



MEMORANDUM

Date: April 30, 2020

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry,
County Administrator

A handwritten signature in black ink, appearing to read "CHH", is written over the printed name "C.H. Huckelberry".

Re: **COVID-19 Workplace Exposure Protocol**

To date, we have had four cases of COVID-19 in the Regional Wastewater Conveyance Unit and four cases associated with Sheriff's employees as recently reported in a media outlet. As time goes on, it is likely we will have additional cases.

Therefore, we have developed a standard protocol attached for your information regarding exposure or possible exposure to COVID-19 in the workplace as well as for employees who test positive, but is unrelated to the performance of their official duties.

Please advise if you have any concern regarding these protocols associated with possible exposure or employees who have contracted COVID-19.

CHH/anc

Attachment

c: Jan Leshar, Chief Deputy County Administrator
Francisco Garcia, MD, MPH, Deputy County Administrator & Chief Medical Officer
Carmine DeBonis, Jr., Deputy County Administrator for Public Works



COVID-19 WORKPLACE EXPOSURE PROTOCOL

APRIL 30, 2020

This is a temporary protocol which is subject to the evolving crisis dealing with the COVID-19 pandemic. The intent is to inform County employees of the exposure protocol in the wake of the pandemic. This protocol is temporary in nature and does not constitute permanent changes to policies or other County directives.

In order to ensure a healthy and safe workplace for all County employees, and that proper notifications and contact tracing is completed, the following guidance is in place:

1. An employee who, in the performance of their official duties, has significant exposure to a person known to be positive or believed to be symptomatic for COVID-19 shall immediately complete and sign Form 405-2B "COVID-19 EXPOSURE REPORT," have their supervisor sign the Form, and submit the Form to Occupational Medical (OccMed) Manager Barbara Sanders via Kiteworks to Barbara.Sanders@pima.gov or secure FAX at (520) 791-6515.
2. After exposure, the employee should self-monitor for presentation of COVID-19 symptoms and fever (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>). Symptoms may appear 2-14 days after exposure to the virus.
3. An employee who develops COVID-19 symptoms should notify their supervisor and OccMed Manager Barbara Sanders. OccMed will refer the employee to the appropriate Occupational Health Clinic for a Teladoc assessment and possible testing. Due to testing kit shortages, the Clinic may need to refer the employee to another site for testing. **An employee who is having a medical emergency should immediately call 9-1-1.**
4. While awaiting test results, the employee is expected to stay at home and not report to work.
5. If the employee's test comes back negative and the employee is not exhibiting symptoms, the employee may return to work. If the employee's test comes back positive, the employee should follow up with an appropriate medical provider.

Any County employee who tests positive for COVID-19 that is unrelated to the performance of their official duties, must notify Human Resources Nurse Liaison, Emily Kruspig at 724-2728, as soon as possible so that the County may undertake necessary actions to further ensure the health and wellness of our employees. Human Resources will make any required notifications under Federal, State, and/or local guidelines.



Pima County – First Aid & Near Miss Report Form

COVID-19 EXPOSURE REPORT

This form is to be completed immediately by the person who is reporting a known or suspected workplace exposure

Name	EIN	Date of Exposure
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Report of a known or suspected exposure to COVID-19 in the workplace OR while in the performance of official County duties.

Please check the item that best describes the type of exposure:

- Contact with an individual known to have tested positive for COVID-19
- Contact with an individual who has reported testing with no results to date
- Contact with an individual who has self-reported suffering symptoms indicative of COVID-19

Other:

Specific Area/Description of Incident:	
Department	
Supervisor's Name	Supervisor's Signature
Employee Signature	

Report Only: No medical attention requested, but event/exposure is to be recorded (use above form to document)
First Aid – No Medical Attention: Treatment from a First Aid station is performed (use above form to document)

File within Department and retain for 2 years