

CITY OF TORRANCE INTEROFFICE COMMUNICATION

Date: December 29, 2020

TO: All City of Torrance Employees

FROM: Aram Chaparyan, City Manager

SUBJECT: Administrative Order to All Employees to Self-Screen and Self-Certify Prior To Reporting to any Torrance Worksite or Facility

On December 21, 2020, in my capacity as the City Manager, I issued an Administrative Order directing all City of Torrance Employees to perform a self-screen each time prior to reporting to any Torrance worksite or facility. A number of questions were raised, and this memo clarifies the purpose of the Administrative Order. The updated language is highlighted in red text. If you have already submitted your acknowledgement with the previous memo, you do not need to submit a new acknowledgement, unless you choose. This update only clarifies language.

California OSHA's COVID-19 Prevention Program went into effect November 30, 2020, which includes a provision that employers screen employees or require that employees self-screen for COVID-19 symptoms.

This Administrative Order provides that City of Torrance employees will **self-screen** for COVID-19 symptoms prior to reporting to any Torrance worksite or facility, and **self-certify** they are free of COVID-19 symptoms, that they have not had close contact with anyone confirmed to have COVID-19 in the last 48 hours at home or in the community, and that they have not been diagnosed or tested positive for COVID-19 within the past 10 days before reporting to the workplace **each day**. This Administrative Order takes effect January 1, 2021 and remains in effect until further notice.

How to Self-Screen

City employees must consider the following questions each day they work onsite to determine whether the answer to each question is "yes" or "no."

1. Do you currently have or have you in the past 24 hours had any one of the following symptoms which is new or was not determined by a health care professional as being caused by a known condition other than COVID-19?
 - a. Fever at or above 100.4 degrees Fahrenheit or higher, or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. New loss of taste or smell
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea

2. Have you had close contact with anyone in the last 48 hours at home or in the community who has been confirmed to have COVID-19? Close contact is defined to be:
 - a. Within 6 feet of the infected person for a total of 15 minutes or more over a 24-hour period,
 - b. Unprotected contact with the infected person's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils or saliva, or providing care without wearing appropriate protective equipment.
3. Within the past 10 days, have you been diagnosed or tested positive for COVID-19?

If the answer to ALL three questions is "no," and the employee is not subject to further screening, then the employee may work onsite.

If the answer to ANY of the three questions is "yes," then the employee should notify their supervisor and should not enter the worksite until they have complied with the City's return-to-work protocol, including compliance with applicable LA County Health Officer's Orders related to quarantine and isolation. If a supervisor is not available, please speak to a Division Manager or Department Head.

If you do have any one of the symptoms identified in question #1, and a licensed health care professional has determined that the symptom was caused by a known condition other than COVID-19, please provide your supervisor with the licensed health care professional's note for review. With confirmation that your symptom is not related to COVID-19, you will be permitted to work onsite. Departments only need to verify that a health care professional has determined the symptom is not related to COVID-19; Departments do not need to keep a copy of the health care professional's note.

In addition to this self-screening and self-certification requirement, some workgroups and positions with particular exposure risk may be subject to onsite temperature screening and further screening.

How to Self-Certify

Attached to this Administrative Order is an acknowledgement form. You may not report to a Torrance worksite or facility until you have completed the acknowledgement form. Departments are responsible for maintaining this acknowledgement form for all Department employees, including those who are currently working from home or are on leave. Departments will maintain the original signed acknowledgement form, provide a copy of the signed form to the employee, and forward a second copy of the signed form to City Manager's Office.

Once you have signed your acknowledgement form, each day you report to any Torrance worksite or facility, you are self-certifying that you have completed the self-screen and are approved to work onsite.

Please stay safe,



Aram Chaparyan
City Manager

Attachment: Acknowledgement of Self-Screen and Self-Certify Administrative Order



CITY OF TORRANCE CITY MANAGER'S OFFICE

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF ADMINISTRATIVE ORDER TO SELF-SCREEN AND SELF-CERTIFY DAILY PRIOR TO REPORTING TO ANY TORRANCE WORKSITE OR FACILITY

INITIALS	ACKNOWLEDGEMENT
	I have received the Administrative Order, dated December 21, 2020 , for all employees to self-screen and self-certify daily prior to reporting to any Torrance worksite or facility.
	I understand that if I have symptoms of COVID-19, or have had symptoms in the past 24 hours, that are new or have not been determined by a health care professional as being caused by a known condition other than COVID-19, I may not report to any Torrance worksite or facility.
	I understand that if I have had close contact with anyone in the last 48 hours at home or in the community who has been confirmed to have COVID-19, I may not report to any Torrance worksite or facility. Per LA County Department of Public Health, with their supervisor's approval, First Responders may report to work following a close contact with someone confirmed to have COVID-19.
	I understand that if I have been diagnosed or tested positive for COVID-19 within the past 10 days, I may not report to any Torrance worksite or facility.
	I understand that each time I report to any Torrance worksite or facility, I am self-certifying that I have completed a self-screen for my own symptoms of COVID-19, and self-screen for close contact I may have had with a person confirmed to have COVID-19.

Print Name: _____

Date: _____

Signature: _____

Employee ID #: _____

Routing: Original to Department File
 Copy to Employee
 Copy to City Manager's Office