

**"We are not our best intentions.
We are what we do."**

~ Amy Dickinson

- **Report symptoms**
- **Wear a mask when ill**
- **Get vaccinated**



PHOTO: SAFETY MEETING AT SANGO COURT

COVID-19 PLAN

Version 11.0

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nibbi

1. INTRODUCTION

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. Surface contamination is also a minor source of spread but simple cleaning with soap and water is enough to reduce risk of infection.

WHAT ARE THE SYMPTOMS?

Most people experience symptoms 2-6 days after exposure. The most common symptoms are:

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

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

WHO IS MOST AT RISK?

- Age 65+
- Obesity (BMI > 40 kg/m²)
- 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

ACCOMMODATION

- Personnel in any high risk categories identified above, or pregnant, can request ADA accommodations from their employer.
- Nibbi employees are to make the above requests to the Human Resources Dept.



2. PREVENTION PROTOCOLS

SYMPTOMS AND CASE REPORTING

The Nibbi COVID Protocol for symptoms, close contacts, and positive diagnoses found on [page 6](#) must be followed.

1. If you have any cold/flu/COVID symptoms, you must stay home, report to your supervisor, and get tested immediately.
2. If you have close contact with a COVID positive individual during their infectious period (48 hours prior to symptoms or test date through Day 5 or a negative antigen test), you must report to your supervisor and follow the protocol outlined on [page 6](#).
3. If you test positive for COVID within 14 days of being at a Nibbi work location, you must immediately report to Nibbi.
4. Failure to follow any of the guidelines above is subject to disciplinary action.

FACE COVERINGS, RESPIRATORS

- Face coverings must be used when required by CDPH order.
- Face coverings and N95 respirators are to be provided to all individuals upon request. They must be properly worn, properly fitted, and kept clean and undamaged.
- Personnel 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. Provide employee with Cal/OSHA section 5144 Appendix D on [page 11](#); and training per QR Code.



**N95 MASK
TRAINING**

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).
- Air purifiers should be used indoors if they are necessary to reduce the risk of transmission.
- HEPA filters should be routinely cleaned and replaced when necessary.

TRAINING

- The COVID-19 Training Module must be completed by all Nibbi and subcontractor personnel.




**COVID-19
TRAINING**

3. EXPOSURE PROTOCOL

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

STEPS TO BE TAKEN FOR COVID CASE

1. Immediately remove the infected individual from the worksite.
2. Immediately notify the Nibbi Project Team and Safety Professional.
3. **COMPLETE THE RISK ASSESSMENT AND INVESTIGATION (pages 7-8)** 
4. Disinfect indoor areas occupied by the positive case in the prior 24 hours. Those performing disinfection must use a respirator and gloves.
5. Notify all Close Contacts to follow Nibbi COVID Protocol found on [page 6](#). Offer COVID-19 testing at no cost during normal working hours. Notify their representatives within 1 business day without revealing the infected individual's identity.
6. Complete and post "COVID-19 Exposure Notification" ([page 9](#)) at the Right to Know Board and/or break areas within one business day. Notification must be posted for at least 15 days.
7. Ensure all infected employees and close contacts follow COVID Protocols outlined on [page 6](#).

Notes/Definitions:

Level 1 Close Contact: Indoors within 6' for cumulative total of 15 minutes within 24 hours during exposure period; being coughed on; living with, hugging/kissing, or caring for COVID-19 case.

Level 2 Close Contact: Sharing indoor air space for cumulative total of 15 minutes within 24 hours during exposure period.

Infectious Period: 48 hours prior to start of symptoms or test date through end of isolation.

Exposed Group: All employees at work location where COVID case was present at any time during infectious period. Includes bathrooms, walkways, and break areas. Does not include just passing through without interacting; or areas where infected individual spent less than 15 minutes while masked.

STEPS TO BE TAKEN FOR OUTBREAK

An Outbreak is defined as 3 or more cases in the same work area (not necessarily at the same time) within a 14-day period.



1. Follow STEPS 1-6 under COVID CASE for each infected individual.
2. Identify and notify all individuals in the "Exposed Group".
3. Antigen test the Exposed Group immediately (within 24 hours) and every week thereafter until the Outbreak has passed (no more than one new case for 14 consecutive days). Require Exposed Group to use face masks for 10 days after last exposure.
4. Post the "COVID-19 Outbreak Notification" on [page 10](#) at the Right to Know board and break areas.

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.

PAPERWORK REQUIREMENTS

- Risk Assessment - email to covid19case@nibbi.com
- Investigation - email to covid19case@nibbi.com
- Exposure Notice - give to COVID case(s) and Close Contacts; post at Right to Know board and break areas.
- Notify representative, if any (Union), of COVID case(s) and Close Contacts
- Outbreaks - all of the above plus "COVID-19 Outbreak Notification"

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

4. RESOURCES

Find helpful resources, mandatory forms, and signage

SEE FOLLOWING PAGES FOR:

- A. Nibbi COVID Protocol ([page 6](#))
- B. Risk Assessment ([page 7](#))
- C. Positive Case Investigation Form ([page 8](#))
- D. COVID-19 Exposure Notification ([page 9](#))
- E. COVID-19 Outbreak Notification ([page 10](#))
- F. Cal/OSHA Section 5144 Appendix D for Voluntary Respirator Use ([page 11](#))

NIBBI COVID PROTOCOL

If you have SYMPTOMS, notify your supervisor AND:

- Stay home and antigen test.
 - If you're on Day 1 or 2 of symptoms and the antigen test is negative, then follow up with a PCR test. If the PCR test is negative, return to work.
 - If you're on Day 3 or 4 of symptoms and the antigen test is negative, then return to work and retest on Day 5.
- Send all test results to covid19case@nibbi.com **before returning to work.**
- Wear a face mask for 10 days.

If you are EXPOSED to COVID – 6' CLOSE CONTACT, notify your supervisor AND:

- Do not quarantine.
- Antigen test on Day 5* if you don't develop symptoms; and send test results to covid19case@nibbi.com
- If you develop symptoms, then stay home, PCR test immediately, and send test results to covid19case@nibbi.com **before returning to work.**
- Wear an N95 or surgical face mask for a total of 10* days.

If you are EXPOSED to COVID – SHARED AIR SPACE BEYOND 6', notify your supervisor AND:

- Do not quarantine.
- Get **antigen** tested on **Day 5***
- Wear a face mask for 10 days*.

If you test positive for COVID, notify your supervisor AND:

- Isolate for 5 days.
- Get **antigen** tested on/after **Day 5*** until you achieve a negative test result **before** returning to work.
- Send test results to covid19case@nibbi.com

**Day 0 is the first day of symptoms or test, whichever comes first; or the last day of exposure.*
If you have any questions, call your site safety professional.

Feb 2023

RISK ASSESSMENT: SUSPECTED & CONFIRMED COVID-19 CASES

Worksite/Location: _____ Worksite Address: _____

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

Company & Address: _____ Date: _____

Person Completing Form: _____ Role: _____

Subcontractor Point of Contact: _____ Role: _____

Phone Number: _____ Email: _____

nibbi cases only: Highest number of **nibbi** Employees on any one day within 45 days prior to test date: _____

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 are the **SIX-FOOT Close Contacts** for this individual? This means being **indoors** within 6 feet for a cumulative total of 15 minutes within 24 hours during the exposure period (to start 48 hours prior to symptom onset); coughed on; living with, hugging/kissing, or taking care of a COVID-19 case.

a. _____ c. _____
b. _____ d. _____

7. Who are the **INDOOR AIR SPACE Close Contacts** for this individual? This means sharing the same indoor air space (not separated by floor-to-ceiling walls) for a cumulative total of 15 minutes within 24 hours during the exposure period (to start 48 hours prior to symptom onset) of a COVID-19 case.

a. _____ b. _____
c. _____ d. _____
e. _____ f. _____
g. _____ h. _____

8. In what areas was the individual working for periods of at least 15 minutes? 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. _____ c. _____
b. _____ d. _____

9. All Nibbi worksites visited within 14 days of symptoms/test date: _____

COVID-19 CASE INVESTIGATION

This report and related documentation is confidential. It is to be shared only with authorized personnel.
Submit Investigation Report within 24 hours of completion to incident-legal@nibbi.com.

Worksite/Location: _____ Date: _____

Infected Individual Name: _____ Company: _____

Person Completing Form: _____ Role: _____

Nibbi Superintendent: _____ Nibbi PM: _____

Nibbi Safety: _____ Nibbi Foreman: _____

Infected Individual's Direct Supervisor and Role: _____

High Exposure Work Period: _____
(From 48 hours prior to symptoms onset or test administration date if asymptomatic)

Evaluation of Workplace and Tasks During High Exposure Period	YES	NO	N/A
Were N95 respirators available for use upon request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the worker voluntarily using an N95 respirator during the worker's tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the worker's tasks require the use of a respirator to protect against a non-COVID hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, was the worker fit tested properly? Attach training records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the work area well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how could the ventilation be improved? Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face coverings required to be worn per regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, were face coverings consistently worn properly by all personnel in the High Exposure Area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were other precautions in place to protect against COVID-19 exposures? Check all that apply: <input type="checkbox"/> 6' physical distancing <input type="checkbox"/> Handwashing stations <input type="checkbox"/> Restricted access to work areas <input type="checkbox"/> Staggered starts/breaks <input type="checkbox"/> Separate break areas <input type="checkbox"/> Symptoms reporting or health surveys <input type="checkbox"/> Other, please specify: _____			
Was the illness promptly reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, specify: _____			

EXPOSURE INFORMATION. Check all that apply in the 14 days prior to illness onset:

<input type="checkbox"/> Airport/Airplane	<input type="checkbox"/> Restaurant / Coffee House
<input type="checkbox"/> International Travel	<input type="checkbox"/> Movie Theater
<input type="checkbox"/> Cruise Ship/Train	<input type="checkbox"/> Shopping Mall
<input type="checkbox"/> Adult living facility (nursing, assisted living,...)	<input type="checkbox"/> Holiday/Family Gathering
<input type="checkbox"/> School/university/childcare center	<input type="checkbox"/> Exhibit/Museum/Zoo
<input type="checkbox"/> Correctional facility	<input type="checkbox"/> Church/Temple/Religious Service/Gathering
<input type="checkbox"/> Community event/large gathering	<input type="checkbox"/> Public Transportation
<input type="checkbox"/> Contact with suspected/confirmed COVID case (identify): _____	<input type="checkbox"/> Other exposure: _____
	<input type="checkbox"/> Other exposure: _____



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

DATE: _____

RE: COVID-19 EXPOSURE NOTIFICATION

An individual who has tested positive for COVID-19 was at this worksite within 48 hours prior to symptom onset or test date. Close Contacts have been notified and disinfection has been completed as required.

Case Summary

Jobsite: _____

Employer: _____

Date of Symptom Onset/Test: _____

Date Employee was Last on Jobsite: _____

Exposed Area(s): _____

COVID POSITIVE OR CLOSE CONTACT

If you have been identified as one of the following, you must follow the protocol as outlined below:

- **COVID Positive**
 - Quarantine for 5 days
 - Get **antigen** tested on/after **Day 5*** until you achieve a negative test result **before** returning to work.
 - Send test results to covid19case@nibbi.com
- **Close Contact Level 1** (within 6' indoors for total of 15 minutes in 24-hour period)
 - Do not quarantine
 - Get antigen tested on Day 5* if you don't develop symptoms; and send test results to covid19case@nibbi.com
 - If you develop symptoms, then stay home, get PCR tested immediately, and send test results to covid19case@nibbi.com **before returning to work**.
 - Wear an N95 or surgical face mask for 10* days.
- **Close Contact Level 2** (shared indoor air space for total of 15 minutes in 24-hour period)
 - Do not quarantine.
 - Get **antigen** tested on **Day 5***
 - Wear a face mask for 10 days*.
- **Day 0 is the first day of symptoms or test, whichever comes first; or the last day of exposure.*

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

If you have not been notified as COVID Positive or a Close Contact, you are not considered at risk for infection but 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 exposure may be eligible for applicable federal, state and local benefits such as Workers' Compensation (for workplace exposures), California State Disability, FMLA and CFRA; and are advised to contact their Human Resources Dept for assistance, if needed. For Nibbi employees, please call 415-863-1820.

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

Please contact your supervisor or site safety professional if you have any questions.

NIBBI BROTHERS GENERAL CONTRACTORS

State Contractors License No. 757362 | An Equal Opportunity Employer



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

TO: EMPLOYERS IN EXPOSED GROUP

Date:

RE: COVID-19 OUTBREAK NOTIFICATION

To Whom It May Concern:

Nibbi has been notified of at least three positive COVID-19 cases in the same work location. Per Nibbi policy, all Close Contacts have been notified and disinfection has been completed as required.

If your company has not been notified of any Close Contacts, it is because none of your personnel were identified as a Close Contact. Privacy laws prevent the release of the identity of the infected individual.

Per Cal/OSHA requirements and Nibbi policy, all employees in the “exposed group” (see definition below) must:

- Test immediately (but not longer than 24 hours) before being allowed to continue to work on any Nibbi projects.
- Test weekly thereafter until the Outbreak has passed (1 or 0 cases in 14-day period).
- Wear a face mask for 10 days from last exposure.

*The “exposed group” is defined as all employees present at a work location at the same time as a contagious COVID-19 case including bathrooms, walkways, hallways, aisles, break/eating areas, and waiting areas. However, it does not include areas where 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 who had fully recovered from COVID-19 up to 30 days prior to exposure. Documentation required to qualify for this exception.*

Cal/OSHA also requires employers to give notice to the (union) representatives of the exposed group, if any.

DETAILS PERTAINING TO THIS OUTBREAK ARE AS FOLLOWS:

Affected Areas: _____

Date(s) Infected Individuals were in the Affected Areas: _____

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

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 107. Dusts, Fumes, Mists, Vapors and Gases
§5144. Respiratory Protection.

Appendix D to Section 5144: (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. R label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

NOTE

Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

HISTORY

1. New appendix D to section 5144 filed 8-25-98; operative 11-23-98 (Register 98, No. 35).



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