self-monitoring means monitoring yourself for fever (100.0 degrees Fahrenheit or greater) by taking your temperature twice a day and remaining alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat).

Active monitoring means a public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms.

Unprotected Exposure is defined as an individual’s exposure to an individual with presumed or positive COVID-19 diagnosis without the use of personal protective equipment (PPE) such as a respirator, face shield, or gloves, depending on the specific work environment.

Close contact is defined as being within approximately 6 feet of a person diagnosed with COVID-19 for a prolonged period (10 minutes or more) or having unprotected direct contact with infectious secretions or excretions of the person.

Asymptomatic is defined as a person that is a carrier for COVID-19 but is neither experiencing nor demonstrating symptoms. Persons with COVID-19 can infect others for up to 2 days before they become symptomatic.

Exposed Asymptomatic is defined as a person who has or may have been exposed to a person diagnosed with COVID-19 but has not developed noticeable symptoms of any kind. Even though not displaying symptoms, these persons should practice extra precaution by maintaining a safe social distance from others including at home and in the workplace.

Positive Asymptomatic is defined as an individual that has tested positive for COVID-19 but is no longer experiencing symptoms. These individuals may need to follow special precautions depending on their work setting or may be allowed to work with other positive COVID-19 patients or clients.

DEPARTMENT SUPERVISOR GUIDANCE

The purpose of this section is to provide Department Supervisors guidance on:

1. What to do if an employee reports symptoms or illness.
 2. What to do if an employee is turned away after screening.
 3. What to do if an employee in your workplace is tested positive for COVID-19.
 4. The employee's doctor states that the employee is presumptively positive for COVID-19.
- IMMEDIATELY contact your appropriate Department Personnel. Department Personnel shall take the following actions:
 1. Instruct the employee to stay at home and follow any instructions/orders from their medical provider or Public Health for isolation.
 - a. Provide this document to the ill employee.
 - b. *NOTE: You don't need to notify Public Health of this information, they are informed directly by medical providers.*
 2. Identify any individuals that may have been in close contact (see definition) with the ill employee, notify the exposed employees, and ask these individuals to self-monitor for symptoms.
 - a. Do not disclose to those identified employees the identity of the employee who tested positive for COVID-19.
 - b. Provide this document to the identified exposed employees.
 - i. Review the definition of symptoms.
 - ii. Discuss use of the calendar resource tool to document self-monitoring efforts and results.
 3. Due to personnel privacy restrictions, DO NOT disclose the name or other personal/health information of the employee, except on a strict need-to-know basis. DO NOT disclose the name or other information of the employee to the media or other third party. Contact your department's County Counsel if you have further questions.
 4. Refer to the attached Decision Tree and review actions needed with the ill employee **and** any identified exposed employee(s) regarding symptom monitoring or self-isolation.
 - a. A doctor's note clearing the employee to resume work is not needed.
 - b. Resuming work may require special procedures or precautions, depending on the occupation or work setting. See the CDC [Essential Workers Do's and Don'ts](#).
 5. Review the cleaning and decontamination steps in this document.
 6. Department Supervisors with exposure and medical questions not answered in this document can contact Dr. Tom Gamsky at County Vista Oaks Occupational Medicine via email to Tgamsky@cchealth.org, with the understanding that the clinic is operating on limited hours at this time.

EMPLOYEES IN NON-SOS SETTINGS

If you develop symptoms such as a fever, cough, or difficulty breathing, remove yourself from work, stay at home, practice safe social distancing, even from family members, and call your healthcare provider to report your concerns. Not everyone will need testing for COVID-19, especially if symptoms are mild enough to treat at home or if family members have already tested positive. If symptoms worsen, continue to stay at home and seek medical attention. Notify your supervisor that you are out ill and are following precautions due to possible COVID-19. You will get additional instruction from your departmental personnel unit.

EMPLOYEES IN SOS SETTINGS

If you develop symptoms and work in a Sensitive Occupation or Setting (SOS), remove yourself from the workplace immediately and isolate. Inform your supervisor that you are following precautions in consideration of possible COVID-19 by remaining home and out of the workplace. In addition, inform your supervisor of the following conditions that apply:

- You have been in close proximity to clients or patients diagnosed with COVID-19.
- You have been in direct contact with positive, confirmed case(s) of COVID-19.
- You may have been exposed to COVID-19 in a community setting or due to recent travel within 14 days.

Contact your medical provider to seek testing for COVID-19. Inform your medical provider you have developed symptoms, the conditions above that apply, and that you work in a sensitive occupation or setting. Emphasize the importance of COVID-19 testing to diagnose your illness. If you test positive for COVID-19 and there are concerns for exposures in the workplace, Public Health will notify all impacted SOS departments and settings of positive tests for County employees and workers and provide guidance on necessary response.

NEGATIVE COVID-19 TEST

If you test negative for COVID-19, you will still need to remain home and continue to monitor your symptoms. Follow the guidance of your doctor, which may be specific to your individual health needs. If you have symptoms (defined above), stay at home for at least 3 days (72 hours) after your general symptoms have resolved and 3 days after your fever has resolved, without the use of fever-reducing medication (antipyretics such as aspirin, Tylenol). This applies to all individuals, whether they work in a sensitive occupation or not. ‡Use attached calendar resource tool.

SYMPTOMS OF COVID-19 or POSITIVE COVID-19 TEST

If you test positive for COVID-19, you will need to stay at home until you are well; this is called [home isolation](#). Follow instructions from your healthcare provider and Public Health.

Stay at home for at least 7 days after your symptoms such as cough, body aches, and sore throat began and a full 3 days after all symptoms (including fever) have resolved. For example, if all of your symptoms resolve on day 5, you can resume work on day 8, if they resolve on day 6 resume work on day 9, etc. If you still have cough and fever, stay at home an additional 3 days (72 hours) after you are free of all symptoms including fever without the use of fever-reducing medication (antipyretics such as aspirin, Tylenol). ‡Use attached calendar resource tool.

CLOSE CONTACT/HOUSEHOLD MEMBERS (Exposed Asymptomatic)

If you have close contact with someone or a household member that has presumed symptoms or tested positive for COVID-19, you are considered an exposed, asymptomatic individual. You will most likely be instructed by your healthcare provider or Public Health to stay home (quarantine), even though you don't feel sick. There is a very real risk of transmission of the virus among household members. Inform your supervisor of a possible household exposure.

- Non-SOS employees should review the Decision Tree and follow the directions from their departmental personnel contact.
- SOS employees should stay home, out of the workplace. These employees will be instructed to quarantine themselves by their supervisor or under guidance developed by the Public Health Division.

Exposed employees should monitor for any signs of illness, including a temperature of 100.0°F or more. Note that most people develop symptoms between 2-8 days after exposure; many younger people will have mild to moderate symptoms so may feel just fine. Quarantine is 14 days or 14 days after your household member no longer needs to be isolated, whichever is longer. ‡Use attached calendar resource tool.

Note that close contact is defined differently for [healthcare occupations and settings](#): being within approximately 6 feet of a person with COVID-19 for a prolonged period of time (10 minutes or more) or having unprotected direct contact with infectious secretions or excretions of the patient or client.

CONTACT WITH SYMPTOMATIC PERSONS (Exposed Asymptomatic)

- If you have contact with a symptomatic individual, such as fever or cough, you are considered an exposed, asymptomatic individual. Monitor yourself for symptoms.
- Maintain social distancing in the community and at home. Keep social distance at work or work from home.
- If you develop symptoms or feel ill, stay home and maintain a very safe social distance from family members. Notify your supervisor you are out ill. ‡Use attached calendar resource tool.
- If you seek medical attention, call ahead for instructions and report your potential exposure to COVID-19.

RESUMING WORK

Deciding when you are well and can return to the workplace will depend on your symptoms and occupation. Work with your supervisor and departmental personnel contact to coordinate time off and how to resume work.

Non-SOS Employees

Whether you had mild symptoms, presumed COVID-19 symptoms, or a positive COVID-19 test, stay at home for at least 7 days after your symptoms such as cough, body aches, and sore throat began and a full 3 days after all symptoms (including fever) have resolved.

SOS Employees

Employees that work in sensitive occupations or settings will need careful evaluation before they return to their work settings. The employee's healthcare provider, occupational medical provider, or Public Health will provide instructions and [monitoring methods](#) before resuming work is recommended. Once the employee is authorized to resume work, they may be instructed to follow [special precautions](#) such as:

- Prescreening employee's temperature and assessing symptoms prior to entering SOS facilities. (Note that some county facilities are implementing screening for all entrants.)
- Wear a facemask at all times while at work and until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. (Note Contra Costa County has implemented a recommendation for a [face covering in public](#).)
- Restrict contact with immunocompromised individuals until 14 days after illness onset.
- Follow hand hygiene, respiratory hygiene, cough etiquette procedures, and social distancing.
- Self-monitor for symptoms, and seek medical re-evaluation if respiratory symptoms recur or worsen.

CLEANING AND DECONTAMINATION STEPS AND PROCEDURES

County buildings and operations are using enhanced cleaning and disinfection routines that include more frequent cleaning and special attention to “high-touch” surfaces such as door knobs, door push bars, public phones, etc. In cases where further cleaning or decontamination may be needed after a primary exposure, defined as an employee with fever and cough at work, or an employee tested COVID-19 positive*, the following guidelines apply:

**Employee discloses result to the County or Public Health provides guidance to SOS work settings.*

For Areas Impacted by Ill Employees:

- Close off and do not enter areas used by ill employee and wait as long as practical before cleaning and disinfecting.
- Open outside doors and windows to increase air circulation to area.

For Cleaning:

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, use [Products with Environmental Protection Agency approved emerging viral pathogens](#) and follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).
- For porous surfaces and examples of products suitable for cleaning them, see [American Chemistry Council approved porous surface cleaning list](#).
- If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely. Do not shake dirty laundry.
- Clean and disinfect hampers or other carts transporting laundry.
- Cleaning staff should wear disposable gloves and gowns that are compatible with the disinfectant products being used for all tasks in the cleaning process, including handling trash. Additional PPE maybe required based on cleaning/disinfectant product, follow the recommended PPE for the products to assess if need for further PPE.
- Cleaning staff should immediately wash hands after removal of gloves.

***If staff are unable to clean site, request specialty cleaning services through Public Works Facilities Service Center (925) 313-7052.** Examples: Servepro, Service Masters, Clean Harbors, Crime Scene Cleaners.

- County-owned office and non-office buildings – contract specialty cleaning service.
- County-leased buildings – confer with property owner if cleaning staff have proper training, materials, and equipment, or is there a need to contract specialty cleaning service.
- Health Services – healthcare settings can use trained environmental services staff, if properly equipped and trained.
- Sheriff detention settings evaluate if detention services workers can conduct the cleaning with guidance, if properly equipped and trained or contract for specialty cleaning.
- Probation institution settings evaluate if institutional services workers can conduct the cleaning with guidance if properly equipped and trained or contract for specialty cleaning.

DECISION TREE ATTACHMENT

- See attached decision trees for Non-SOS and SOS settings.

CALENDAR TOOL ATTACHMENT

- ‡ See attached calendar tool for tracking symptoms and when to resume work

REFERENCES

- Employee Exposures: Health Services Department, Public Health Communicable Disease Review March 21, 2020
Health Services Department, Public Health Communicable Disease Review April 1, 2020
Health Services Department, Vista Oaks Occupational Medicine Review April 2, 2020
CAO Mail Broadcast [EMPLOYEE LEAVE UPDATE April 8th THROUGH May 31st](#) April 6, 2020
Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/Factsheet-for-Patients-2019-nCoV.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
Equal Employment Opportunity Commission
https://www.eeoc.gov/facts/pandemic_flu.html

Decontamination Procedures:

- Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
EPA Approved Cleaning Materials (List N), <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
American Chemistry Council recommendations for porous materials, <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

FACE COVERINGS, SURGICAL MASKS, N95 RESPIRATORY PROTECTION

This document describes cloth face covering, surgical mask, and N95 respirator use to control exposures during COVID-19 conditions, the general job tasks or conditions where they are recommended or required, and the steps needed to ensure that county users are safe and compliant while wearing them. It is important to understand the differences between a cloth face covering, surgical mask, and N95 respirator:

- A cloth face covering is designed and effective to protect others from a sick or asymptomatic user.
- A surgical mask is a loose-fitting face covering that protects others from a sick or asymptomatic user.
- An N95 respirator is designed and effective to protect the user from others. An N95 is required for contact with any presumed or known positive COVID-19 case with an active infection or within the latency period.

This document does **not** cover the use of respiratory protection in the hospital, health centers, alternate care facilities, public health division, or detention medical units which follow separate respiratory protection programs, nor does it cover respiratory protection for air contaminants other than COVID-19.

DEFINITIONS

Face Covering means a covering made of cloth, fabric, or other soft or permeable material, without holes or exhalation valves, that covers only the nose and mouth and surrounding areas of the lower face. See the CDC [face covering guidelines](#).

- A face covering may be factory-made or handmade and improvised from ordinary household materials.
- A covering that hides or obscures the wearer's eyes or forehead is not considered an appropriate face covering.
- Examples of acceptable cloth face coverings include a scarf or bandana; a neck gaiter; a homemade covering made from a t-shirt, sweatshirt, or towel, held on with rubber bands or otherwise; or a mask, which need not be medical-grade.



Surgical mask describes a loose-fitting face covering made of non-woven material that is intended to be worn by health professionals to prevent large droplets and sprays from entering the user's mouth and respiratory tract and to protect others from the user's exhaled breath that may contain liquid droplets and aerosols. Surgical masks may also be provided to sick individuals to protect others from their exhaled breath, coughs, and sneezes that may contain disease particles. Surgical masks are not designed to protect the wearer from inhaling disease particles.



N95 respirator describes a tight-fitting, filtering facepiece that can be worn over the face to protect the user by removing 95% of particles that are .3 micron and greater in size. An N95 should be [approved](#) by the National Institute of Occupational Safety and Health (NIOSH) or a similar certifying international agency. The filtration material on the mask is a non-woven polypropylene fiber and may include additional layers. Some N95 respirators have an exhalation valve which reduces the resistance to exhalation; these valves are not filtered so others are not protected from the user's exhalation, making them unsuitable as a face covering. Examples:



FACE COVERING USER GUIDE

FACE COVERING REQUIREMENTS

A surgical mask or cloth face covering is required when:

- Inside of, or in line to enter, any essential business or facility engaging in minimum basic operations.
- Engaged in work to provide essential government functions.
- Interacting in person with any member of the public.
- Working in any space visited by members of the public, such as reception areas, service counters, public restrooms, cashier and checkout areas, waiting rooms, service areas, and other spaces used to interact with the public, regardless of whether anyone from the public is present at the time.
- Working in any space where food is prepared or packaged for sale or distribution to others.
- Working in or walking through common areas such as hallways, stairways, elevators, and parking facilities.
- While occupying any room or enclosed area when other people (except for members of the person's own household or residence) are present.
- Entering public access areas of medical facilities and clinics.
- Experiencing flu-like, COVID-19, or other respiratory symptoms (sick employees are encouraged to stay home).
- When operating, waiting for, or riding public transportation, paratransit, taxi, private car service or ride sharing vehicle.

FACE COVERINGS NOT REQUIRED

A face covering is not required to be worn when:

- A person is in a personal office or alone in a single room not regularly visited by the public.
- While driving alone in a vehicle.
- Only those members of a person's household are present.
- While engaged in outdoor recreation such as walking, hiking, bicycling, or running.

- A medical professional has advised that wearing a face covering may pose a risk to the person wearing the mask for health-related reasons.
- Wearing a face covering would create a risk to the person related to their work as determined by local, state, or federal regulators or workplace safety guidelines.
- An individual has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

FACE COVERING GUIDANCE

The majority of face coverings required for county workplaces are not surgical masks or N95 respirators, which are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Face coverings are required to be used *in addition to* practicing social distancing and maintaining cough and hand hygiene, which are proven methods against spreading the virus. Face coverings are *not* intended to substitute for PPE required for job tasks.

Face coverings should:

- Fit snugly but comfortably against the side of the face.
- Be secured with ties or ear loops.
- Include multiple layers of fabric.
- Allow for breathing without restriction.
- Be able to be laundered and machine dried without damage or change to shape.
- Be kept clean and sanitary, laundering and machine drying between uses as recommended.

FACE COVERING CARE

When putting on, wearing, and removing face coverings, users should:

- Wash their hands before applying the face covering securely.
- Avoid touching the face covering while wearing.
- Remove the face covering by touching only the straps of the face covering.
- Not touch their eyes, nose, or mouth when removing the face covering.
- Immediately after removing the face covering, place it in a temporary storage container (paper sack, plastic container, etc.).
- Wash hands immediately after removing the face covering.
- Launder and machine dry the face covering daily.
- Avoid cross-contamination between the face covering and other surfaces or individuals.

RESPIRATORY PROTECTION PROGRAMS AND N95 USE

The goal of a respiratory protection program (RPP) is to prevent employee exposures to harmful airborne contaminants such as dusts, chemicals, and aerosolized droplets that can cause disease. Preferred control methods are provided in a hierarchy where engineering methods (e.g., ventilation and fume hoods) or administrative methods (e.g., eliminating or restricting access to work areas, risks, and exposures) are the highest priorities. Respiratory protection and other PPE are the last controls used when all other preferred methods have been evaluated and implemented.

There are several types of respiratory protection programs in the County. Contact your Supervisor for more information:

- During normal county operations, many county departments already have and use a written respiratory protection program describing authorized respirator user groups, respirator types and styles, and specific job tasks that require respiratory protection.
- The [Contra Costa County Respiratory Protection Program](#) covers general requirements and procedures for the use of respiratory protection throughout the county and is available on the Risk Management intranet site.
- More recently, as a response to the rapidly changing COVID-19 environment, several departments have implemented brand new respiratory protection programs or specific addendums to their existing programs to describe the most current procedures to control exposures.

Mandatory respirator use describes when an employee must be protected from a potential airborne exposure based on monitoring data, exposure calculations, safety data sheet requirements, best practice, etc. These users must fulfill all required elements of the written respiratory protection program.

Voluntary respirator use describes when an employee is not required to wear a respirator, but they are allowed or even encourage to use one if desired and they sign a [voluntary use form](#) that describes safe respirator use. Risk Management is available to consult with departments on the program requirements and can assist with documenting current COVID-19 and normal county procedures for respiratory protection. Send requests to riskmsafety@riskm.cccounty.us or call (925) 335-1400.

REQUIRED ELEMENTS OF A RESPIRATORY PROTECTION PROGRAM

- A written document describing responsibilities, job tasks and classifications, authorized respirator users, implementation steps, and recordkeeping procedures.
- Each authorized user assigned mandatory respirator use must complete:
 - ✓ An annual medical evaluation.
 - ✓ Annual training on respiratory protection.
 - ✓ An annual fit test on each make and model of respirator that will be used.

RESPIRATORY PROTECTION REQUIRED

Complete medical evaluation, training, and fit testing to wear an N95 respirator if you are assigned tasks such as:

- Working in close contact with another individual, defined as within 6 feet for longer than 10 minutes.
- Transporting individuals in a vehicle for county business.
- Entering alternate care facilities (follow verbal or posted directions on all required PPE and precautions).
- Entering medical treatment areas for known or presumed positive COVID-19 cases.

RESPIRATORY PROTECTION RECOMMENDED

While N95 respirators should be conserved for healthcare workers, some departments may provide them to employees for use on a voluntary basis. If provided to you by your department, wear an N95 respirator on a voluntary basis and sign the [Voluntary Use Form](#) if you are assigned tasks such as:

- Conducting routine activities while maintaining social distance of at least 6 feet.
- Brief contact with another individual, less than 10 minutes.
- Entering public access areas of medical facilities and clinics.

RESPIRATORY PROTECTION TRAINING

Respiratory protection training is required for all N95 mandatory users and can be provided by these methods:

- [Target Solutions](#) online class CCC Respiratory Protection (self-assign available).

- Classroom Respiratory Protection Training (general or custom class can be provided by Risk Management).
- Tailgate safety training topic Respiratory Protection (request from Risk Management).

N95 STORAGE AND EXTENDED/RE-USE PROCEDURES

The following methods for putting on, taking off, and storing an N95 respirator for re-use and extended use during COVID-19 operations is listed below:

| Filtering Facepiece N95 Respirator Guidelines for Re-use During COVID-19 Operations | |
|---|--|
| <p>CDC guidelines for extending the use of N95 respirators during COVID-19 response https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html and https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html</p> <p>CDC guidelines for proper donning (putting on) and doffing (removing) an N95 respirator: https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf</p> | |
| Donning (Putting on) | <ul style="list-style-type: none"> • Use a pair of clean gloves when putting on a new or used N95 respirator and performing a user seal check. • Discard the gloves after putting on a used N95 respirator and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal. |
| Usage Times | <p>The following conditions for N95 use, reuse, storage, and disposal can be followed:</p> <ul style="list-style-type: none"> • Recommend using an N95 no longer than 8 hours of use • <u>Dispose</u> of respirator <u>sooner</u> than 8 hours of use if: <ul style="list-style-type: none"> ○ It becomes damaged or malfunctions ○ If breathing through the respirator becomes restricted or difficult ○ It becomes contaminated with blood or bodily fluid ○ There are more than 5 uses/re-uses ○ It is used with a presumed or confirmed positive COVID-19 client ○ It is exposed to an aerosol generating procedure (policy is for Behavioral Health staff NOT to be present during this type of medical procedure) |
| Doffing (Removing) for Re-Use | <ul style="list-style-type: none"> • In between uses, keep N95s in a clean, breathable container such as a paper bag that is labeled with the employee's name. • Perform proper hand hygiene with sanitizer or soap and water (or don clean gloves if supply is available) BEFORE touching the N95 to remove it and place it in the storage bag. • Use the straps to remove the respirator. Avoid touching the outside OR inside of the respirator. If inadvertent contact is made with the inside of the respirator, <u>discard</u> the respirator and perform hand hygiene as described above. • Perform hand hygiene AFTER placing the N95 in the storage bag and closing it. • Dispose of storage bag after 5 uses/re-uses. |
| Doffing (Removing) for Disposal | <ul style="list-style-type: none"> • Perform hand hygiene (or don clean gloves) BEFORE touching the N95 to remove it or handle. • Avoid touching the outside of the respirator during disposal and only touch the elastic straps. • Lean over the trash receptacle, remove the elastic straps and let the N95 drop into the trash. • Perform hand hygiene AFTER removing and disposing of the N95. |
| Strategies to Prolong N95 Use | <ul style="list-style-type: none"> • Wearing barriers such as face shields to prevent droplet spray contamination can prolong the N95 usage time, although this equipment is not readily available at this time. |
| Reminders for N95 Users | <ul style="list-style-type: none"> • Always perform a physical inspection and user seal check when donning and doffing the N95. • Minimize unnecessary contact with the respirator surface at all times. • Maintain strict adherence to hand hygiene practices. • Remember to keep your hands away from your eyes, face, and mouth. • Use proper PPE donning and doffing techniques. |

REFERENCES

Contra Costa County Respiratory Protection Program <http://insidecontracosta.org/485/Respiratory-Protection-Program>

Contra Costa County Health Services Health Orders <https://www.coronavirus.cchealth.org/>

Contra Costa County COVID-19 Exposure and the Workplace Document

Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

<https://www.cdc.gov/niosh/npptl/respirators/testing/NonNIOSH.html>

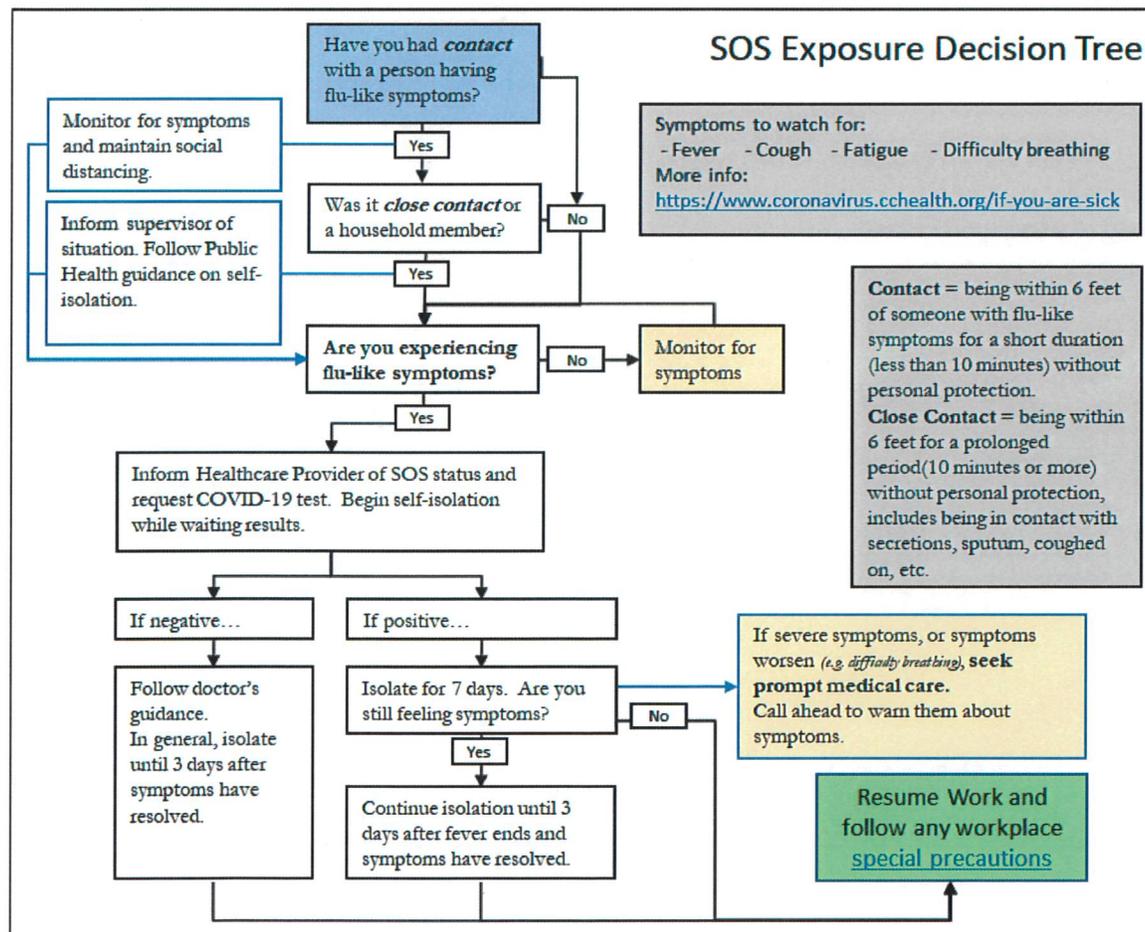
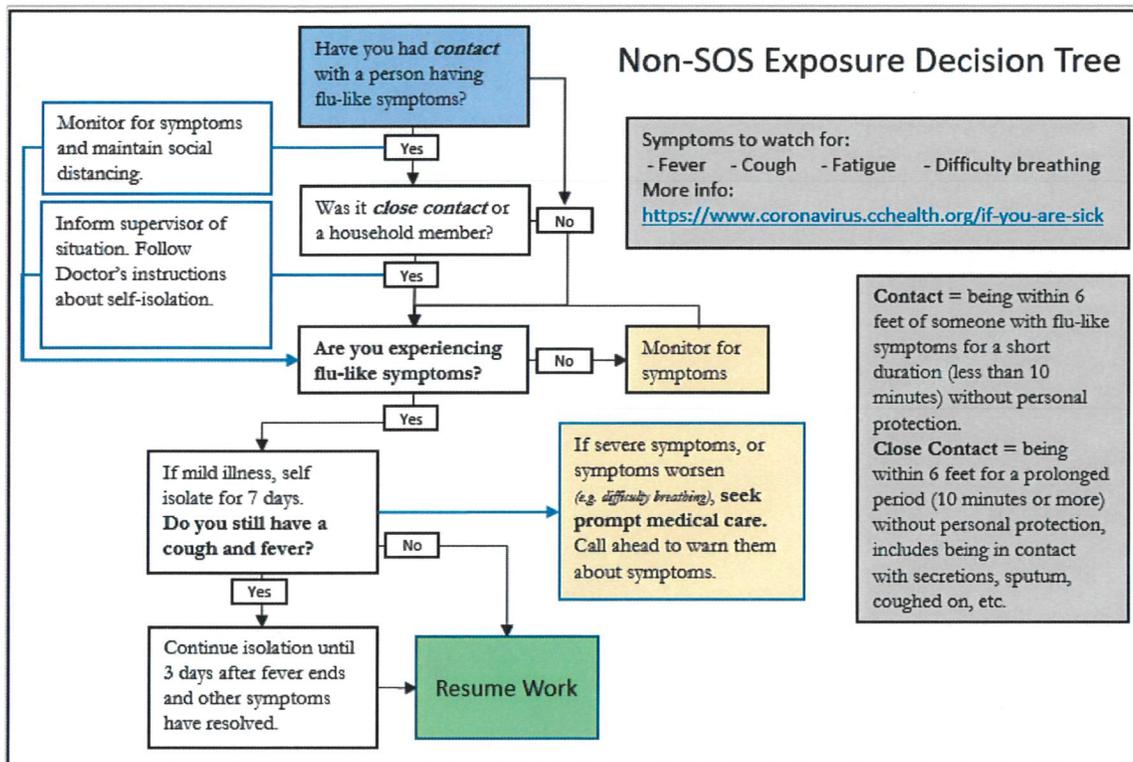
National Institute of Occupational Safety and Health (NIOSH)

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html

REVISION HISTORY

| DATE | CHANGES |
|----------------|--|
| April 9, 2020 | <ul style="list-style-type: none">• Added definition of Critical Infrastructure services and workers• Added definition of Screening• Added Department Supervisor Guidance section• Added examples of face covering and screening activities in use at the county• Added CDC Interim Guidance for Critical Worker Safety Practices• Added CDC Essential Worker Do's and Don'ts link• Added reference to CAO Employee Leave Update dated April 6, 2020 |
| April 20, 2020 | <ul style="list-style-type: none">• Added Table of Contents• Added asymptomatic definition• Updated decision tree to include special precautions when resuming work in an SOS setting• Added face covering, surgical mask, and N95 respirator information• General formatting review and update |

DECISION TREE ATTACHMENT



CALENDAR RESOURCE TOOL ATTACHMENT

| Calendar Resource Tool for COVID-19 | | | | | | |
|-------------------------------------|----------|----------|-----------|----------|----------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ |
| Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ |
| Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ |
| Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ |
| Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ | Day ____ |

This calendar resource tool can be used to monitor your health, track your contact with symptomatic individuals, self-isolation times, and symptoms by date of onset and resolution to help you determine your health status and when it is appropriate to resume work.

Alternate Example:

Onset of flu-like symptoms: _____
Date

Date general symptoms have resolved:
_____ + 3 days = _____ is the date you can resume work, unless you have a fever.
Date Date

Date fever resolved* _____ + 3 days = _____ is the date you can resume work.
Date Date

*free of all symptoms including fever without the use of fever-reducing medication (antipyretics such as aspirin, Tylenol)