

SURVEILLANCE TESTING AND CONTACT TRACING PLAN AGREEMENT

New Mexico Department of Health/New Mexico Environment Department

The purpose of this Agreement is to establish the mandatory surveillance testing and contact tracing guidelines to be followed by the signatory employer or other entity (Employer) below to allow for exemption from Rapid Response Closure under the current Public Health Order. Following the execution of this agreement and the submission to the New Mexico Department of Health (DOH) and the New Mexico Environment Department (NMED) of a facility-specific surveillance testing and contact tracing plan (collectively referred to hereafter as "Plan"), a rapid response resulting from surveillance testing will not count towards advancement on the Rapid Response COVID-19 closure under the current public health order (PHO). At a minimum, the Plan must address the following criteria:

1. Surveillance Testing Requirements

- a. All employees who are not currently required to self-quarantine or self-isolate shall be tested every two weeks within two consecutive days. The recurring testing schedule may be established in a manner that provides overlap to ensure continuity of operations. As an example, an employer may divide employees into two equal groups: Group A and Group B. Employees in Group A are tested over two consecutive days during the first week. Employees in Group B are tested over two consecutive days during the second week.
 - i. Employees who undergo testing should receive clear and appropriate information on the purpose of the test, type of test, reliability of the test, who will pay for the test, and how the test will be performed.
 - ii. Employees should also be provided with clear information on interpreting their results, actions to be taken depending on the test result, who will receive results, how the results will be used, and any consequences for refusing to be tested.
- b. Testing shall be conducted by a private provider at the Employer's expense. Employers with 50 or less employees can schedule testing at any DOH or DOH partner location.
- c. The Employer shall ensure that the COVID-19 test obtained or provided to its employees is a DOH-approved COVID-19 test.
- d. Employees testing positive must self-isolate and not return to work until they are no longer considered contagious as described in [DOH's Policies for the Prevention and Control of COVID-19 in New Mexico](#).
- e. Employers must ensure continuity of operations based on employee COVID-19 test results and cannot knowingly allow COVID-19 positives employees in the workplace.
- f. The employer's surveillance strategy must be implemented in a manner that abides by all applicable laws protecting employee privacy and confidentiality.

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2. Contact Tracing Requirements

- a. The employer shall establish a COVID-19 coordinator or team who will be responsible for supporting DOH contact tracing efforts within the workplace. The coordinator and/or team shall provide DOH with contact tracing data and information according to the state's protocols.
- b. Upon confirming a COVID-19 case, the employer shall notify NMED's Occupational Health and Safety (OSHA) program within four (4) hours via the following online form: <https://nmgov.force.com/rapidresponse/s/>
- c. The employer shall immediately isolate potentially contaminated work areas where an infected employee was in the workplace in the preceding 5 days until cleaning and disinfection is completed in accordance with current Centers for Disease Control and Prevention (CDC) [guidance](#).
- d. The employer shall immediately implement contact tracing protocols, for any COVID-positive employee consistent with CDC [guidance](#) and the State of New Mexico guidelines:
 - i. Close contacts are assessed from 48 hours prior to the date of onset of symptoms or 48 hours prior to test collection date for asymptomatic cases, including work, household, and social close contacts.
 - ii. A close contact is defined as: staying in the same close environment within 6 feet (2 meters) of a confirmed COVID-19 case for 3 minutes or more or anyone who had contact with the employee's body fluids and/or secretions such as were coughed on/sneezed on, shared utensils or saliva while the case was ill (beginning 2 days prior to illness onset and continuing until resolution of illness).
- e. The employer shall ensure that all close contacts of a positive employee are quarantined in accordance with [DOH's Policies for the Prevention and Control of COVID-19 in New Mexico](#).

3. Additional Terms and Conditions

- a. An Employer with multiple and independent locations who agree to the terms of this Agreement must include each location in the Plan and immediately notify DOH and NMED when a given company location is no longer participating in the program.

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- b. The Employer shall ensure that the Plan created pursuant to this Agreement is posted in a conspicuous location for the duration of the period it remains in effect in a common area for all employees to inspect.
- c. All of Employer's employees shall be trained on the Plan. Employer must keep documentation on record showing employees received the training.
- d. The Employer agrees to comply with the Public Health Orders, COVID Safe Practices, and Privacy Laws, etc., prescribed by DOH and/or NMED.
- e. Employer agrees to keep records on site covered by their plan and provide them to agents of the state upon request.
- f. Enforceability. Failure to comply with any provision herein shall result in termination of this agreement. Employer shall be prohibited from re-enrolling in the plan/agreement and the state will refuse to approve a future plan.
- g. Plans shall be submitted to both: NMENV-OSHA@state.nm.us and NMDOH-COVID-PLAN@state.nm.us.
- h. Only those businesses and entities defined as "essential businesses" in the operative Public Health Order may participate in this program.
- i. This Agreement shall remain effective for the duration of the Emergency Declaration governing this Public Health Emergency or until Employer's participation in this program ceases voluntarily or by breach of the Agreement.

4. Employer Certification

As the responsible official signing this document, I certify under penalty of law that this agreement and the associated Plan were prepared under my directions or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for the gathering of the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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5. Signatures

This Agreement shall become effective upon the last date of execution by DOH or NMED.

EMPLOYER:

Employer Bob's Thriftway

By Bradley M. Jameson

Name BRADLEY M. JAMESON

Title VP / OWNER

Date 12-9-2020

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New Mexico Department of Health/New Mexico Environment Department

NEW MEXICO DEPARTMENT OF HEALTH

By *Paula J. Hawley*

Name Paula J. Hawley

Title Deputy Secretary

Date 12/11/2020

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New Mexico Department of Health/New Mexico Environment Department

NEW MEXICO ENVIRONMENT DEPARTMENT

By Sandra Digitally signed
Name Ely by Sandra Ely
Date: 2020.12.11
Title _____ 08:39:39 -07'00'

Date _____

**BOB'S THRIFTWAY
COVID-19
SURVEILLANCE TESTING & CONTACT TRACING PLAN**

The following outlines the proposed guidelines set forth by Bob's Thriftway of Lovington, New Mexico for compliance with the New Mexico Department of Health/ New Mexico Environment Department Surveillance Testing and Contact Tracing Plan Agreement.

1. SURVEILLANCE TESTING REQUIREMENTS

- a. All employees who are not currently required to self-quarantine or self-isolate will be tested every two weeks within two consecutive days. All employees of Bob's Thriftway will be divided into two equal groups: Group A and Group B. Employees in Group A will be tested over two consecutive days, (Monday and Tuesday), during the first week. Employees in Group B will be tested over two consecutive days, (Monday and Tuesday), during the second week. Groups A and B will repeat this testing schedule every two weeks for the duration of this plan.
 - i. Employees who undergo testing will receive verbal explanation as well as a hardcopy of information on the purpose of the test, type of test, reliability of the test, who will pay for the test, and how the test will be performed. <SEE ATTACHMENT: EMPLOYEE TEST INFORMATION SHEET>
 - ii. Employees will also receive verbal explanation as well as a hardcopy of information on interpreting their results, actions to be taken depending on the test result, who will receive results, how the results will be used, and any consequences for refusing to be tested. <SEE ATTACHMENT: EMPLOYEE TEST INFORMATION SHEET>
- b. Testing shall be conducted by NOR-LEA GENERAL HOSPITAL at the expense of Bob's Thriftway, and at a location to be provided by NOR-LEA GENERAL HOSPITAL.
- c. COVID-19 testing provided to Bob's Thriftway employees by NOR-LEA GENERAL HOSPITAL is DOH-approved.
- d. Employees of Bob's Thriftway who test positive must self-isolate and not return to work until they are no longer considered contagious by meeting the following criteria:
 - i. Having waited for a period of at least 10 days from the date of their positive COVID-19 test;
 - ii. Not having run fever without the use of fever reducing medication, for at least 24 hours; and

- iii. Having improved symptoms.
- e. Employees who test positive for COVID-19 are not allowed in the workplace until they are no longer considered contagious.
- f. Employees who test positive for COVID-19 will not be required to retest for a period of 90 days.
- g. The Bob's Thriftway COVID-19 Surveillance Testing and Contact Tracing Plan will be implemented in a manner that abides by all applicable laws protecting employee privacy and confidentiality. Employees will sign appropriate release forms for maintaining this proper implementation.

2. CONTACT TRACING REQUIREMENTS

- a. Bob's Thriftway COVID-19 Coordinator:
Rana Jameson
rana@bobsthiftway.com

Bob's Thriftway COVID-19 Team:
Bradley Jameson
Lupe Valencia
- b. Upon confirming a COVID-19 case, Bob's Thriftway shall notify NMED's Occupational Health and Safety (OSHA) program within four (4) hours via the following online form: <https://nmgov.force.com/rapidresponse/s/>
- c. Bob's Thriftway shall immediately isolate potentially contaminated work areas where an infected employee was in the workplace in the proceeding 5 days until cleaning and disinfection is completed in accordance with current CDC guidance.
- d. Bob's Thriftway will immediately implement contact tracing protocols for any COVID-positive employee consistent with CDC guidance and the State of New Mexico guidelines.
 - i. Close contacts will be assessed from 48 hours prior to the date of onset of symptoms or 48 hours prior to test collection date for asymptomatic cases.
 - ii. A close contact is defined as: staying in the same close environment within 6 feet (2 meters) of a confirmed COVID-19 case for 3 minutes or more or anyone who had contact with the employee's body fluids and/or secretions while the case was ill (beginning 2 days prior to illness onset and continuing until resolution of illness).

- iii. Close contacts must quarantine and not return to work for a period of 14 days after the last contact with the person who tested positive.
- e. Bob's Thriftway will ensure that all close contacts of a positive employee are notified of such close contact and advised to quarantine in accordance with the DOH's Policies for the Prevention and Control of COVID-19 in New Mexico.

3. ADDITIONAL TERMS AND CONDITIONS

- a. The Bob's Thriftway COVID-19 Surveillance Testing and Contact Tracing Plan will be posted in the Employee breakroom.
- b. All Bob's Thriftway employees shall be given verbal training as well as a hardcopy of the Bob's Thriftway COVID-19 Surveillance Testing and Contact Tracing Plan. Employees will acknowledge such training by signing a release form, which is kept on file with the COVID-19 Coordinator.
- c. Bob's Thriftway agrees to comply with the Public Health Orders, COVID Safe Practices, and Privacy Laws, etc., prescribed by DOH and/or NMED.
- d. Bob's Thriftway agrees to keep records on site covered by the plan and provide them to agents of the state upon request.
- e. This plan will remain in effect until further notice.

**BOB'S THRIFTWAY
COVID-19
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EMPLOYEE ACKNOWLEDGEMENT

I have received verbal training and a hard copy of the:

**BOB'S THRIFTWAY COVID-19
SURVEILLANCE TESTING & CONTACT TRACING PLAN.**

I acknowledge that refusal to comply with the guidelines set forth in this plan, including taking the required COVID-19 tests, will result in the immediate termination of my employment from Bob's Thriftway.

Signature of Employee

Printed Name of Employee

Signature of Manager

Date

If I am under the age of 18, my parent or guardian must read and agree to the terms of the Bob's Thriftway COVID-19 Surveillance Testing & Contact Tracing Plan as it pertains to the minor employee, and must indicate their agreement by providing their signature below:

Signature of Parent/ Guardian

Printed Name of Parent/ Guardian

**BOB'S THRIFTWAY
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EMPLOYEE TEST INFORMATION SHEET

1. All employees of Bob's Thriftway will undergo testing for COVID-19 every 2 weeks. Employees will be divided into two equal groups, (Groups A and B), and will each have a period of two-days every two weeks in which to be tested.
 - a. GROUP A Employees will test on Monday or Tuesday, from noon - 2 pm, of Week One.
 - b. GROUP B Employees will test on Monday or Tuesday, from noon – 2 pm, of Week Two.
 - c. GROUPS A and B will continue to repeat this testing schedule for the duration of this plan.
2. The purpose of the test is to determine if you are positive for COVID-19, and it will be collected via nasal swab.
3. Each test will be administered by NOR-LEA General Hospital and paid for by Bob's Thriftway.
4. The test will be performed at the following location: 213 S. Love Street (The old Lovington Fire Station.)
5. Test results will be shared with the COVID-19 Coordinator/ Team at Bob's Thriftway. Your test results will also be available to you through the MyChart App provided by NOR-LEA General Hospital.
6. If an employee tests POSITIVE, he/she must self-isolate and not return to work until they are no longer considered contagious by meeting the following criteria:
 - i. Having waited for a period of at least 10 days from the date of their positive COVID-19 test;
 - ii. Not having run fever without the use of fever reducing medication, for at least 24 hours; and
 - iii. Having improved symptoms.
7. Employees who test positive for COVID-19 will not be required to retest for a period of 90 days.

8. If an employee is determined to be in close contact with someone who tests positive, he/she must quarantine and not return to work for a period of 14 days after the last contact with the person who tested positive.
9. Any refusal or failure to undergo COVID-19 testing in compliance with this plan will result in immediate termination of employment.

**BOB'S THRIFTWAY
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GENERAL EMPLOYEE GUIDELINES

- **ALL EMPLOYEES:**
 - Wash your hands and/or use hand sanitizer often.
 - Avoid touching your eyes, nose and mouth.
 - Wear a mask at all times.
 - Maintain a distance of at least 6 feet, or two-arms length, from any other individual.
 - If you are feeling ill, **STAY HOME** and call the manager. **DO NOT** come to work.
 - Breaks are limited to **ONE** employee at a time.

- **CHECKERS:**
 - Stay **ONLY** at your assigned register. Do not leave your lane.
 - You are not allowed to be in any other area of the store.

- **SACKERS:**
 - Stay **ONLY** at your assigned register **OR** your assigned aisle.
 - You are not allowed to be in any other area of the store.

- **YOU WILL BE REQUIRED TO TEST FOR COVID-19 EVERY 2 WEEKS.**
 - **If you test positive**, you must self-isolate and not return to work until you are no longer considered contagious by meeting the following criteria:
 - i. Having waited for a period of at least 10 days from the date of your positive COVID-19 test;
 - ii. Not having run fever without the use of fever reducing medication for at least 24 hours; and
 - iii. Having improved symptoms.
 - **If you are determined to be in close contact with someone who tests positive**, you will be required to quarantine and not return to work for a period of 14 days after the last contact with the person who tested positive.
 - **For more information regarding testing, refer to the Employee Test Information Sheet.**

- **FAILURE TO COMPLY WITH ALL EMPLOYEE GUIDELINES WILL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.**