

# Getting 'Back to Normal' is Going to Take **All of Our Tools**

- Get vaccinated
- Wear a mask, when required
- Stay 6 ft from others in large indoor crowds
- Wash hands often



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## COVID-19 PLAN

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**nibbi**

NIBBI BROTHERS COVID-19 PLAN

# INTRODUCTION

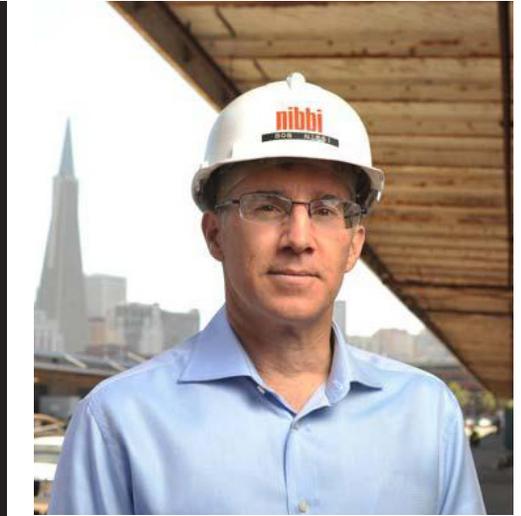
Our industry and region have been significantly impacted by the Coronavirus pandemic, which has caused uncertainty and pain and disrupted lives and businesses. Throughout the pandemic, Nibbi has been fortunate to be able to maintain much of our operations. Through your hard work and your commitment to our clients and each other, we continue to achieve a high level of success in spite of the obstacles. I'm especially proud of everyone's diligence in following the necessary protocols to keep the jobsites safe.

At Nibbi, the safety of our employees and their families is our number one priority. Over the last year, our Safety Team has remained vigilant to the evolving guidelines set forth by regulatory agencies. They have continuously updated the enclosed COVID-19 Plan that establishes our prevention measures and exposure protocol and provides resources to uphold it. I urge you to remain vigilant in upholding the plan as your safety and the safety of those around you depends on it.

Thank you for your continued professional attitude, focus and commitment to each other, our clients and the company during this worldwide crisis.



Bob Nibbi  
President



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This plan must be posted at all jobsite entrances ([via QR Code Poster](#)) and translated as necessary by employers of non-English and non-Spanish speaking employees.

# 1. INTRODUCTION

This section will provide some background information about COVID-19, symptoms, statistics, and other information.

## WHAT IS COVID-19 & HOW IS IT SPREAD?

COVID-19 is an infectious respiratory disease caused by the SARS-CoV-2 virus. It spreads mainly in respiratory droplets launched from the mouth or nose when a person talks, vocalizes, sneezes, coughs, or exhales. These droplets cause infection when they are inhaled or land on mucous membranes (like the inside of the nose/mouth) of individuals, usually within 6 feet of the infected person. The concentration of these droplets decreases the further they are from the infected person. And, the amount of infectious virus in the respiratory droplets decreases over time.

However, these droplets can also linger in the air for minutes to hours and can sometimes infect people who are further than 6 feet away. This “aerosol transmission” is not common but can occur in specific settings like crowded, enclosed spaces with inadequate ventilation.

Surface contamination also appears to play a minor role in the pandemic. If droplets containing the virus land on surfaces, they can get picked up by others who can then contract the infection by touching their own mouth, nose, or eyes. However, researchers have found that most of the infectious germs dissipate within 3 days,

and simple cleaning with soap and water (vs. disinfection) is enough to reduce risk of infection. Disinfection is recommended indoors where there has been a suspected or confirmed case of COVID-19 within the last 24 hours. COVID-19 is quickly killed by disinfectants specifically recommended by the EPA on their website.

## WHAT ARE THE SYMPTOMS?

Most people experience symptoms 5-6 days after exposure. Many cases start with fever, fatigue and mild respiratory symptoms, like a dry cough. Most cases don't get much worse, but some do progress into a serious illness. The most common symptoms are as follows:

- **Fever or Chills**
- **Cough**
- **Shortness of Breath / Difficulty Breathing**
- **Fatigue**
- **Muscle or Body aches**
- **Headache**
- **New Loss of Taste/Smell**
- **Sore throat**
- **Congestion / Runny Nose**
- **Nausea / Vomiting**
- **Diarrhea**

“ In every crisis, doubt or confusion, take the higher path—the path of compassion, courage, understanding and love.

- AMIT RAY

# 1. INTRODUCTION *(cont.)*

## HOW CONTAGIOUS IS IT?

COVID-19 spreads more efficiently than the flu but not as efficiently as the measles (which is highly contagious). It is most easily transmitted when in close contact with a person with symptoms. It is important to note that many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore very possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel sick.

The incubation time between exposure to the virus and symptoms is 2 to 14 days. Therefore, the virus is able to be spread a couple of days before a person develops symptoms. It can also be transmitted by a person who carries the virus but never develops any symptoms.



*Figure 1: Coronavirus, named for its shape resembling a crown.*

## HOW SEVERE IS THE INFECTION?

- The large majority of individuals who get infected with COVID-19 have mild to no symptoms and recover within 2 weeks.
- Individuals are more at risk for a severe case of COVID-19 illness the older they are.
- Underlying medical conditions also increase the severity of the virus.
- Overall, the fatality rate in the United States has been 1.8%.
- About 80% of those deaths were people aged 65 and up.
- 92% of hospitalized cases had at least one underlying medical condition.
- Children have been significantly less affected by the virus and account for less than 2% of all hospitalizations.
- Infants up to 12 months have a slightly higher risk but still well below that of adults.
- Pregnant women, and post-pregnant up to 42 days, are at higher risk for severe COVID-19 illness and preterm birth.

“ Prepare and prevent. Don't repair and repent. ”

- AUTHOR UNKNOWN

# 1. INTRODUCTION *(cont.)*

## WHO IS MOST AT RISK?

- Age 65+
- Obesity (BMI > 40 kg/m<sup>2</sup>)
- Diabetes
- Cardiovascular (heart) conditions
- Chronic lung disease
- Metabolic disease
- Dementia / Neurologic disease
- Chronic kidney disease
- Asthma
- Immunocompromised state
- Liver / Gastrointestinal disease
- Autoimmune disease
- Cancer
- Down Syndrome
- HIV infection
- Sick Cell disease / Thalassemia
- Organ / Blood cell transplant
- Stroke / Cerebrovascular disease
- Substance abuse disorders



## LONG COVID

Although most people with COVID-19 recover within weeks, some people experience post-COVID conditions more than 4 weeks after first being infected. Even younger patients who initially suffered only a mild case of the virus can experience post-COVID symptoms that take months to dissipate. In addition to the usual symptoms of COVID-19, “long-haulers” also report new or recurring different combinations of the following:

- Difficulty concentrating or “brain fog”
- Dizziness on standing
- Fast-beating or pounding heart
- Depression / Anxiety

COVID can also have long-term effects on multiple organs including the heart, lung, kidney, skin, and brain functions. Multiorgan effects can include conditions such as MIS (multisystem inflammatory syndrome) in which different body parts become swollen; or autoimmune conditions when the immune system attacks healthy cells accidentally, resulting in painful swelling.

Experts around the world continue to study the short- and long-term health affects associated with COVID-19, who gets them, and why.

“ When I was a boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping.’ ”

- FRED ROGERS

## 2. PREVENTION PROTOCOLS

To mitigate the community spread of COVID-19, each individual is required to follow these protocols every day.

### STAY AT HOME GUIDELINES

1. If you have a fever/chills, cough, shortness of breath/difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea, you must stay home. Nibbi employees must get tested immediately.
2. If you are unvaccinated and living with someone with any of the above symptoms, you must stay home.
3. Unvaccinated individuals traveling by plane, train, or ship must quarantine for 7 days before returning to work; and obtain a negative COVID-19 test on Day 6.
4. Access to Nibbi jobsites and offices is prohibited to anyone falling into any of the Stay at Home categories listed above. Immediately notify Nibbi Supervision and Nibbi Safety so we can ensure the health of our worksites. This includes any cases occurring within 14 days of an individual being at a Nibbi worksite.
5. All individuals must immediately report if they test positive for COVID-19 and were at a Nibbi work location within 48 hours of the onset of symptoms or, if asymptomatic, the test date.
6. Failure to follow any of the guidelines above is subject to disciplinary action.

### COVID-19 PAY

Anyone ordered to isolate or quarantine due to a COVID-19 exposure **at work** can take up to 80 hours of COVID-related sick leave through September 30, 2021 without fear of retaliation.

### ACCOMMODATION

- Personnel in any high risk categories identified on [page 5](#), or pregnant, can request ADA accommodations from their employer.
- Anyone with a medical condition precluding them from wearing a face covering must present medical documentation so an ADA Accommodation Study can be completed to assess whether alternative solutions are available for their role.
- Nibbi employees are to make the above requests to the Human Resources Dept.

### HEALTH SURVEY

Each crew leader is to digitally complete a daily Health Survey ([page 25](#)) prior to the start of work. ALL illnesses must be verbally reported directly to Nibbi personnel (the Health Survey is NOT the mechanism for reporting). The QR Code on [page 30](#) provides access to the digital version which is the preferred method. Paper should only be used when the digital version is unavailable.

Reports of illness from subcontractors should not include names, just symptoms. **Maintain each worker's privacy by not discussing names or symptoms in a group setting.** Physical distancing shall always be maintained when completing the Health Survey with crews.

This process must also be completed by anyone entering Nibbi company offices.

**Retaliation, discrimination, or harassment against any individuals related to COVID-19 illness or vaccination is strictly forbidden.**

# 2. PREVENTION PROTOCOLS *(cont.)*

## SIGNAGE

The following must be posted at worksite entrances, break rooms, and well-traveled locations throughout the work site:

- [QR Code Poster](#) (Health Survey, COVID-19 Plan and Training) *(page 30)*
- [We Are Open](#) *(page 32)*
- [Get Vaccinated](#) *(page 33)*
- [Wash Your Hands](#) *(pages 34-35)*

## PRETASK PLANS

Every crew must complete a pretask plan prior to the start of work that evaluates their work activities and locations for COVID-19 hazards; and implements controls as appropriate.

Additionally, COVID-19 protocols should be reviewed daily with all personnel during the pretask meeting.



## HANDWASHING & HYGIENE

At least one wash station and hand sanitizer must be located near the worksite entrances and throughout the worksite. Workers are required to wash their hands frequently for at least 20 seconds; and to use hand sanitizer if a sink is unavailable. Employers must allow enough time in the work day for proper hygiene.

Additionally, personnel should:

- Refrain from touching their eyes, nose, and mouth with unwashed hands or gloves; and should wash their hands and face immediately if they do.
- Avoid touching common surfaces with bare hands.
- Not shake hands or engage in unnecessary physical contact.

## FACE COVERINGS



• **Fully vaccinated personnel** do not have to wear face coverings.

• *Individuals choosing NOT to wear a face covering are effectively attesting, under penalty of perjury, that they are fully vaccinated (see Health Survey).*

- **Unvaccinated personnel** working indoors or in a vehicle must use a face mask that covers the nose and mouth, except when alone, or while eating or drinking.
- Unvaccinated individuals should also wear face coverings outdoors if they cannot maintain 6' distancing from others.
- It is strongly recommended that unvaccinated personnel wear N95 respirators for better protection. N95s protect the user whereas face coverings primarily protect the people around the user. N95s used for COVID-19 protection should be changed at least every 5 uses (donning/doffing).
- If an unvaccinated individual isn't able to wear a face covering due to a medical condition or disability, or because they are hearing impaired, they must seek ADA accommodation from their employer; and wear an alternative covering (such as a face shield with a drape on the bottom) OR maintain 6' distancing from others.
- Face coverings and N95 respirators must be provided to all individuals upon request by their employer, regardless of vaccination status. They must be properly worn, properly fitted, and kept clean and undamaged.
- Face masks with a one-way valve, scarves, ski masks, balaclavas, bandanas, turtlenecks, collars, or single layers of fabric cannot be used as face coverings.

# 2. PREVENTION PROTOCOLS *(cont.)*

## DISINFECTION OF WORK SPACE

Commonly touched surfaces are to be disinfected at least once daily with an EPA-approved product. Surfaces include:

- Meeting/break/kitchen areas
- Access/egress doors/gates/ladders
- Stair handrails
- Restroom areas, Faucet handles
- Handwashing stations
- Handles, controls, phones, headsets, tables, desks, printers, copiers
- Steering wheels
- Manhoist/elevators/lifts
- Tools/equipment



Gloves, face mask, and eye protection must be worn by anyone performing disinfection duties.

Portable jobsite toilets to be cleaned at least twice weekly by vendor.

## SUPPLIES

Project teams are responsible to ensure adequate supplies are maintained and distributed (soap, disinfectant, hand sanitizer, etc.)



## WORK STATIONS/ BREAK AREAS

All desks and individual work stations should be separated by at least 6 feet. The same goes for chairs and tables in break areas.

## STAGGERED BREAKS

Staggered break times should be considered to minimize the opportunity for close contact. Workers can also be directed to break in place rather than gather as crews during breaks. Workers should take breaks outdoors whenever possible.

## JOBWIDE SAFETY MEETINGS

Jobwide safety meeting are to be held weekly and should be held outdoors.

## VENTILATION

- Outside air must be maximized as much as possible without causing a safety hazard from weather or other conditions (ex: too hot, too cold, poor air quality due to wild fire smoke).
- Fans can be used to draw in fresh air. Ceiling fans are only useful *supplementally* to fans at windows.
- Air purifiers should be used indoors when the supply of outside air cannot be otherwise increased.
- HEPA filters should be routinely cleaned and replaced when necessary.

## COVID-19 SITE INSPECTIONS

All Nibbi supervisors and subcontractor forepersons are required to complete a weekly jobsite safety inspection. COVID-19 hazards and corrections should be documented on these inspections. Also, Nibbi project teams must complete the COVID-19 weekly checklist documenting compliance ([page 28](#)). Both documents can also be completed on Procore.

The following hierarchy of controls should be used to address hazard correction:

1. Eliminate the hazard
2. Substitute with alternative
3. Engineer out the hazard
4. Implement Administrative Controls (changing the way people work)
5. Don PPE (last resort)



# 2. PREVENTION PROTOCOLS *(cont.)*

## TRAINING

- All employees must be trained on Nibbi’s COVID-19 policies.
- Minimally, the Code of Safe Practices should be reviewed ([page 37](#)).
- The COVID-19 Training Module must be completed by all Nibbi personnel; and will also be available to all personnel on Nibbi’s public website (also accessible via QR Code posted at worksite entrance).
- This Manual must be distributed to all Nibbi personnel and available upon request.
- Any employee choosing to wear an N95 respirator for COVID-19 protection must be trained on how to properly don/doff, conduct a seal check, and care for their equipment.



**COVID-19 TRAINING**



**N95 MASK TRAINING**

## VISITORS

All visitors must follow ALL Nibbi COVID-19 protocols and procedures including health surveys and vaccination self-attestation. They must also immediately notify Nibbi if they are experiencing any cold/flu symptoms, or are diagnosed with COVID-19 within 14 days of being at a Nibbi worksite.

## SUBCONTRACTORS

Project teams are responsible to ensure all subcontractors on the jobsites are kept up to date on all Nibbi COVID-19 policies. The most recent version of the COVID-19 Manual is to be distributed upon publication.

Subcontractors are required to ensure their employees, subs, vendors, suppliers, etc. follow ALL Nibbi COVID-19 protocols and procedures including immediate notification to Nibbi of ALL illnesses. This includes any cases occurring within 14 days of being at a Nibbi worksite.

Subcontractors must also establish, implement, and maintain their own effective, written COVID-19 Prevention Program; and ensure training of their own employees. Sample programs are provided on the Cal/OSHA website (<https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>).

## COVID-19 VACCINATION

Vaccination for COVID-19 can be obtained at no cost at healthcare providers and local pharmacies/stores. The following websites are helpful in finding locations and making appointments:

- <https://myturn.ca.gov/>
- <https://vaccinefinder.org/search/>

The vaccines approved for emergency use by the FDA have all been proven very effective at preventing contraction and transmission of the virus as well as being almost completely effective at protecting against serious illness or death.

While the vaccines are very safe for the vast majority of individuals, no vaccine is without some risk of rare but serious side effects. Contact your doctor with any questions or concerns.

# 3. EXPOSURE PROTOCOL

Nibbi's Response Plan to a positive diagnosis of COVID-19 in the workplace.

## STEPS TO BE TAKEN

1. Immediately remove the infected individual from worksite with directions to seek medical care.
2. Immediately notify Nibbi Project Manager, Superintendent, Safety Professional, and Project Executive.
3. **COMPLETE THE RISK ASSESSMENT QUESTIONNAIRE (page 14)** 
4. Isolate and disinfect affected areas per Risk Assessment that are indoors. Disinfection is not required if more than 24 hours has passed since contamination. Those performing disinfection must use a respirator and gloves. If safe, open outside doors and windows and use fans to increase ventilation.
5. Notify Close Contacts identified through the Risk Assessment to quarantine for 10 days and get tested if they are, or become, symptomatic. Offer COVID-19 testing at no cost during normal working hours. Notify their representatives of the close contact within 1 business day without revealing the infected individual's identity. Nibbi HR will handle reps' notice for Nibbi employees.
6. Within one business day, notify subcontractors using Nibbi Notification Templates ([pages 16-18](#)).
7. Nibbi Affected Personnel: Within one business day, notify all Nibbi employees who were in the same area on the same days (not necessarily the same time) as the infected individual. Notifications must be in writing and in a form readily understandable to the employees. Use the notification template on [page 16](#), checking the appropriate box for each employee.
8. Notify the local County DPH whenever there are 3 cases in 14 days, and no later than one business day after knowledge of the third case, unless otherwise indicated:
  - **San Francisco:** Immediately report to 628-217-6100.
  - **Alameda:** Report using the portal at [https://cdph.force.com/SPOT/s/IntakeForm?language=en\\_US](https://cdph.force.com/SPOT/s/IntakeForm?language=en_US)
  - **Santa Clara:** Report all cases using the County's Worksite Case and Contact Reporting Portal within 24 hours at <https://covid19.sccgov.org/business-guidance#employee>
  - **Contra Costa County:** Report using the County's Business Reporting Intake Form at [https://cdph.force.com/SPOT/s/IntakeForm?language=en\\_US](https://cdph.force.com/SPOT/s/IntakeForm?language=en_US)
  - **Sonoma County:** Report using the County's Business Reporting Intake Form at [https://cdph.force.com/SPOT/s/IntakeForm?language=en\\_US](https://cdph.force.com/SPOT/s/IntakeForm?language=en_US)

Cases resulting in hospitalization must be reported by the employer to Cal/OSHA's local district office (see Contact Information on [page 38](#)).

**PLEASE NOTE: The identity of a COVID-19 positive individual cannot be shared and is protected information under privacy laws.**

Conduct an investigation to determine whether any workplace conditions could have contributed to the COVID-19 exposure and what could be done to reduce the exposure risk.

### Notes/Definitions:

**Close Contact:** Unvaccinated and within 6' for at least a total of 15 minutes in 24 hours during exposure period; being coughed on; living with, hugging/kissing, or caring for a COVID-19 case.

**Contacts of contacts** are not considered at risk. Only those with close contact to the confirmed case need to quarantine.

**Exposure Period:** From 48 hours prior to the onset of symptoms through last time at worksite.

**Flow Charts:** Follow the flow charts on [pages 20-23](#) for assistance in managing each potential and confirmed COVID-19 case.

## 3. EXPOSURE PROTOCOL *(cont.)*

### RETURN TO WORK GUIDELINES

#### **Symptomatic COVID-19 positive employees**

can return to work:

- 10 days after symptom onset; AND
- 24 hours fever-free without fever-reducing medication; AND
- Symptoms have improved

#### **Asymptomatic COVID-19 positive employees**

can return to work 10 days after their test collection date.

**Unvaccinated Close Contacts** must quarantine for 10 days regardless of test results. They CANNOT test out of quarantine.

**Vaccinated Close Contacts** (or those recently recovered from COVID-19 in the previous 3 months) do not need to quarantine unless they develop symptoms at which point they must get tested and stay home until results are returned. If negative, they can return to work. If positive, they can return using the same guidelines above for symptomatic COVID-19 positive employees. These individuals must provide proof of their status in order to avoid initial quarantine.

### COVID-19 TESTING

All testing must be approved by the FDA or have an FDA Emergency Use Authorization. Each employer must provide testing for their own employees as required below. This can be accomplished through the employer, local health department, a health plan, or at a community testing center.



**Close Contacts:** Testing must be made available by employers at no cost during working hours to all unvaccinated employees who had potential COVID-19 exposure in the workplace. The test must detect for current infection. Antibody tests are NOT acceptable as they only detect for previous infection.

### COVID-19 OUTBREAK

When there are 3 or more COVID-19 cases in the same work area in 14 days, all employees in the “exposed group” (see definition below) must be tested immediately; then again one week later; then weekly until the outbreak has passed. The outbreak has passed when there are no new cases for 14 consecutive days in the exposed group.

*Exceptions:* Employees without symptoms and who were fully vaccinated before the exposure; and employees who had fully recovered from COVID-19 up to 90 days prior to exposure and experiencing no new symptoms. Documentation will be required to qualify for this exception.

The “**exposed group**” is defined as all employees present at a work location at the same time as a contagious employee COVID-19 case including bathrooms, walkways, hallways, aisles, break/eating areas, and waiting areas. However, it does not include areas where masked workers momentarily passed through the same space without interacting or congregating; or any location where the infected individual visited for less than 15 minutes while masked.

Furthermore, employees in the exposed group:

- Must wear face coverings when indoors, and when outdoors and less than 6’ from others.
- Must be reminded of their right to request an N95 mask if they are unvaccinated.
- Must consider maintaining 6’ distancing from others while working at stationary work stations, or install plastic partitions.

### MAJOR OUTBREAK

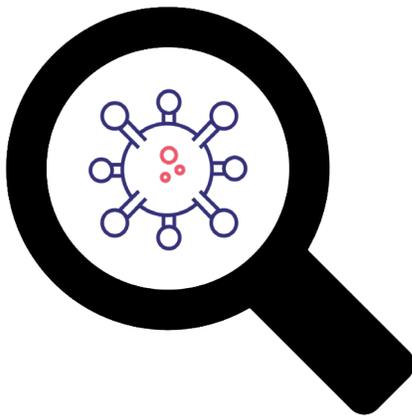
When there are 20 or more COVID-19 cases in the same area within a 30-day period, all employees in the “exposed group” must be tested twice weekly. That area will also be shut down until the outbreak has passed.

## 3. EXPOSURE PROTOCOL *(cont.)*

### COVID-19 CASE INVESTIGATIONS

Investigations must be completed for positive COVID-19 cases to determine whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce the exposure. A review of potential causes must be repeated every 30 days until an outbreak has passed. Options to consider:

- Non-compliance to health surveys or COVID-19 testing policies
- Insufficient outdoor air or air filtration
- Unvaccinated individuals' non-compliance of face mask wearing.
- Lack of cleaning/disinfection supplies
- Ineffective or absent training
- Depleted signage



### COVID-19 CASE LOG

A record of all COVID-19 cases must be maintained by each employer to track their employees' cases. It must be made available to employees and their representatives upon request with personal information removed.

### NOTIFICATIONS

All infected employees, close contacts, and potentially exposed employees must be notified in writing within one business day of the COVID positive case and potential exposure. The notice must be in a form readily understandable to the employees and must include information regarding any COVID-related benefits they may be entitled to.

**All Nibbi personnel** on the jobsite must be provided with the Notification Template for Nibbi Employees on [page 16](#) with the appropriate box checked for infected employees and close contacts; or, in all other cases, no box checked.

**Subcontractors:** Within one business day of a COVID-19 positive case at the worksite, notify subcontractors using the notification template on [page 17](#).

**Close Contacts:** Notify their representatives within 1 business day without revealing the infected individual's identity. Nibbi Human Resources Department will send out this notice for Nibbi Close Contact employees.

**Outbreaks:** Use the Outbreak Notification template on [page 18](#) to notify all subcontractors of an outbreak. This notification includes reminders that all employers are required to test all of their employees who have been identified as having worked in the same areas as the COVID-19 positive person. It also notifies them of their obligation to provide information to those employees regarding COVID-19-related benefits.

# 5. RESOURCES

Find helpful resources, mandatory forms, and signage

## SEE FOLLOWING PAGES FOR

- A. Risk Assessment Questionnaire and Addendum ([pages 14-15](#))
- B. COVID-19 Notification Templates ([pages 16-18](#))
- C. Flow Charts ([pages 20-23](#))
- D. Health Survey ([page 25](#))
- E. Nibbi Pretask Plan ([pages 26-27](#))
- F. COVID-19 Weekly Checklist ([page 28](#))
- G. Signage Required at Entrances, Break Areas, and throughout Worksite
  1. QR Code Poster (Health Survey, COVID-19 Plan & Training) ([pages 30-31](#))
  2. We Are Open ([page 32](#))
  3. Get Vaccinated ([page 33](#))
  4. Wash Your Hands ([pages 34-35](#))
- H. COVID-19 Code of Safe Practices ([page 37](#))
- I. County and Cal/OSHA Contact Information ([page 38](#))

**RESPONSE PLAN TO POSITIVE DIAGNOSIS OF COVID-19 CASE AT NIBBI WORK PLACE**  
**RISK ASSESSMENT FOR SUSPECTED AND CONFIRMED COVID-19 CASES**

Worksite/Location: \_\_\_\_\_ Worksite Address: \_\_\_\_\_

Suspected/Confirmed COVID-19 Individual Identification & Role: \_\_\_\_\_  
 (To protect the identity of a confirmed COVID-19 individual, an employee number or other generic ID can be used.)

Company & Address: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Role: \_\_\_\_\_

Subcontractor Point of Contact: \_\_\_\_\_ Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. What are the symptoms? \_\_\_\_\_
2. When did symptoms develop? (Date and Time) \_\_\_\_\_
3. When was the individual last on site? (Date and Time) \_\_\_\_\_
4. When was COVID-19 test taken? (Date and Time) \_\_\_\_\_
5. When was test result/diagnosis confirmed? (Date and Time) \_\_\_\_\_

6. Who did the individual (potentially) have close contact with? Close contact is defined as unvaccinated and within 6 feet for a total of at least 15 minutes during the exposure period (to start 48 hours prior to symptom onset); being coughed on; living with, hugging/kissing, or taking care of a COVID-19 case.)

- |          |          |
|----------|----------|
| a. _____ | c. _____ |
| b. _____ | d. _____ |

Who did the individual have close contact with who is fully vaccinated? These individuals do not meet the definition of "Close Contact" and do not have to quarantine, but their vaccination status needs to be verified with proof of documentation. Fully vaccinated means the last dose was received a full two weeks prior to exposure to the infected individual.

	Vax Verified		Vax Verified
a. _____		c. _____	
b. _____		d. _____	

7. In what areas was the individual working for periods of at least 15 minutes? Or for any length of time unmasked? Examples: building floor/level, rooms/units, bathrooms, break areas, office/trailer, etc. Do not include areas where workers simply passed through the same space while masked and without interacting or congregating.

- |          |          |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |



# ADDENDUM to Risk Assessment – FOR CONFIRMED POSITIVE CASES ONLY

## For Reporting Purposes to County DPH

**Use this page and the Risk Assessment to report cases to the appropriate County.  
Use a separate form for each case.**

**San Francisco:** Report immediately to 628-217-6100 when there are 3 or more cases in a 14-day period. Report no later than one business day after knowledge of the third case.

**Alameda County:** Report 3 or more cases occurring in 14 days using the COVID-19 Workplace Case and Contact Reporting Form: [https://cdph.force.com/SPOT/s/IntakeForm?language=en\\_US](https://cdph.force.com/SPOT/s/IntakeForm?language=en_US). Report no later than one business day after knowledge of third case.

**Santa Clara County:** Report all cases using the County's Worksite Case and Contact Reporting Portal within 24 hours. The link to the portal can be found at (<https://www.sccgov.org/sites/covid19/Pages/business-guidance.aspx#employee>).

**Contra Costa County and Sonoma County:** Report using the County's Business Reporting Intake Form at [https://cdph.force.com/SPOT/s/IntakeForm?language=en\\_US](https://cdph.force.com/SPOT/s/IntakeForm?language=en_US)

### General Information

- Worksite Name/Address: \_\_\_\_\_
- NAICS Code of Employer of Positive Case: (Nibbi GC = 2361; Nibbi Concrete = 23811): \_\_\_\_\_
- # Employees (estimate): At Work Site \_\_\_\_\_ At Work Area: \_\_\_\_\_ During Work Shift: \_\_\_\_\_
- *For Nibbi cases only:* Highest # Nibbi Employees on any one day within 45 days prior to test date: \_\_\_\_\_
- *Only for Nibbi Cases on Non-Nibbi GC jobsites (ex: Roberts Obayashi, Webcor, etc.):*
  - General Contractor: \_\_\_\_\_
  - Contact: \_\_\_\_\_ Role: \_\_\_\_\_
  - Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Infected Individual's Information

- Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Home Address: \_\_\_\_\_ Email: \_\_\_\_\_
- Occupation/Role at Workplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Date Positive Test was Taken: \_\_\_\_\_ Date Test Results were Received: \_\_\_\_\_

### Close Contacts at Workplace (add more as needed)

*Reminder: Close contact is defined as **unvaccinated** and within 6 feet for a total of at least 15 minutes during the exposure period (to start 48 hours prior to symptom onset); being coughed on; living with, hugging/kissing, or taking care of a COVID-19 case.)*

- Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
  
- Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Other Information

If the COVID-19 Positive Worker has worked at multiple worksites within the last 14 days before symptoms onset or test date (if asymptomatic), provide the worksite names and addresses.

Worksite Name and Address: \_\_\_\_\_

Worksite Name and Address: \_\_\_\_\_



**TO: APPLICABLE NIBBI EMPLOYEES**

**DATE:**

**RE: POSITIVE COVID-19 EXPOSURE ON JOBSITE**

Nibbi has been informed that an individual who has tested positive for COVID-19 was at this worksite within 48 hours of symptom onset. As a result, contact tracing has been completed to identify any individuals deemed to be a close contact during the exposure period; and disinfection has been completed in affected areas as required.

<b>COVID-19 Case Summary</b>
Worksite: _____
Employer: _____
Symptom Onset / Test Date: _____
Date Last on Jobsite: _____
Area(s) Affected: _____
_____
_____
_____

**CONFIRMED COVID-19 POSITIVE EMPLOYEES**

- If you have been diagnosed with COVID-19 and have symptoms, you can return to work:
  - 10 days after symptom onset; AND
  - 24 hours fever-free without fever-reducing medications;
  - AND symptoms have improved.
  
- If you have been diagnosed with COVID-19 and do not have symptoms, you can return to work 10 days after your test collection date.

**CLOSE CONTACTS**

- If you have been identified as a close contact and are unvaccinated, you must quarantine for 10 days, even if you get tested and the results are negative.
  
- If you have been identified as a close contact and are vaccinated (or recently recovered from COVID-19 in the previous 3 months), you do NOT need to quarantine unless you develop symptoms, at which point you will need to get tested and stay home until results are returned. If negative, you can return to work. If positive, you can return:
  - 10 days after symptom onset; AND
  - 24 hours fever-free without fever-reducing medications;
  - AND symptoms have improved.

*You must provide proof of vaccination in order to avoid initial quarantine.*

Following Cal/OSHA regulations, a close contact is defined as an unvaccinated individual being within 6 feet of the infected individual for a total of 15 cumulative minutes during the exposure period; or having direct contact with bodily fluids/secretions (like being coughed on); or living with, hugging/kissing, or taking care of a COVID-19 case.

**WORKING ON SITE AT SAME TIME AS COVID-19 POSITIVE CASE**

If none of the boxes above are checked, you are being notified because you were on site at the same time as the COVID-19 positive individual. You are not considered at risk for infection but, per CDC guidelines, are advised to monitor for symptoms for the next 2 weeks.

**Exclusion Pay and Benefits**

Employees who are excluded from work due to a COVID-19 workplace exposure shall continue to receive their regular base pay and health and welfare benefits for their exclusion time through September 30, 2021. However, if Nibbi determines that the employee contracted the virus outside of the workplace, the exclusion pay does not apply to the infected employee. Employees are eligible for applicable federal, state and local benefits such as Workers' Compensation, California State Disability, FMLA and CFRA; and are advised to contact Human Resources for assistance.

Nibbi prohibits discrimination, harassment or retaliation of employees for any reason, including positive COVID-19 or close contact status.



1000 Brannan Street, Suite 102  
 San Francisco, CA 94103  
 Office: 415.863.1820  
 Fax: 415.863.1150

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**TO: ALL JOBSITE SUBCONTRACTORS & EMPLOYERS**

**Date:**

**RE: POSITIVE COVID-19 EXPOSURE ON JOBSITE**

To Whom It May Concern:

Nibbi has been informed that an individual who has tested positive for COVID-19 was on this jobsite within 48 hours of the onset of symptoms. As a result, contact tracing has been completed to identify any individuals deemed to be a close contact during the exposure period. Any close contacts have been notified to quarantine for 10 days. In addition, disinfection has been completed as required.

Following Cal/OSHA regulations, a Close Contact is defined as an unvaccinated individual being within 6 feet of the infected individual for a total of 15 cumulative minutes during the exposure period; being coughed on; or living with, hugging/kissing, or taking care of a COVID-19 case.

If your company has not been notified of any close contacts, it is because no one in your crew was identified as a Close Contact. Privacy laws prevent the release of the identity of the infected individual.

Per Cal/OSHA regulations and Labor Code 6409.6, each employer is required to notify every employee who was in the same area on the same days (not necessarily at the same time) as the infected individual. They must also be provided with information regarding any COVID-19-related benefits they may be entitled to. This notification must be in writing and in a form readily understandable to each employee; and must also be given to their representatives.

**Case Summary**

Jobsite: \_\_\_\_\_

Employer: \_\_\_\_\_

Date of Symptom Onset (or Date Test Administered if Asymptomatic): \_\_\_\_\_

Date Employee was Last on Jobsite: \_\_\_\_\_

Area(s) Where Employee Worked During Exposure Period (from date of symptom onset thru last date on jobsite): \_\_\_\_\_

---

If you have any concerns or questions, please do not hesitate to contact the Nibbi project team.



1000 Brannan Street, Suite 102  
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**TO: EMPLOYERS IN EXPOSED GROUP**

**Date:**

**RE: COVID-19 OUTBREAK ON JOBSITE**

To Whom It May Concern:

Nibbi has been notified of at least three positive COVID-19 cases on the jobsite. All Close Contacts have been notified to quarantine for 10 days. All disinfection has been completed as required. If your company has not been notified of any close contacts, it is because no one in your crew was identified as a Close Contact. Privacy laws prevent the release of the identity of the infected individual.

Following Cal/OSHA regulations, a Close Contact is defined as an unvaccinated individual being within 6 feet of the infected individual for a total of 15 cumulative minutes during the exposure period; being coughed on; or living with, hugging/kissing, or taking care of a COVID-19 case.

***Cal/OSHA requires all employers to immediately test all employees in the “exposed group” (see definition below); and test weekly thereafter until the Outbreak has passed.***

The “**exposed group**” is defined as all employees present at a work location at the same time as a contagious employee COVID-19 case including bathrooms, walkways, hallways, aisles, break/eating areas, and waiting areas. However, it does not include areas where masked workers momentarily passed through the same space without interacting or congregating; or any location where the infected individual visited for less than 15 minutes while masked.

*Exceptions: Employees without symptoms and who were fully vaccinated before the exposure; and employees who had fully recovered from COVID-19 up to 90 days prior to exposure and experiencing no new symptoms. Documentation will be required to qualify for this exception.*

Cal/OSHA also requires each employer to notify every employee who was in the same area on the same days (not necessarily at the same time) as the infected individual. This notification must be in writing and in a form readily understandable to each employee; and include information regarding any COVID-related benefits the employees may be entitled to. This notice must also be given to their representatives.

Affected Areas: \_\_\_\_\_

Date(s) Infected Individual was in the Affected Areas: \_\_\_\_\_

The individuals in the exposed group will require testing immediately (but not longer than 48 hours) before being allowed to continue to work on any Nibbi projects.

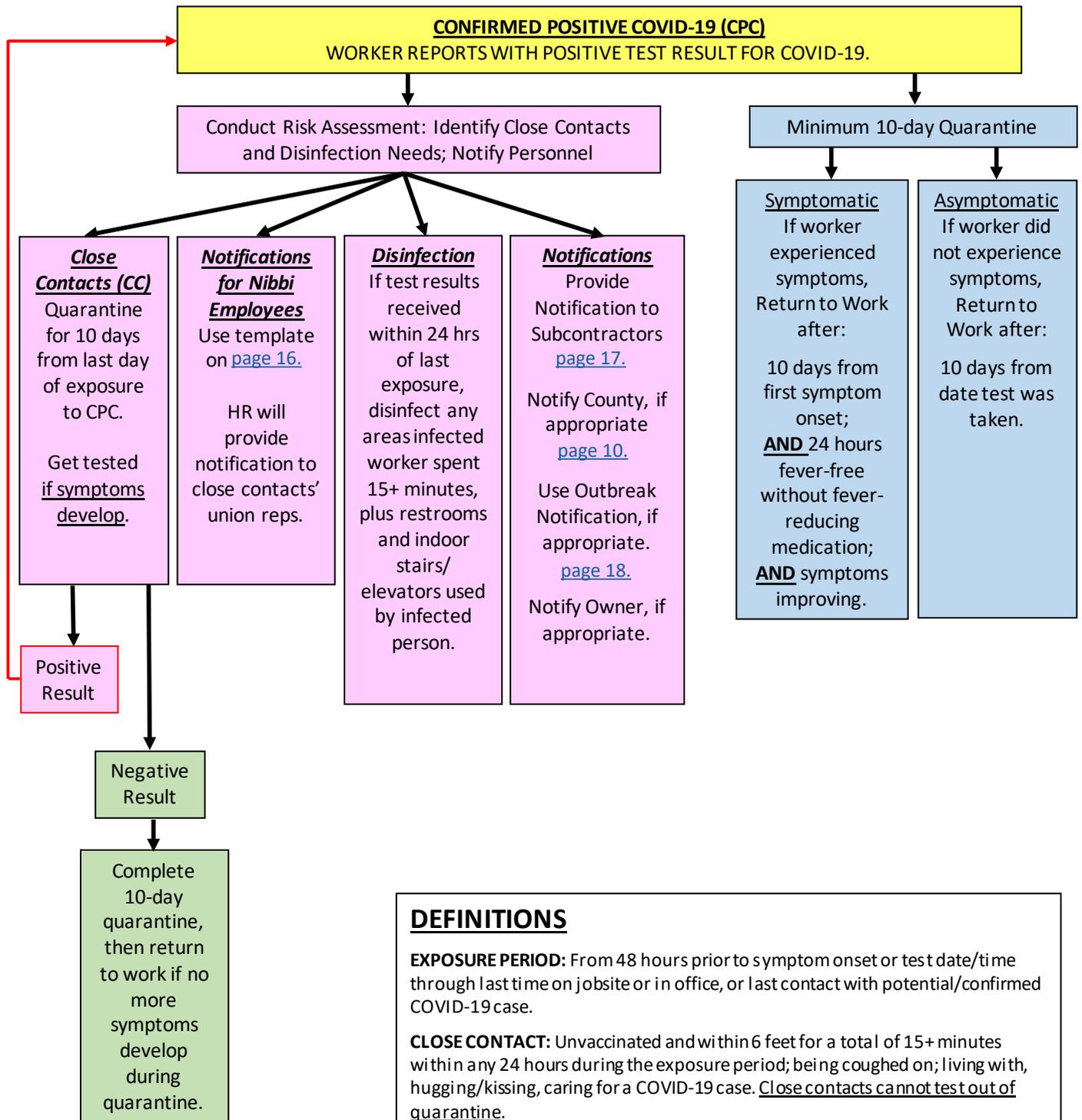
If you have any concerns or questions, please do not hesitate to contact the Nibbi project team.

NIBBI BROTHERS GENERAL CONTRACTORS

State Contractors License No. 757362 | An Equal Opportunity Employer

# FLOW CHARTS





**DEFINITIONS**

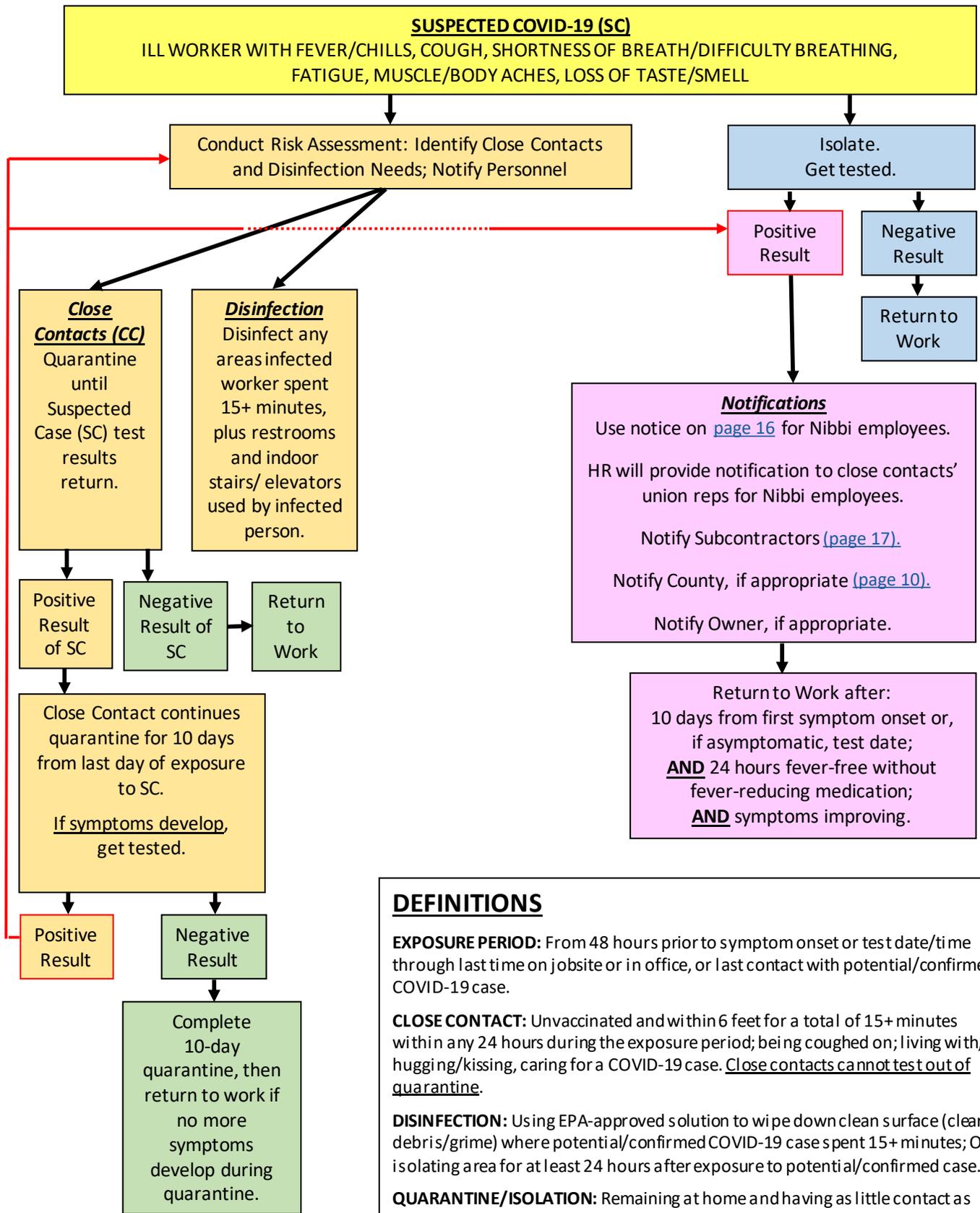
**EXPOSURE PERIOD:** From 48 hours prior to symptom onset or test date/time through last time on jobsite or in office, or last contact with potential/confirmed COVID-19 case.

**CLOSE CONTACT:** Unvaccinated and within 6 feet for a total of 15+ minutes within any 24 hours during the exposure period; being coughed on; living with, hugging/kissing, caring for a COVID-19 case. Close contacts cannot test out of quarantine.

**DISINFECTION:** Using EPA-approved solution to wipe down clean surface (clear of debris/grime) where potential/confirmed COVID-19 case spent 15+ minutes; OR isolating area for at least 24 hours after exposure to potential/confirmed case.

**QUARANTINE/ISOLATION:** Remaining at home and having as little contact as possible with people. May tend to essential needs (if live alone) and attend medical appointments.

*Page references are from Nibbi's most recent COVID-19 Plan.*



## DEFINITIONS

**EXPOSURE PERIOD:** From 48 hours prior to symptom onset or test date/time through last time on jobsite or in office, or last contact with potential/confirmed COVID-19 case.

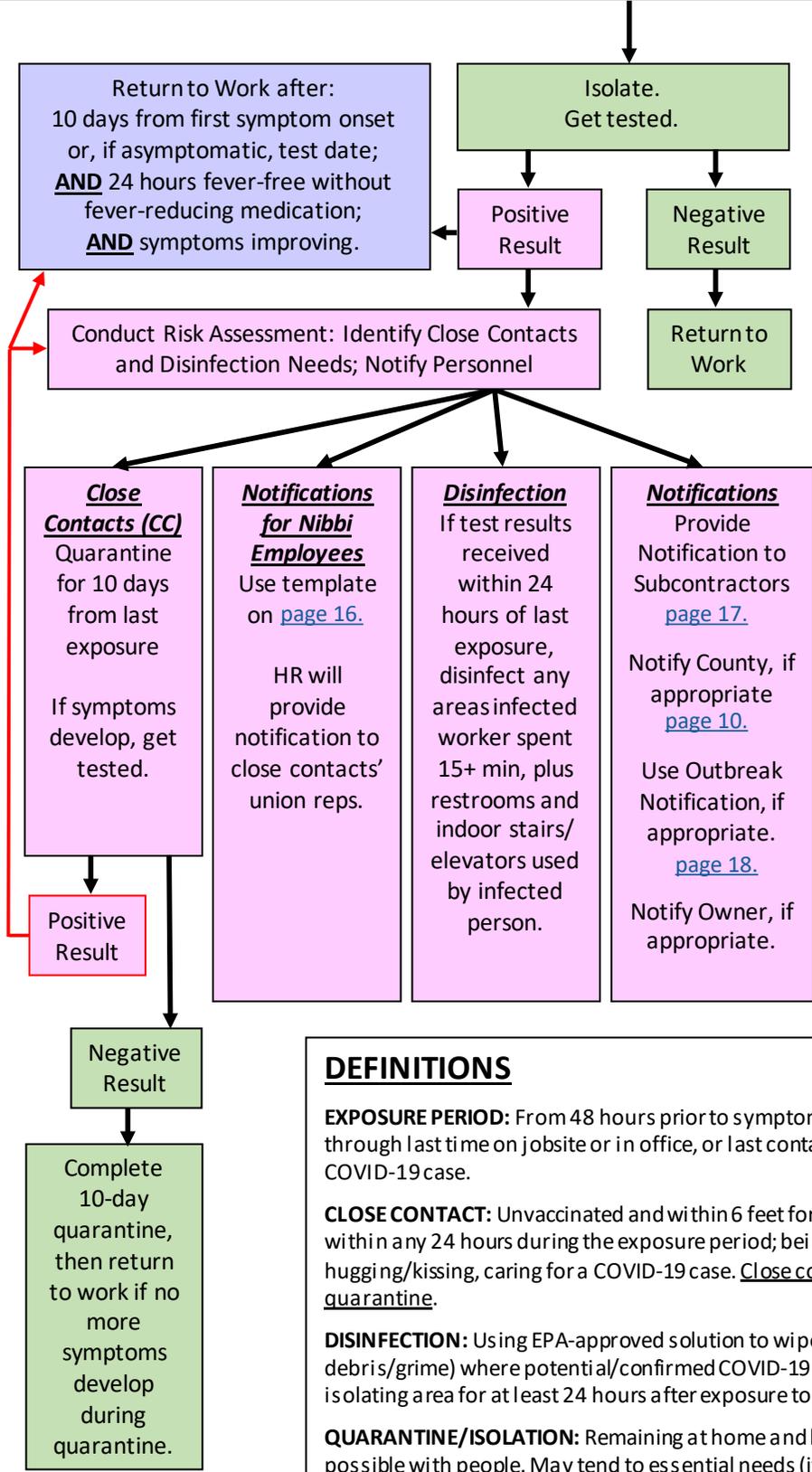
**CLOSE CONTACT:** Unvaccinated and within 6 feet for a total of 15+ minutes within any 24 hours during the exposure period; being coughed on; living with, hugging/kissing, caring for a COVID-19 case. Close contacts cannot test out of quarantine.

**DISINFECTION:** Using EPA-approved solution to wipe down clean surface (clear of debris/grime) where potential/confirmed COVID-19 case spent 15+ minutes; OR isolating area for at least 24 hours after exposure to potential/confirmed case.

**QUARANTINE/ISOLATION:** Remaining at home and having as little contact as possible with people. May tend to essential needs (if live alone) and attend medical appointments.

*Page references are from Nibbi's most recent COVID-19 Plan.*

**WORKER WITH MINOR SYMPTOMS**  
ILL WORKER WITH CONGESTION/RUNNY NOSE, HEADACHE, SORE THROAT, NAUSEA/VOMITING, OR DIARRHEA



Return to Work after:  
10 days from first symptom onset or, if asymptomatic, test date;  
**AND** 24 hours fever-free without fever-reducing medication;  
**AND** symptoms improving.

Isolate.  
Get tested.

Positive Result

Negative Result

Conduct Risk Assessment: Identify Close Contacts and Disinfection Needs; Notify Personnel

Return to Work

**Close Contacts (CC)**  
Quarantine for 10 days from last exposure  
  
If symptoms develop, get tested.

**Notifications for Nibbi Employees**  
Use template on [page 16](#).  
  
HR will provide notification to close contacts' union reps.

**Disinfection**  
If test results received within 24 hours of last exposure, disinfect any areas infected worker spent 15+ min, plus restrooms and indoor stairs/elevators used by infected person.

**Notifications**  
Provide Notification to Subcontractors [page 17](#).  
  
Notify County, if appropriate [page 10](#).  
  
Use Outbreak Notification, if appropriate. [page 18](#).  
  
Notify Owner, if appropriate.

Positive Result

Negative Result

Complete 10-day quarantine, then return to work if no more symptoms develop during quarantine.

**DEFINITIONS**

**EXPOSURE PERIOD:** From 48 hours prior to symptom onset or test date/time through last time on jobsite or in office, or last contact with potential/confirmed COVID-19 case.

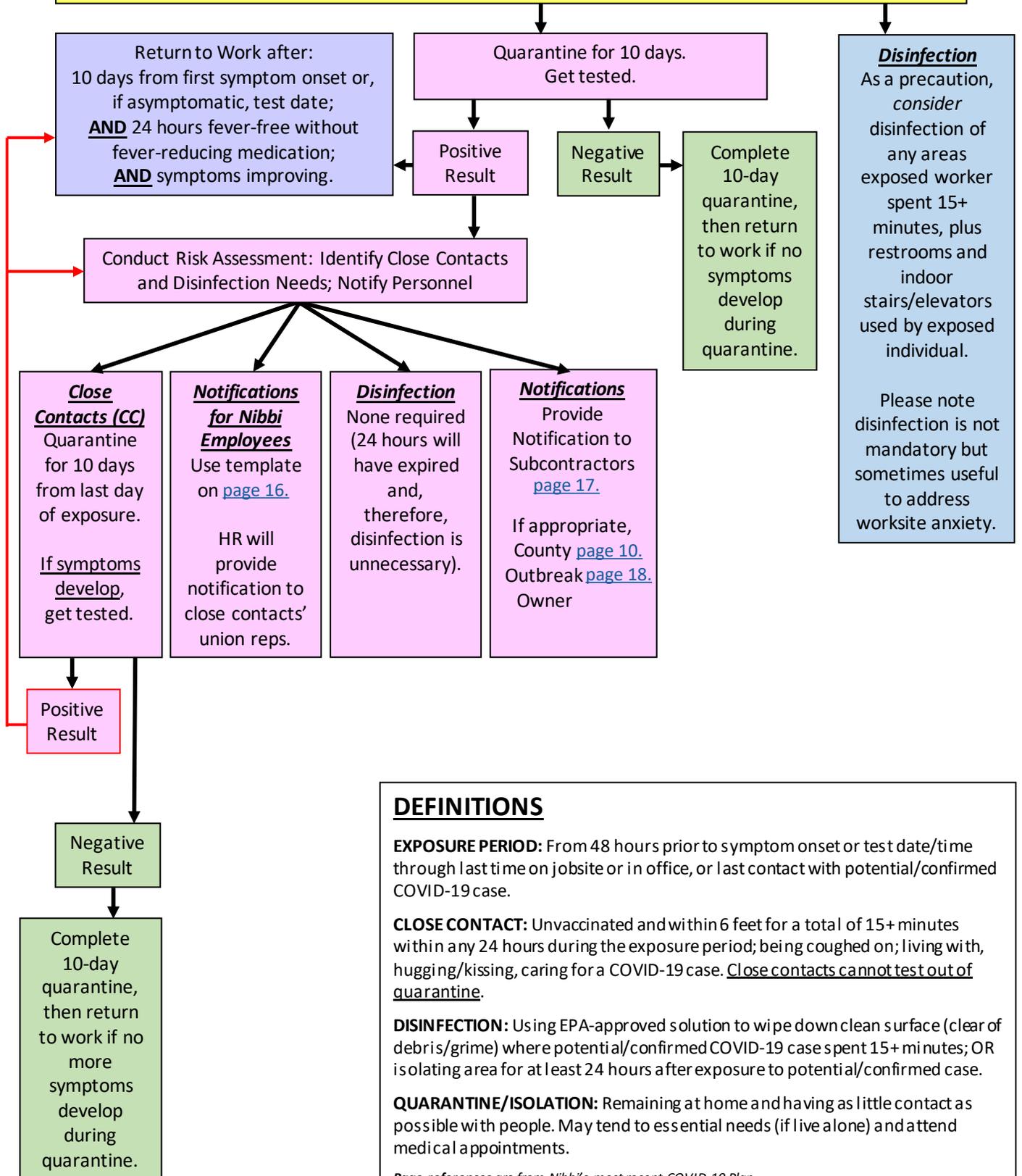
**CLOSE CONTACT:** Unvaccinated and within 6 feet for a total of 15+ minutes within any 24 hours during the exposure period; being coughed on; living with, hugging/kissing, caring for a COVID-19 case. Close contacts cannot test out of quarantine.

**DISINFECTION:** Using EPA-approved solution to wipe down clean surface (clear of debris/grime) where potential/confirmed COVID-19 case spent 15+ minutes; OR isolating area for at least 24 hours after exposure to potential/confirmed case.

**QUARANTINE/ISOLATION:** Remaining at home and having as little contact as possible with people. May tend to essential needs (if live alone) and attend medical appointments.

*Page references are from Nibbi's most recent COVID-19 Plan.*

**UNVACCINATED WORKER WITHOUT SYMPTOMS EXPOSED TO COVID-19 POSITIVE CASE OUTSIDE OF WORK**  
 (For Symptomatic Workers, reference other Flowcharts as applicable)



**DEFINITIONS**

**EXPOSURE PERIOD:** From 48 hours prior to symptom onset or test date/time through last time on jobsite or in office, or last contact with potential/confirmed COVID-19 case.

**CLOSE CONTACT:** Unvaccinated and within 6 feet for a total of 15+ minutes within any 24 hours during the exposure period; being coughed on; living with, hugging/kissing, caring for a COVID-19 case. Close contacts cannot test out of quarantine.

**DISINFECTION:** Using EPA-approved solution to wipe down clean surface (clear of debris/grime) where potential/confirmed COVID-19 case spent 15+ minutes; OR isolating area for at least 24 hours after exposure to potential/confirmed case.

**QUARANTINE/ISOLATION:** Remaining at home and having as little contact as possible with people. May tend to essential needs (if live alone) and attend medical appointments.

*Page references are from Nibbi's most recent COVID-19 Plan.*

# FORMS



**COVID-19 Health Survey**  
Archive Document - DO NOT DISCARD

To limit the spread of COVID-19, each employer or individual is required to complete this or similar survey (with their team, as applicable) each day before the start of work. **CREW LEADERS:** To prevent stigma and discrimination in the workplace, use only the questions described below to determine the risk of COVID-19. Maintain privacy of individuals by not discussing the nature of an individual's specific symptoms or vaccination status in a group setting. Be sure to maintain the confidentiality of people with confirmed COVID-19. Maintain social distancing while completing this survey with crews.



<b>Health Survey</b>				
<p>As the crew leader, I reviewed the QUESTIONS listed below with:</p> <ul style="list-style-type: none"> <li>• Each existing worker during the daily huddle/pretask plan, and</li> <li>• Each existing worker that called in sick</li> </ul>				
<p><b><u>QUESTIONS</u></b></p> <ul style="list-style-type: none"> <li>? Have you, or someone you live with, had any of the following symptoms in the last 24 hours: fever/chills, cough, shortness of breath/difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea?</li> <li>? Have you been diagnosed with, or tested positive for, COVID-19 in the past 10 days, or live with someone who has?</li> <li>? Have you had close contact with someone who is in isolation/quarantine or tested positive for COVID-19 in the past 14 days? (Close contact = unvaccinated and within 6 feet for a total of at least 15 minutes; being coughed on; living with, hugging/kissing, or taking care of COVID-19 case.)</li> <li>? Have you traveled unvaccinated by air/ship/train in the last 7 days?</li> </ul>				
<p><b><u>RESPONSES and ACTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NO to ALL questions, the worker(s) may begin and/or continue work.</li> <li><input type="checkbox"/> YES to ANY question:                             <ul style="list-style-type: none"> <li>• Worker(s) must immediately leave project and remain off work for duration outlined by CDC.</li> <li>• Nibbi employees must call Nibbi Safety prior to return to work.</li> <li>• <b><u>Subcontractors must verbally report to Nibbi Supervision if YES to ANY question.</u></b></li> </ul> </li> </ul>				
<p><b><u>VACCINATION ATTESTATION</u></b></p> <p>I certify that I, and any applicable crew members, understand that any individual choosing NOT to wear a face covering INDOORS is attesting under <u>penalty of perjury</u> that they are fully vaccinated for COVID-19.</p>				
<b>Name of Crew Leader (print)</b>			<b>Date</b>	
<b>Crew Leader (signature)</b>		<b>Sub Name</b>	<b># of workers</b>	

SUBMIT THIS SURVEY ELECTRONICALLY USING THE SCAN CODE ABOVE OR COMPLETE YOUR COMPANY'S EQUIVALENT



# Pretask Plan - Review with Crew Prior to Start of Task

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Specific Locations of Work:** \_\_\_\_\_

**Superintendent:** \_\_\_\_\_ **Foreman:** \_\_\_\_\_

**Check If Any of the Following Apply:**

- Fall Hazards
- Confined Space
- Ventilation
- Electrical Hazards
- Excavations / Trenches
- Cranes / Hoists / Rigging
- Lockout/Tagout
- Ladders / Scaffolding
- Public Interface
- Power Tools
- Hoses, Compressors
- Chemicals / Hazcom
- Adverse Weather
- Heat Illness Hazards
- Barricades / Signs

Evaluation of Workplace and Tasks	YES	NO	N/A
Are there hazards created by <b>other workers</b> in your area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the work require coordination with <b>other contractors</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there <b>adequate lighting</b> present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there <b>mobile equipment</b> or are <b>moving vehicles</b> involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there <b>hot work</b> involved? Ex: Torch cutting, welding, metal grinding etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve the creation of <b>silica dust</b> ? Ex: Concrete drilling, mixing etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the work involve <b>formwork</b> erection or stripping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the work involve <b>heavy lifting, bending, or twisting</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the work require any <b>special PPE</b> ? (Examples: Respirator, Face Mask, Goggles, Hearing Protection, Tyvek Suit, Chaps, Hand / Arm Protection, Fall Protection Harness System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the right tools for the job? Do you have all materials needed for the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does every crew member know how to use assigned tools and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Address all safety items identified above questions in the Pretask worksheet below.*

PRETASK WORKSHEET		
A: Major Work Steps	B: Potential Hazards	C: Procedure or Hazard Control

# Pretask Plan and Stretch & Flex Sign-In Sheet

Open Discussion/Specific Items Raised: *(Discusión abierta /Artículos específicos planteados:)*

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**COVID-19:** Do you have any cold/flu symptoms? If so, report it immediately to your supervisor. *¿Tiene algún síntoma de resfriado/gripe? Si es así, infórmelo inmediatamente a su supervisor.*

**INJURIES:** Do you have any injuries or incidents to report from the previous day? If so, report it immediately to your supervisor. *¿Tiene alguna lesión o incidente que informar del día anterior? Si la respuesta es sí, notifique inmediatamente a su supervisor.*

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*This pretask plan and the items noted above have been reviewed with me and I have been given the opportunity to ask questions so that I understand each item. I am properly trained on the required tools, equipment and procedures. I understand that I will wear a face covering indoors if I am not fully vaccinated. (He leído este pre-task y los artículos cubiertos arriba, han sido revisados conmigo, y se me ha dado la oportunidad de hacer preguntas para que entienda cada artículo. Yo he sido entrenado propiamente en las herramientas equipos y procedimientos requeridos.) Entiendo que usaré una máscara adentro si no estoy vacunado.*

PRINT NAME	SIGNATURE	COMPANY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		



# COVID-19 WEEKLY REPORT

Project Name: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Evaluation of Crews, Workplace and Tasks	YES	NO
<b>Health Surveys:</b> All crew leaders have confirmed the health of their workers and submitted the health survey electronically to Nibbi.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pretask Plans:</b> All crew leaders have evaluated daily work tasks for COVID-19 hazards and reviewed COVID-19 protocols with their workers.	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPE:</b> During job walks throughout the week, all workers have been observed to properly maintain and wear their PPE (face masks, face shields, gloves).	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cleaning Supplies:</b> Jobsite is adequately stocked with soap, handwash stations, disinfectant, hand sanitizer, and signage.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hand Washing:</b> At least one handwash station is located at each jobsite entrance. All workers were encouraged to wash their hands frequently.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any signs of illness</b> observed during job walks has been reported to Nibbi.	<input type="checkbox"/>	<input type="checkbox"/>

Posters at each jobsite entrance, break areas, and throughout jobsite in well-traveled locations:

- QR Code Poster
- “We Are Open”
- “Get Vaccinated”
- “Wash Your Hands”

List any Notable Issues and/or Corrections Required

Issue	Corrective Action

# **SIGNAGE**



# COVID-19 SYMPTOMS AND REQUIRED PRACTICES

**Do not enter the workplace with any symptoms of illness:**

Or if you have been exposed to anyone with potential COVID-19 symptoms.



Fever



Cough



Diarrhea



Headache



Chills



Sore Throat



Body aches and muscle pain



Shortness of breath



Unexplained loss of taste or smell



Nausea/Vomiting

**ALL PERSONNEL  
AND VISITORS  
MUST COMPLETE  
A HEALTH  
SURVEY (THEIR  
EMPLOYER'S OR  
NIBBI'S) PRIOR  
TO ENTERING  
WORKPLACE.**



**HEALTH SURVEY**



**COVID-19 PLAN**



**COVID-19  
TRAINING MODULE**



**N95 MASK  
TRAINING**

# COVID-19 SÍNTOMAS Y PRÁCTICAS REQUERIDAS

No entre al lugar de trabajo si tienes cualquier síntoma de enfermedad:  
O si ha estado expuesto a alguien con posibles síntomas de COVID-19.



Fiebre



Toque



Diarrea



Dolor de cabeza



Resfriado



Dolor de garganta



Dolores corporales y dolor muscular



Dificultad para respirar



Perdida inexplicable de sabor y olfato



Náusea/vomitando

**TODO EL PERSONAL Y LOS VISITANTES TIENEN QUE COMPLETAR LA ENCUESTA DE SALUD (DE TU EMPLEADOR O DE NIBBI) ANTES DE ENTRAR EL LUGAR DE TRABAJO.**



ENCUESTA DE SALUD



PLAN COVID-19



MÓDULO DE FORMACIÓN COVID-19



ENTRENAMIENTO CON MÁSCARA N95

# We are **OPEN**

SF ya está abierto • 三藩市現已開放 • Bukas ang SF

## Let's celebrate a safer reopening! Protect yourself, your family, and your community by following these prevention measures:

¡Estamos celebrando una reapertura segura! Siga estas medidas de prevención para protegerse y proteger a su familia y a su comunidad:

三藩市慶祝安全重開! 採取以下防護措施, 保護自己, 家人及社區

Ipinagdiriwang ng San Francisco ang isang mas ligtas na muling pagbubukas! Protektahan ang iyong sarili, ang iyong pamilya, at ang iyong pamayanan sa pamamagitan ng pagsunod sa mga hakbang sa pag-iwas:



### Get vaccinated

Vacúnese  
接種疫苗  
Magpabakuna



### Stay home if sick, and talk to your doctor

Quédese en casa si está enfermo  
y consulte a su médico  
如果身體不適, 請留在家中  
並諮詢您的醫生  
Manatili sa bahay kung may sakit,  
at kausapin ang iyong doktor



### Maximize fresh air

Aumente al máximo el  
flujo de aire fresco  
保持大量新鮮空氣  
Padaluyin ang sariwang hangin

### Wear a mask for added protection and clean your hands.

Póngase un cubrebocas para obtener protección adicional y lávese las manos.

佩戴口罩加強保護及清潔雙手。

Magsuot ng mask para sa karagdagang proteksyon at hugasan ang iyong mga kamay.

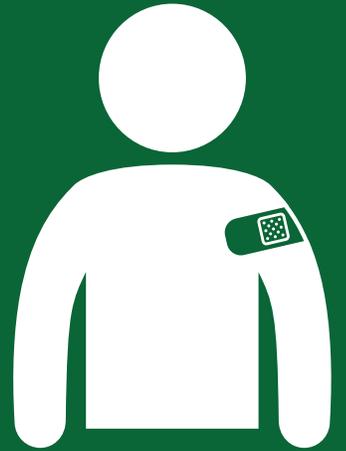


# Get Vaccinated!

**¡Vacúnese, San Francisco!**

三藩市疫苗齊接種!

**Magpabakuna, San Francisco!**



## Stop the spread of COVID-19.

**Ponga fin a la propagación de COVID-19.**

停止新型冠狀病毒傳播。

**Itigil ang pagkalat ng COVID-19.**

**Vaccines are safe.**

Las vacunas son seguras.

疫苗是安全的。

Ligtas ang mga bakuna.

**Vaccines are free.**

Las vacunas son gratuitas.

疫苗是免費的。

Libre ang mga bakuna.

**No insurance required.**

No se requiere tener seguro médico.

接種疫苗無需醫療健保

Walang kinakailangang insurance.

**Getting vaccinated will help keep you, your family, and your community safe and healthy.**

Vacunarse les ayudará a usted, a su familia y a su comunidad a mantenerse seguros y saludables.

接種疫苗有助您保障自己、家人和社區的安全與健康。

Ang pagbabakuna ay makakatulong na mapanatili kang ligtas at malusog ang iyong pamilya, at ang iyong pamayanan.

**To learn more, visit [sf.gov/GetVaccinated](https://sf.gov/GetVaccinated) or call 311.**

Para obtener más información, visite [sf.gov/es/GetVaccinated](https://sf.gov/es/GetVaccinated) o llame al 311.

欲知詳情, 請瀏覽: [sf.gov/ch/GetVaccinated](https://sf.gov/ch/GetVaccinated) 或致電311。

Upang matuto nang higit pa, bisitahin ang [sf.gov/fil/GetVaccinated](https://sf.gov/fil/GetVaccinated) o tumawag sa 311.



# Wash Your Hands

**FREQUENTLY** with soap and water



## When to wash your hands

- **After** touching your face, blowing your nose, coughing, sneezing
- **After** using the toilet
- **After** touching garbage
- **Before and after** removing PPE (face masks/shields, gloves, etc.)
- **Before, during, and after** preparing food

## Remember!

Use hand sanitizer that has at least 60% alcohol if a sink is unavailable.

# Lávate las manos

¡CADA VEZ que entre o salga del lugar de trabajo!



## Cuándo lavarse las manos:

- Después de tocarse la nariz, la boca o estornudar
- Después de usar el baño
- Después de tocar cualquier cosa
- Antes y después de quitarse el EPP (mascarilla, guantes, etc.)
- Antes, durante y después de preparar la comida.

## ¡Recuerda!

Use desinfectante para manos que tenga al menos un 60% de alcohol si no hay jabón de mano disponible.

# **OTHER INFORMATION**



# COVID-19 CODE OF SAFE PRACTICES

Follow these Code of Safe Practices to protect yourself from COVID-19.

- COVID-19 is an infectious disease that spreads through the air when an infected person talks, sneezes, coughs, exhales, or vocalizes. It can also spread by touching a contaminated surface and then your eyes, nose or mouth (although this is less common). It can also be spread by people without symptoms.
- Stay home and get tested if you have a fever/chills, cough, shortness of breath/difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea. Immediately report your illness to your supervisor and Nibbi Safety. Your employer will cover the cost of the test if your symptoms are related to COVID-19 exposure at work.
- If you are unvaccinated and have been exposed to or live with someone who is sick, or quarantined as a close contact to a COVID-19 positive person, stay home and notify your supervisor.
- If you travel unvaccinated by plane train or ship, you must quarantine for 7 days upon your return with a negative COVID test taken on Day 6.
- Contact Nibbi Safety before returning to work for any of the above situations.
- Not reporting potential COVID-related illnesses or close contact exposures may result in disciplinary action.
- The identity of individuals with suspected or confirmed COVID-19 will be kept confidential.
- Retaliation, discrimination, or harassment against any individuals related to COVID-19 illnesses or vaccination is strictly forbidden.
- Do not touch your eyes, nose, and mouth with unwashed hands or gloves. Wash your hands and face immediately if you do.
- Frequently wash hands with soap and water for 20 seconds. Use hand sanitizer if a sink is unavailable.
- Avoid touching common surfaces with bare hands.
- Report any COVID-19 hazards / issues to Nibbi.
- Do not shake hands or engage in unnecessary physical contact.
- Clean and disinfect your workspace daily, including frequently touched surfaces.
- Do not share PPE, tools, equipment, phones, desks or personal items with coworkers.
- Maximize outside air into indoor spaces as much as possible, using fans and/or air purifiers.
- **Face coverings and N95 respirators** must be provided to all individuals upon request by their employer. They must be properly worn, properly fitted, and kept clean and undamaged.
- **Individuals choosing NOT to wear a face covering are effectively attesting, under penalty of perjury, that they are fully vaccinated.**
- **If unvaccinated** and indoors or in a vehicle, use a face mask that covers the nose and mouth except when alone or while eating or drinking.
- Unvaccinated individuals are encouraged to also wear face coverings outdoors if they cannot maintain 6' distancing from others.
- It is strongly recommended that unvaccinated individuals wear N95 respirators for better protection. N95s protect the user whereas face coverings primarily protect the people around the user. N95s used for COVID-19 protection should be changed at least after every 5 uses (donning/doffing).
- Do not use face masks with a one-way valve, or scarves, ski masks, balaclavas, bandanas, turtlenecks, collars, or single layers of fabric.
- If an unvaccinated individual isn't able to wear a face covering due to a medical condition or disability or because they are hearing impaired, they must seek ADA accommodation from their employer; and wear an alternative covering (such as a face shield with a drape on the bottom) OR maintain 6' distancing from others.
- Vaccinations are an important way to protect from infection; but, more importantly, very effective in eliminating serious illness or death from the virus.

**Note:** Train all employees on this information. See QR Code at worksite entrances.

# Resources

## County Departments of Public Health

### **San Francisco County:**

<https://www.sfdph.org/dph/alerts/coronavirus.asp>

### **Alameda County:**

1000 Broadway, Suite 500  
Oakland, CA 94607  
510-267-8000

<http://www.acphd.org/2019-ncov.aspx>

<http://www.acphd.org/contact-acphd/contact-form.aspx>

### **Santa Clara County:**

<https://www.sccgov.org/sites/covid19/Pages/public-health-orders.aspx>

<https://www.sccgov.org/sites/scc/Pages/ContactSCCGOV.aspx>

## Cal/OSHA District Offices

### **San Francisco District Office**

Dennis McComb, District Manager  
455 Golden Gate Ave., Rm 9516  
San Francisco, CA 94102

*phone:*(415) 557-0100

*fax:*(415) 557-0123

*email:*[DOSHFSF@dir.ca.gov](mailto:DOSHFSF@dir.ca.gov)

### **Fremont District Office**

Kelly Tatum, District Manager  
39141 Civic Center Dr., Ste. 310  
Fremont, CA 94538

*phone:*(510) 794-2521

*fax:*(510) 794-3889

*email:*[DOSHfremont@dir.ca.gov](mailto:DOSHfremont@dir.ca.gov)

### **Foster City District Office**

Barbara Kim, District Manager  
1065 East Hillsdale Blvd., Ste. 110  
Foster City, CA 94404

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*fax:*(650) 573-3817

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### **Oakland District Office**

Wendy Hogle-Lui, District Manager  
1515 Clay Street, Ste. 1303  
Oakland, CA 94612

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