

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.

SURVEILLANCE TESTING AND CONTACT TRACING PLAN AGREEMENT

New Mexico Department of Health/New Mexico Environment Department

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.

SURVEILLANCE TESTING AND CONTACT TRACING PLAN AGREEMENT

New Mexico Department of Health/New Mexico Environment Department

- 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.
- a. The Employer agrees to comply with the Public Health Orders, COVID Safe Practices, and Privacy Laws, etc., prescribed by DOH and/or NMED.
- b. Employer agrees to keep records on site covered by their plan and provide them to agents of the state upon request.
- c. 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.
- d. Plans shall be submitted to both: NMENV-OSHA@state.nm.us and NMDOH-COVID-PLAN@state.nm.us.
- e. Only those businesses and entities defined as "essential businesses" in the operative Public Health Order may participate in this program.

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.

SURVEILLANCE TESTING AND CONTACT TRACING PLAN AGREEMENT

New Mexico Department of Health/New Mexico Environment Department

5. Signatures

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

EMPLOYER:

Employer Peppers Supermarket

By  _____

Name MARK SCHULTZE

Title PRES/G.M.

Date 12/2/20

SURVEILLANCE TESTING AND CONTACT TRACING PLAN AGREEMENT

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 12/03/2020

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New Mexico Department of Health/New Mexico Environment Department

NEW MEXICO ENVIRONMENT DEPARTMENT

By _____

Name _____

Title _____

Date _____

Peppers Supermarket
Covid 19 Safe Practices and Guidelines

In accordance with the state of New Mexico Department of Health and the New Mexico Environment Department, Peppers has agreed to for surveillance testing and contact tracing to help the state and Peppers maintain a safe work environment, a safe shopping environment for our customers, and helping our community stay safe.

Our plan includes the following:

- 1 Log in sheet to be filled out by EVERY staff member.**
- 2 Maintain safe work practices.**
- 3 2 week testing of EVERY staff member.**
- 4 Maintain disenfecting and sanitizing schedule and log.**
- 5 Please follow reporting procedures**

All of this is detailed in the sheets following.

Clock In Procedures

- 1 EVERY STAFF MEMBER must fill in Covid 19 Symptom Questionaire on a daily basis
 - A. Questionaire is locate in yellow file folder by the time clock.
 - B. If the Staff Member has answered yes to any of the questions, that person then needs to report to their Supervisor about their circumstance. The Supervisor will provide the Staff Member the guidelines according to the Department of Health from the state of New Mexico and that Staff Member then must follow those guidelines
 - C. Any time off will be paid according to the Families First Coronavirus Response Act. There is a request form that is to be filled out by the Supervisor and Staff Member. Copy will be given to Staff Member.
 - D. Staff Member supervisor will then give to Store Director or General Manager and recorded in Log Sheet and filed.

~~ABC~~, ~~DEF~~

Daily Log in for Employees

Employee Name:

Date:

Time:

Do you have any of the following symptoms:

fever	yes	no
headache	yes	no
body aches	yes	no
cough	yes	no
any other symptoms:	yes	no

If you answered any as yes, on what date did you first have symptoms?

Date: _____

Please report any yes response to your supervisor immediately.

Have you had close contact with any person that has tested positive for Covid?

yes no

If yes, on what date did you have close contact?

Date: _____

Please report any yes response to your supervisor immediately.

Signature: _____

Temperature: _____

Safe Practices

- 1 A mask is required to be worn at ALL times including break times unless eating/drinking.
- 2 Maintain social distancing (the best we can) of staying 6 foot apart from staff, customers and vendors.
- 3 Eliminate gatherings at breaks. Only ONE person per table and maintain 6 feet distancing.
- 4 Clean your hands often throughout the day.
- 5 Clean and disenfect your work areas throughout the day.

2 week Testing

All staff members must sign up and complete mandatory testing as set up by Dr. Cruz tentatively scheduled 8am to Noon on the following dates:

Tuesday December 8th
Tuesday December 22nd
Tuesday January 5th
Tuesday January 19th

Please note dates may be subject to change.

Consent/Waiver Form

I, _____ agree to get tested for Covid 19 and help making Peppers a safer work environment and agree to take the tests on the dates below (please note dates may change).

I, _____ do not want to participate on the Covid 19 testing required for a helping make Peppers a safer work environment and choose to take an unpaid leave of absence until required testing ends.

I, _____ do not want to participate on the Covid 19 testing required for helping make Peppers a safer work environment and have chosen to quit my position at Peppers.

Signature _____

Date _____

Testing

Please report to staff at Dr. Cruz office at Value Medical Care located behind Peppers. Enter on North side of building where it says "Testing". Time for initial test is Tuesday, December 8th from 8am to Noon.

Testing Positive

If you get test results back, please notify General Manager (Mark Schultze) and your Supervisor immediately and then follow protocol as stated on the following pages.

Also please let know who you had close contact with (6foot or closer for 3 minutes or more) at the store according to the protocol as stated on the following pages.

There is an FFCRA Leave Request Form that is also to be filled out.

SECTION III

WHEN DOES SOMEONE RECOVER FROM COVID-19 AND STOP SELF-ISOLATION?

Because some people with COVID-19 experience symptoms and some do not, there are different ways for determining whether someone has recovered from COVID-19 and is no longer contagious.

The ***symptom-based method*** should be used when someone had COVID-19 symptoms, even if those symptoms develop after the person tests positive for COVID-19.

The ***time-based method*** should be used when someone never developed symptoms.

Ending Self-Isolation if You Had COVID-19 Symptoms

If you had symptoms but did not have severe illness or severe immunosuppression, you may end your self-isolation after:

- At least 1 day (24 hours) has passed without a fever (and without the use of fever-reducing medications) **and** your symptoms have improved; **AND**,
- At least 10 days have passed *since symptoms first appeared*.
- If you had severe COVID-19 illness – you were hospitalized in an intensive care unit with or without mechanical ventilation (“severe illness”) – or have severe immunosuppression³ you may end your self-isolation after:
- At least 1 day (24 hours) has passed without a fever (and without the use of fever-reducing medications) **and** your symptoms have improved; **AND**,

³ Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.

- At least 20 days have passed *since symptoms first appeared*.

Ending Self-Isolation if You Never Had Any COVID-19 Symptoms

If you tested positive for COVID-19 and ***never developed*** any symptoms, you can end your self-isolation **10 days after the date your test specimen was collected that resulted in your positive test**.

If you have a severe immunocompromising³ condition without symptoms, you should wait at **least 20 days after the date your test specimen was collected that resulted in your positive test before ending your self-isolation**.

Quarantine: Close Contact with a Confirmed COVID-19 Case in an Essential Business Setting

If a person has close contact with a confirmed COVID-19 case(s) during their infectious period in a workplace that is considered an essential business, as defined by the NMDOH public health order, the preference and best practice is to quarantine for 14 days from the last exposure to the case. A negative test result does not end the quarantine period.

If an essential business will be forced to cease operations due to the quarantine of close contacts, then close contacts of a case at an essential business may be allowed to return to work as long as they test negative following the exposure and are pre-screened for fever and symptoms daily, regularly monitored, wear a face mask, and maintain at least 6 feet distance from others while in the workplace. Such workers should maintain full quarantine outside of work during the quarantine period. Exemption from home quarantine must be approved by NMDOH or other state regulatory authority.

FFCRA LEAVE REQUEST FORM

The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

Paid Leave Entitlements

Generally, employers covered under the FFCRA must provide employees up to two weeks (80 hours or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1 through #3 below, up to \$511 daily and \$5,110 total;
- 2/3 for qualifying reasons #4 and #6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

Requestor Information:

Employee Name: _____ Employee ID: _____

Cell Phone #: _____ Email Address: _____

Supervisor Name: _____ Department: _____

Date of leave to begin: _____ Date of leave expected to end: _____

Average number of hours you normally work within a two-week period: _____

An employee is entitled to take paid sick leave specified under the FFCRA if the employee is unable to work, including telework (work remotely), because the employee:

- 1. Is subject to a Federal, State, or local quarantine or isolation order related to the COVID-19;**
 - Please provide the name of the agency that issued the order: _____
- 2. Has been advised by a health care provider to self-quarantine related to COVID-19;**
 - Please provide the name of the health care who advised you of this action: _____
- 3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;**
 - Note: If your reason for leave is due to your own serious health condition related to COVID-19 or to care for your spouse, son, daughter, or parent with a serious health condition related to COVID-19, then the normal FMLA certification requirements still apply and regular FMLA forms will be used.
- 4. Is caring for an individual subject to an order described in #1 or self-quarantine described in #2;**
 - Please provide agency name or health care provider that issued the order to the person that you are providing care for: _____
- 5. Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or**
 - Please provide name of child and name of school or childcare provider which is now closed or become unavailable: _____
 - Do you represent that no suitable person will be caring for the son or daughter during the period for which you are taking paid sick leave and/or expanded family medical leave? Yes or No
- 6. Is experiencing any other substantially similar condition specified by the US Department of Health and Human Services.**

Please specify which reason above is most closely related to your need to request FFCRA Leave: _____

I certify that the above information is true and correct to the best of my knowledge. I also certify that I am unable to work or telework because of one of the reasons above.

Employee signature: _____ Date: _____

(Original form is maintained by the HR Office. Copies only allowed for Employee and Supervisor.)

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at $\frac{2}{3}$ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

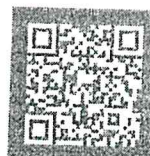
▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



WH1422 REV 03/20