



POLICY AND PROCEDURE

SUBJECT:

WORK GUIDELINES DURING A PANDEMIC STATE OF EMERGENCY (COVID-19)

EFFECTIVE DATE: MARCH 1, 2022

NUMBER: HR 22-01

1.0 PURPOSE

The purpose of this Policy is to formally provide information to employees concerning COVID-19 in regards to the following matters:

1. Reporting of illness, symptoms or exposure conditions.
2. Compensation of wages.
3. Returning to work.

2.0 APPLICABILITY AND ENFORCEABILITY

- 2.1 This policy shall apply to all employees: City, Utility Special District (USD) and Community Redevelopment Agency (CRA).
- 2.2 The failure to comply with the terms of this policy shall lead to disciplinary action, up to and including termination.

3.0 POLICY STATEMENT

All employees are required to comply with using safe work practices, following directives, and policies and procedures, which shall include adherence to:

- 3.1 The Centers for Disease Control and Prevention (*CDC*) and the Collective Bargaining Agreements (CBA) sick leave language and guidelines attached and incorporated hereto as <https://www.rivierabch.com/human-resources/employment-resources/labor-contracts-forms>.
- 3.2 Reporting health conditions to the Department Liaison who is responsible for providing the employee's pertinent information to the Payroll Division of the Finance Department.

4.0 PROCEDURE

- 4.1 Any City employee who receives a positive COVID-19 result using Polymerase Chain Reaction (PCR) testing, **or** becomes sick upon arrival to work or during the workday with COVID-19 symptoms, **or** is exposed to someone who has tested positive for COVID-19, must follow the requirements set forth below:

- 4.1.1 The employee will be provided a confirmation letter from the Director of the Human Resources Department. The letter will be sent electronically and/or by mail. See (*Exhibit 1 & 2*)
- 4.1.2 All full-time employees will be compensated one (1) Paid Time Off (PTO) day for each shot received up to a maximum of three (3) days.

Note: Rapid test and/or home test results will not be accepted

- 4.2 Employees must use their own accrued sick, vacation and/or PTO leave during these absences. The amount and types of absences will be recorded in the City's official time keeping system.
- 4.3 Employees who are on paid and/or unpaid leave due to COVID-19 are covered by FMLA, which runs concurrently with paid and/or unpaid leave related to a medically documented illness.
- 4.4 Employees must communicate the status of their health conditions daily to their Department Liaison in order to ensure their health and well-being.
- 4.5 Each Department Director shall assign a Department Liaison within 24 hours of the signing of this policy who shall be responsible for managing day-to-day activities of the department as associated with COVID-19 matters.
- 4.6 The Fire Chief and the assigned Department Liaison will be available for questions, follow-up, and training at the request of the Department Director.

5.0 APPLICATION WITH OTHER LAWS AND CITY AND CRA POLICIES

This policy shall be applied consistently with the provisions of the Americans with Disabilities Act (ADA), the Family Medical Leave Act (FMLA), and/or the Families First Coronavirus Response Act (FFCRA).

6.0 AUTHORITY OF THE CITY MANAGER

The City Manager or designee shall have the authority to amend this policy as necessary to assure the continued operations of municipal services and benefit the best interests of the City.

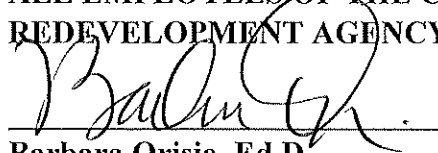
Department Sponsor:
HUMAN RESOURCES DEPARTMENT

Policy Review Date:

References:

Departments affected:

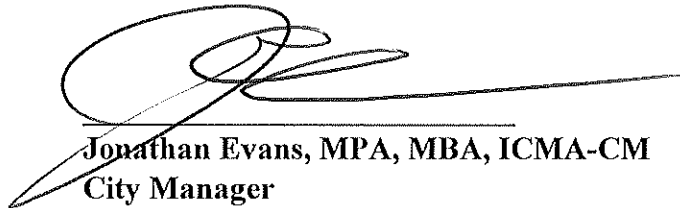
ALL EMPLOYEES OF THE CITY, UTILITY SPECIAL DISTRICT AND COMMUNITY REDEVELOPMENT AGENCY



Barbara Orisio, Ed.D.

Human Resources Director

2-25-2022
Date



Jonathan Evans, MPA, MBA, ICMA-CM
City Manager

2-25-2022
Date

Dear:

The City has been made aware that you have symptoms associated with COVID-19, and you are suspected to be positive for COVID-19 or have tested positive for COVID-19.

Per CDC guidelines, if you have symptoms and/or are positive for COVID-19, you are to quarantine and/or isolate for a minimum of five (5) days or until you receive a negative COVID-19 test or a note from a physician. Be sure to monitor your symptoms and seek medical attention, if you feel it is necessary. Based on the City's WORK GUIDELINES, you must continue reporting to your immediate supervisor daily until you are approved to return to work.

If you have been fully vaccinated and/or are up to date on COVID-19 vaccinations and have provided Human Resources with your vaccination records, you will be given (1) one day for each shot received up to a maximum of three (3) shots. Your absence will be processed as a sick leave absence and the time of your leave will be deducted from any of your leave balances, beginning with PTO and sick leave.

Please take care and let the Human Resources Department know if you need any additional assistance.

Sincerely,

Dr. Barbara Orisio, Ed.D.



Employee COVID-19 Testing Procedure

You have been identified as an employee who has symptoms associated with COVID-19 or as an employee who has been exposed to an individual who have tested positive for COVID-19 or is suspected to be positive for COVID-19. As such, please follow the steps outlined below before returning to work.

1. Contact your immediate supervisor and Department Liaison to schedule an appointment to take a COVID-19 Polymerase Chain Reaction (PCR) test.
2. You will receive a COVID-19 Test Packet.
3. Initial Test –
 - a. Once your initial test has been performed, contact the Department Liaison to inform them that your first test has been completed. Once you receive the results of your initial test, contact your Department Liaison to report your test result. It will be the employee's responsibility to ensure their test results are sent to the Department Liaison within twenty-four (24) hours from the date the employee became aware of the test result.
 - b. If a negative result is received, within twenty-four (24) hours, you may return to work after you complete and submit the Return-to-Work form ([Exhibit 3](#)) to your Department Liaison along with your information that documents the negative result. After the return-to-work date has been determined, you will be contacted by the Department Liaison to inform you of the date you are expected to return to work.
 - c. If you receive a positive test result from the initial (first) test, you will need to quarantine and re-test within five (5) consecutive days of the initial positive test result.
 - d. **Negative or positive** test results can be transmitted via email, text message, or hand-delivery to Department Liaison or Risk Management.
4. Follow-up Test -
 - a. Once your second test has been performed, contact the Department Liaison to inform them that your follow-up test has been completed. Once you receive the results of your follow-up test, contact your Department Liaison to report the test result. It will be the employee's responsibility to ensure their test results are sent to the Department Liaison within twenty-four (24) hours from the date the employee became aware of the test result.
 - b. If a negative result is received, within twenty-four (24) hours, you may return to work after you complete and submit the Return-to-Work form to the Department Liaison along with your information that documents the negative result. After the

return-to-work date has been determined, you will be contacted by the Department Liaison to inform you of the date you are expected to return to work.

- c. If you receive a positive test result after the second (follow-up) test, you will need to wait an additional five days to re-test.

If after the second (follow-up) test you are still positive but have no symptoms and are not ill, you must submit medical documentation (i.e. physician's note or letter from the health department) to the Department Liaison stating that you are no longer contagious or pose a risk to the workforce.

Reporting to the City

- Employees are to report the initial test completed.
- Following the initial test, employees are to report a negative result to Department Liaison within 24 hours in order to complete the Return-to-Work form ([Exhibit 3](#)).
- Following the initial test, employees are to report the first positive result to the Department Liaison within 24 hours and self-isolate for five days.
- Following the second test, results must be submitted to the Department Liaison within 24 hours.
 - If the test is negative, employees are to complete the Return to Work form.
 - If the test is positive, employees are to provide a physician's note or letter from the health department to the Department Liaison.
- Employees must keep the Department Liaison updated on their progress.

Please refer to recommendations referenced in City Policy HR 20-02 and HR 20-03 for isolation/quarantine activities and facemasks requirements upon return to work.

Disciplinary Action

Failure to follow this procedure may result in disciplinary action, up to and including, termination.

Employees who have questions about COVID-19 policies, protocols and processes should contact the Human Resources Department.



RETURN TO WORK QUESTIONNAIRE

Please respond by checking any box applicable to you and sign below:

- I have tested positive for COVID-19, recovered from COVID-19, and have received a negative test.
- I have tested positive for COVID-19, recovered from COVID-19, and have been medically released to return to work by a licensed medical professional. (Sign and return this form with the note from your medical provider).
- I have been exposed to COVID-19 and have tested negative for COVID-19. (Sign and return this form with your test results.)
- I have been exposed to COVID-19 and have completed a 10-day self-quarantine without developing symptoms of COVID-19.

In all cases in which you checked a box above, please also confirm last date worked on-site and last date of symptoms:

Last date worked onsite: _____

First date of symptom(s): _____

Last date of symptom(s): _____

Please sign this document after checking the appropriate box(es) above and submit to Human Resources (risk@rivierabeach.org) **at least three days prior** to proposed return. If applicable, please include any return to work note from your licensed medical provider. Human Resources will review this questionnaire and the related documentation, and confirm your return to work.

By signing below, you certify that your answers to the questionnaire are true to the best of your knowledge. You also certify that you will inform your Department Director or Human Resources immediately if your responses to any of the above questions change.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

Proposed Return To Work Date: _____

FOR HR USE ONLY:

Date Department contacted _____

Department contact name: _____

Official Return to Work Date: _____

Human Resources Signature: _____