

X.X *Infectious Diseases Preparedness/Response Policy*

INFECTIOUS DISEASES PREPAREDNESS/RESPONSE POLICY

Adopted: xx/xx/2020

PURPOSE

The purpose of this policy is to provide guidance to Oceana County employees on how to prepare and act if an outbreak of an infectious disease, such as COVID-19, is deemed by public health officials to be present, or suspected to be present, in a county facility. For example, COVID-19 has caused a significant public health threat with the incidence in humans increasing.

The overarching goal of this policy is to aid in the protection of our employees, families, and community at large from infectious diseases by maintaining a consistently healthy work environment that also aligns with the county's Safe, Healthy, and Productive Work Environment Policy adopted by the Board of Commissioners on July 25, 2019.

Note: For any health emergency, department heads, employees, and others shall immediately CALL 911 for medical assistance.

ASSUMPTIONS

Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites. Many organisms are harmless or even helpful. But under certain conditions, some organisms may cause disease. It's these conditions, that vary greatly, that caused this general policy to be written in broad terms. It is not comprehensive and does not constitute medical or legal advice.

Signs and symptoms vary depending on the organism causing the infection, but often include fever and fatigue. Mild infections may respond to rest and home remedies, while life-threatening infections require hospitalization.

Public health authorities will be the source for the most reliable and up-to-date information on infectious disease definition, prevention, mitigation, containment, and treatment. To that end, essential parts of this policy are derived from the CDC's guidelines for infectious diseases (Appendix A) with adaptations applied that are specific to Oceana County; OSHA's report titled Guidance on Preparing Workplaces for COVID-19 (Appendix B); and the following instructions from the Michigan Department of Health and Human Services: (Appendix C)

- Cleaning and Disinfection for Facilities After Suspected or Confirmed COVID-19 Exposure

- I think I have been exposed to COVID-19, what should I do?
- When is it safe to leave home if you have symptoms of COVID-19 or live with someone who does?
- Prioritization Guidance for Personal Protective Equipment
- Optimizing Personal Protective Equipment During Crisis Capacity
- Coronavirus Disease (COVID-19) Workplace Checklist
- Managing Coronavirus Disease (COVID-19) in the Workplace
- Directions for Social Distancing, Self-Monitoring, Self-Quarantine, Self-Isolation

In regards to COVID-19, it is a new disease and public health experts are working to identify risk factors and steps to mitigate its effects and hopeful eradication.

ENHANCED AUTHORITY

Depending on the nature and severity of an outbreak, the County Administrator may be given temporary enhanced authority by the Chairperson of the Board of Commissioners to coordinate preparations and/or response to an outbreak as it directly relates to internal business operations; restrict or close county buildings; expedite flexible work schedules or job sharing; temporarily modify or suspend policies to expedite preparations and/or response; administratively approve new policies, procedures, and plans until such time that the Board of Commissioners can conduct a review as a governing board.

The County Administrator may grant department heads temporary enhanced authority that would directly support the work of the County Administrator as described above or to support the work of other department heads or county officials.

STAFFING AND SERVICES CONSIDERATIONS

The following considerations assume that employees are not subject to quarantine. Furthermore, depending on circumstances related to an outbreak, job positions may be subject to reduced work schedules, layoff, or furlough.

- Employees assigned to critical positions shall be required to work as directed during an outbreak, either in-person or via telework. To the extent possible, and with measurable work goals, the county will promote telework opportunities.
- Employees assigned to essential positions shall continue to be available for work whether that work is in-person or telework. Further guidance will be provided by the employee's department head and/or County Administrator during an outbreak.
- Depending on the severity of an outbreak, employees assigned to non-essential/non-

critical positions may be temporarily reassigned (assuming relevant skills and knowledge are present or training can quickly be performed) to assume the role of a critical or essential employee, either in-person or telework.

GENERAL PREPAREDNESS/PREVENTION

- In response to a public health announcement of a serious infectious disease outbreak, such as COVID-19, immediate steps shall be taken in county facilities to mitigate entry of a virus via employees, members of the public, and parcels as carriers of a virus. At a minimum, prevention shall include:
 - Implement enhanced security screening protocols including restricted access to buildings, the use of a health screening questionnaire (also widely distributed to individual departments), use of personal protection equipment (PPE), observation of visible symptoms relevant to the infectious disease, temperature check using an infrared thermometer, frequent use of alcohol-based hand sanitizer, and similar.
 - Strategic placement and maintenance of hand sanitizer stations in county facilities with frequent monitoring of supply levels in each station.
 - Discarding publications such as magazines from areas routinely used by the public and employees that may have been exposed to a viable virus.
 - Placement of signage and markers such as “Stop the Spread of Germs” signs from the CDC that are visible to employees and the public in both English and Spanish languages.
 - Designation of an isolation area inside a county building: County Building location shall be the Friend of the Court waiting room that can be closed off from the rest of the building; County Services Building location shall be either the Classroom 101 or Conference Room 102.
 - Availability of cleaning products in each office for an “all hands on deck” approach to maintaining a healthy work environment.
 - Ramped up custodial and maintenance cleaning routines and schedules to include increased hours to clean and disinfect frequently utilized surfaces.
 - Periodic informational and/or planning meetings and correspondence with elected officials, department heads, employees, and other stakeholders to address virus concerns, including decisions regarding the structure (i.e., accessibility to buildings, work schedules) of county operations during the event.
 - Implementation of restricted access to county facilities or complete closure as warranted.

- Vigilance by County Administration to stay informed about current events. Department heads will be briefed as needed on potential risks of new findings within Oceana County and/or our geographic region that may affect our business operating procedures.
- The Maintenance Supervisor shall continue to maintain a supply of PPE for use by employees such as the maintenance and custodial staff for cleaning and disinfecting of surfaces; and for use by the contractual security staff in order to safely perform screening of visitors entering the building. Additionally, cleaning supplies will remain available in each department office for daily cleaning of office spaces.
- The Maintenance Supervisor will develop plans with vendors for re-supply of PPE and sanitizing agents in the event of a disruption to normal operations due to a COVID-19 outbreak or similar.

COLLABORATIVE PREPAREDNESS/PREVENTION

Note: individual courts and departments are asked to develop individualized policy and action plans that meet their specific operational needs.

- Prior to an actual public health event, County Administration, Maintenance, Emergency Management, along with guidance from District Health Department #10, the CDC, Occupational Health and Safety Administration (OSHA), and other relevant public health agencies, will develop an understanding of the specific signs, symptoms, incubation period, route of infection, and the risks of exposure, regarding infectious diseases; develop plans for preventing, containing, and mitigating, a public health event leading to the eventual resumption of normal business operations.
- Working with elected officials and department heads, at least once per year, all employees will receive educational materials and/or training on the exposure risks, symptoms, and prevention of an infectious disease such as COVID-19 and personal strategies that should be used, such as:
 - Self-isolation when exhibiting symptoms; consultation with medical or public health officials.
 - Wash your hands often with soap and water for at least 20 seconds.
 - Use hand sanitizer with at least 70% alcohol if soap and water are not available
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash immediately then wash your hands.

- Clean and disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs.
 - Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
 - Practice social distancing by avoiding large gatherings and maintaining distance (approximately 6 feet) from others when possible
- Post signs at the entrance to county buildings clearly stating restricted access or closure for those individuals presenting symptoms and that they may be turned away by an executive order of the Governor of the State of Michigan, local administrative order of the chief judge of the courts, public health order issued by District Health Department #10, or executive order of the County Administrator.
- Inform employees that to mitigate the risk of spreading an infectious disease, such as COVID-19, self-screening for exposure risk and signs and symptoms are necessary to maintain a healthy work environment.
- Employees must immediately inform their department head if symptoms develop while at work and then leaving the work place for medical examination and treatment or temporary self-isolation in the designated area for the building. The county provides sick leave and other forms of paid time off to assist employees when ill.
- The importance of self-isolation when symptoms are present. General medical guidelines include:
 - Free of a fever for 72 hours without the use of medicine that reduces fever.
 - Symptoms have improved – no cough or shortness of breath.
 - Related to COVID-19, received two negative tests in a row, 24 hours apart.
 - Of course, in all cases employees should follow the guidance of their healthcare provider and/or local health department.
 - Employees may wish to consult the CDC for useful information when symptoms are present: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

In some cases, Emergency Sick Leave and/or Family Medical Leave may be necessary. Contact the County Administrator's Office for assistance.

EMPLOYEE CARING FOR A FAMILY MEMBER

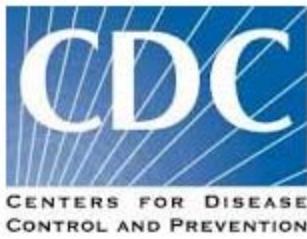
The information that follows is not a substitute for medical advice from your primary

care physician or local public health official.

- County employees who are essential in the direct care of a family member with an infectious disease such as COVID-19 shall not be allowed to report to work until the employee has been isolated for at least 14 days following their last exposure to a virus; and the employee must present a medical clearance to the County Administrator's Office.
- The employee must notify their department head that they are unavailable to report to work. In some cases, Emergency Sick Leave and/or Family Medical Leave may be necessary. Contact the County Administrator's Office for assistance.
- Employees may wish to consult the CDC for useful precautions when caring for household members at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>

Appendices are separate from this master policy document.

This policy and its attachments address the following elements of preparedness and response:	
• Promote and practice social distancing (at least 6 feet of separation)	Yes
• Promote telework (to the extent possible/feasible)	Yes
• Restrict access to buildings	Yes
• Use of PPE or similar	Yes
• Observation of symptoms and/or testing; health screening questionnaire; use of no-touch infrared thermometer with employees and general public	Yes
• Placement of signs/markers to "stop the spread of germs" (English and Spanish)	Yes
• Designated isolation area	Yes
• Promote hand washing	Yes
• Promote use of alcohol-based hand sanitizer	Yes
• Implement "ramped up" efforts to clean and disinfect common work surfaces (i.e., counters, doors, key pads, equipment)	Yes
• Stock cleaning supplies in each office	Yes
• Stock protective equipment such as masks, gloves, etc.	Yes
• Distribute protective equipment following OSHA's " Occupational Risk Pyramid for COVID-19 " or otherwise as needed	Yes
• Monitor supply chain for protective equipment	Yes
• Administration and other stakeholders stay informed	Yes
• Periodic communication with all stakeholders	Yes
• Promote development of individualized department policies and plan, if needed, that are consistent with CDC, OSHA, local public health officials, and county administration	Yes
• Annual employee training and educational materials on risks, prevention, mitigation, containment, etc.	Yes
• Promote staying home if sick or caring for someone who is sick, self-screening, self-isolation, informing supervisor when sick	Yes



Disinfecting Your Facility if Someone is Sick (i.e., COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html>

Note: these instructions from the CDC have been modified, reformatted, and adapted to Oceana County and represent a critical contribution to Oceana County's Infectious Diseases Preparedness/Response Policy.

What to do

Prevention

No known infectious disease present in a county facility

After learning from county officials that a public health emergency exists, at a minimum, employees shall begin performing the following steps to prevent, to the extent possible, the introduction of an infectious disease into county facilities.

Note: for county buildings where security personnel are present, a set of protocols shall be developed and personnel shall be trained to implement the protocols.

- Throughout each work day, thoroughly **wash your hands often** with soap and water for a minimum of 20 seconds.
- Frequent hand washing especially important for high-touch areas like door knobs, light switches, key pads, etc. Cleaning the bottoms of shoes may be helpful.
- When soap and water are not immediately available, **use alcohol-based hand sanitizer** that contains at least 70% alcohol.
 - County buildings have many hand sanitizer dispensing stations installed in hallways and other common areas. If your hands are **visibly dirty**, use soap and water as the preferred method for cleaning and disinfecting.
 - Individual offices will be provided cleaning and disinfecting supplies by the county's maintenance staff. Prevention requires help from all employees, all day, and every day during a pandemic.
- Additional **key times** to wash hands include:
 - After blowing one's nose, coughing, or sneezing.
 - After using/leaving a restroom.
 - Before eating or preparing food.

- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

Employee or member of the public exhibiting symptoms

If an employee or member of the public is **exhibiting symptoms that appear to be life threatening** (published by public health officials), department heads, employees, and others shall immediately CALL 911 for medical assistance.

If an employee or member of the public is **exhibiting symptoms** published by public health officials, for an infectious disease such as COVID-19, as quickly and safely as possible instruct the ill person to:

- **[If an Employee:]** leave work immediately and avoid exposing the work area further by avoiding touching work surfaces, equipment, doors, etc. with exposed hands. Use a tissue, paper towel, sheet of paper, or glove to open doors and exit the building.
 - Cover mouth and nose when coughing or sneezing while exiting the building.
 - Self-isolate and contact your primary care physician, local public health agency, or clinic for diagnosis and treatment.
 - Do not return to work without providing written clearance from your primary care physician to the County Administrator's Office.
 - If you arrive at work without written clearance, you will be ordered to leave. Failure to do so means you may be creating a public health hazard and will be subjected to disciplinary action up to and including termination of employment.
- **[If a Member of the Public:]** a nearby party shall instruct the individual to immediately leave the building while avoiding touching work surfaces, doors, etc. If possible, safely offer the ill person tissues, paper towels, sheets of paper to aid in opening doors and their exit from the building. Have the person discard products in the outdoor waste receptacle.

Containment

Known or presumptive case of an infectious disease present in a county facility

When the county is notified by a public health official that a known or presumptive case of an infectious disease is/was present in a county facility, at a minimum, the following

shall be done by the County Administrator's Office, Emergency Management, Maintenance Supervisor, or other designated individuals:

- All department heads and employees shall be **notified** as quickly and safely as possible using primarily electronic forms of communication that an action plan has been implemented to contain the presence and spread of the infectious disease.
 - Notifications shall continue during containment, mitigation, and resumption of normal business operations.
- Upon becoming aware of likely exposure, any department head or employee may trigger an initial notification to the County Administrator's Office, Emergency Management, or Maintenance Supervisor causing the immediate **closure of the areas** accessed or presumed to have been accessed by the ill person.
- If possible, in the areas affected, **open doors and windows to the outside** to increase air circulation in the area.
- All employees, except those designated as emergency and first responder personnel shall be required to **vacate** the building for the remainder of the day and perhaps longer.
- Members of the public shall be instructed to exit the building immediately and the entry doors shall be secured, not allowing others to enter.
- Appropriate notices will be communicated to department heads, employees, public, media, and other stakeholders regarding building closure or restrictions and resumption of normal business operations.
- A suitable cleaning crew shall **wait a minimum of 24 hours** before taking steps to clean and disinfect.

Mitigate

- **Schedule and assign** employees or contractors suitable for cleaning and disinfecting the exposed areas to begin work.
 - If county employees will perform cleaning and disinfecting, they shall be provided with all appropriate personal protection equipment (PPE) and supplies rated to kill the virus. Sources for PPE and supplies will primarily be the county's Emergency Manager, Maintenance Supervisor, and/or any other county, state, or local resource.
 - Contractors are required to provide their own PPE and supplies. However, if PPE and cleaning supplies are in short supply, county supplies shall be used as well.
- **Begin cleaning and disinfecting** all areas used/touched by, or presumed to have been used/touched by, the sick person, such as building and office entrance and exit ways, work surfaces, bathrooms, common areas, cabinets, shared electronic

equipment like computers, copiers, touch screens, keyboards, remote controls, vending machines, trash container, and so on.

- When finished, and to the extent possible, **seal the areas** that were just cleaned and disinfected using appropriate signage or other markers for at least **24 hours**.
- Cleaning personnel shall **wear disposable** gloves, gowns, and shoe protectors for all tasks in the cleaning process, including handling trash.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves, gowns, and shoe protectors should be removed carefully to avoid contamination of the wearer and the surrounding area.
 - Safely place disposable gear into a sealable disposable bag or container intended for the sole purpose of isolating the gear. Unless instructed otherwise by public health officials, final disposable shall be in an external building dumpster or similar container.
- Refer to Appendix A for additional guidance.

Continuing education

In cooperation with County Administration, Maintenance, Emergency Management, Public Health Officials and individual department heads:

- Educate workers to recognize the symptoms of an infectious disease (COVID-19).
- Provide instructions on what to do if someone develops symptoms within 14 days after their last possible exposure to a virus (i.e., fever, cough, shortness of breath).
- Develop supportive policies and plans for worker protection and provide training on cleaning and disinfecting.
 - Training will include when to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200); source link:
 - <https://www.osha.gov/laws-regulations/regulations/standardnumber/1910/1910.1200>
- The Maintenance Department maintains material safety data sheets (MSDS) that are available for inspection in the maintenance office.
- As required, comply with OSHA's standards on Blood borne Pathogens (29 CFR 1910.1030; <https://www.osha.gov/laws-regulations/regulations/standardnumber/1910/1910.1030>
- And, requirements for proper disposal of regulated waste, and PPE; <https://www.osha.gov/laws-regulations/regulations/standardnumber/1910/1910.132>

APPENDIX A

The CDC has provided the following information to help guide the process of cleaning and disinfecting.

Disinfect

- Use diluted household bleach solutions if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water

OR

- 4 teaspoons bleach per quart of water

- Use alcohol solutions with at least 70% alcohol.
- Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping the surface wet for several minutes to ensure germs are killed.
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Most EPA-registered household disinfectants should be effective. For additional information: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Soft surfaces

For soft surfaces such as carpeted floor, rugs, and drapes

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- Disinfect with an EPA-registered household disinfectant. Use the following link for items that meet the EPA's criteria for use against COVID-19:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Electronics

For electronics, such as computers, copiers, touch screens, keyboards, and remote controls:

- Consider putting a wipeable cover on electronics.
- Follow manufacturer's instruction for cleaning and disinfecting.
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

Laundry

For clothing, towels, linens and other items

- Wear disposable gloves.
- Wash hands with soap and water as soon as you remove the gloves.
- Do not shake dirty laundry.
- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance above for surfaces.



Guidance on Preparing Workplaces for COVID-19



www.osha.gov

Occupational Safety and Health Act of 1970

"To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health."

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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This information will be made available to sensory-impaired individuals upon request. Voice phone: (202) 693-1999; teletypewriter (TTY) number: 1-877-889-5627.

Guidance on Preparing Workplaces for COVID-19

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA 3990-03 2020



U.S. Department of Labor

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Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. Depending on the severity of COVID-19's international impacts, outbreak conditions—including those rising to the level of a pandemic—can affect all aspects of daily life, including travel, trade, tourism, food supplies, and financial markets.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

The Occupational Safety and Health Administration (OSHA) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

This guidance is intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available.

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak: www.cdc.gov/coronavirus/2019-ncov.

The OSHA COVID-19 webpage offers information specifically for workers and employers: www.osha.gov/covid-19.

This guidance is advisory in nature and informational in content. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the *Occupational Safety and Health Act* (OSH Act). Pursuant to the OSH Act, employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved State Plan. In addition, the OSH Act's General Duty Clause, **Section 5(a)(1)**, requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA-approved State Plans may have standards, regulations and enforcement policies that are different from, but at least as effective as, OSHA's. Check with your [State Plan](#), as applicable, for more information.

About COVID-19

Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as *asymptomatic cases*, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Medium exposure risk
jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) other people who may be infected with SARS-CoV-2.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

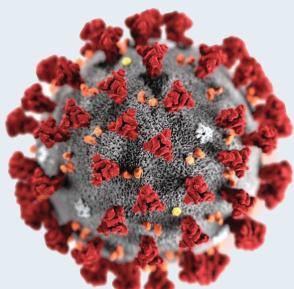
The CDC website provides the latest information about COVID-19 transmission: www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks.

Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- **Absenteeism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.
- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.



This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by the 2019 Novel Coronavirus (2019-nCoV). Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. This virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China.

Photo: CDC / Alissa Eckert & Dan Higgins

Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2

This section describes basic steps that every employer can take to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace. Later sections of this guidance—including those focusing on jobs classified as having low, medium, high, and very high exposure risks—provide specific recommendations for employers and workers within specific risk categories.

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
 - The general public, customers, and coworkers; and
 - Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).
- Non-occupational risk factors at home and in community settings.

- Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
- Controls necessary to address those risks.

Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services.
- Interrupted supply chains or delayed deliveries.

Plans should also consider and address the other steps that employers can take to reduce the risk of worker exposure to SARS-CoV-2 in their workplace, described in the sections below.

Prepare to Implement Basic Infection Prevention Measures

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including:

- Promote frequent and thorough **hand washing**, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage workers to **stay home if they are sick**.
- Encourage **respiratory etiquette**, including covering coughs and sneezes.

- Provide customers and the public with tissues and trash receptacles.
- Employers should explore whether they can establish **policies and practices**, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.
- Employers should develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.

- Where appropriate, employers should develop policies and procedures for immediately isolating people who have **signs and/or symptoms** of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite.
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—particularly in worksites where medical screening, triage, or healthcare activities occur, using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).
- Restrict the number of personnel entering isolation areas.
- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

- Actively encourage sick employees to stay home.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Recognize that workers with ill family members may need to stay home to care for them. See CDC's Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.
- Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.

- Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended SARS-CoV-2 infection prevention strategies to implement in workplaces: www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html.

Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.

- Installing a drive-through window for customer service.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the [OSHA](#) and [CDC](#) websites regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).

- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators:

- National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA's Respiratory Protection standard, 29 CFR 1910.134 at www.osha.gov/laws-regulations/standardnumber/1910/1910.134.
- When disposable N95 filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort. Other types of acceptable respirators include: a R/P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate arrestance (HEPA) filter; or supplied air respirator (SAR). See CDC/NIOSH guidance for optimizing respirator supplies at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Consider using PAPRs or SARs, which are more protective than filtering facepiece respirators, for any work operations or procedures likely to generate aerosols (e.g., cough induction procedures, some dental procedures, invasive specimen collection, blowing out pipettes, shaking or vortexing tubes, filling a syringe, centrifugation).
- Use a surgical N95 respirator when both respiratory protection and resistance to blood and body fluids is needed.
- Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield. Ensure that the face shield does not prevent airflow through the respirator.
- Consider factors such as function, fit, ability to decontaminate, disposal, and cost. OSHA's Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: www.osha.gov/SLTC/etools/respiratory. Also see NIOSH respirator guidance at: www.cdc.gov/niosh/topics/respirators.
- Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment. Learn more at: www.osha.gov/SLTC/respiratoryprotection.
- The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19. See the NIOSH "Respirator Selection Logic" at: www.cdc.gov/niosh/docs/2005-100/default.html or the OSHA "Respiratory Protection eTool" at www.osha.gov/SLTC/etools/respiratory.

Follow Existing OSHA Standards

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: www.osha.gov/laws-regulations/standardnumber/1910#1910_Subpart_I.
 - When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). See: www.osha.gov/laws-regulations/standardnumber/1910/1910.134.
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." See: www.osha.gov/laws-reg/oshact/completeoshact.

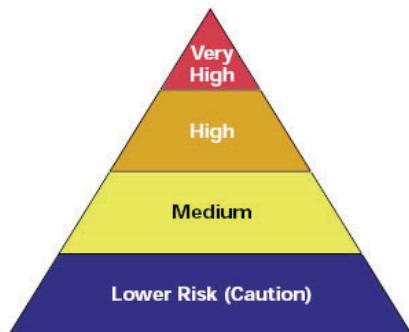
OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regulations/standardnumber/1910/1910.1030.

The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

**Occupational Risk Pyramid
for COVID-19**



Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.

Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE.

Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.

In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on page 14 of this booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “[Guidelines for Environmental Infection Control in Healthcare Facilities](#)” for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm.
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19.

- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories” at www.cdc.gov/biosafety/publications/bmbl5.

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage "Healthcare-associated Infections" (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

Workers Living Abroad or Travelling Internationally

Employers with workers living abroad or traveling on international business should consult the "Business Travelers" section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:

- CDC travel warnings: www.cdc.gov/coronavirus/2019-ncov/travelers
- U.S. Department of State (DOS) travel advisories: travel.state.gov

Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government's ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

For More Information

Federal, state, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations.

Below are several recommended websites to access the most current and accurate information:

- Occupational Safety and Health Administration website: www.osha.gov
- Centers for Disease Control and Prevention website: www.cdc.gov
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

OSHA Assistance, Services, and Programs

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

Establishing a Safety and Health Program

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit www.osha.gov/complianceassistance/cas or call 1-800-321-OSHA (6742) to contact your local OSHA office.

No-Cost On-Site Safety and Health Consultation Services for Small Business

OSHA's On-Site Consultation Program offers no-cost and confidential advice to small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit www.osha.gov/consultation, or call 1-800-321-OSHA (6742).

Under the consultation program, certain exemplary employers may request participation in OSHA's **Safety and Health Achievement Recognition Program (SHARP)**. Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

Cooperative Programs

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit www.osha.gov/cooperativeprograms.

Strategic Partnerships and Alliances

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

Voluntary Protection Programs (VPP)

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

Occupational Safety and Health Training

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit www.osha.gov/otiec.

OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at www.osha.gov/publications and www.osha.gov/ebooks. You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for *QuickTakes*, OSHA's free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit www.osha.gov/quicktakes.

OSHA Regional Offices

Region 1

Boston Regional Office
(CT*, ME*, MA, NH, RI, VT*)
JFK Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax

Region 2

New York Regional Office
(NJ*, NY*, PR*, VI*)
Federal Building
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax

Region 3

Philadelphia Regional Office
(DE, DC, MD*, PA, VA*, WV)
The Curtis Center
170 S. Independence Mall West, Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax

Region 4

Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax

Region 5

Chicago Regional Office
(IL*, IN*, MI*, MN*, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax

Region 6

Dallas Regional Office
(AR, LA, NM*, OK, TX)
A. Maceo Smith Federal Building
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax

Region 7

Kansas City Regional Office
(IA*, KS, MO, NE)
Two Pershing Square Building
2300 Main Street, Suite 1010
Kansas City, MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8

Denver Regional Office
(CO, MT, ND, SD, UT*, WY*)
Cesar Chavez Memorial Building
1244 Speer Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax

Region 9

San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American Samoa,
Guam and the Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 2650
San Francisco, CA 94103
(415) 625-2547 (415) 625-2534 Fax

Region 10

Seattle Regional Office
(AK*, ID, OR*, WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at www.osha.gov or call us at 1-800-321-OSHA (6742).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

**For assistance, contact us.
We are OSHA. We can help.**



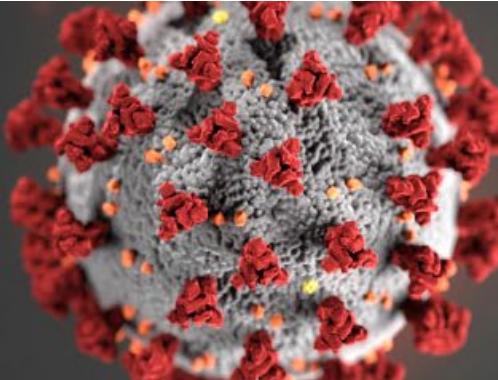


U.S. Department of Labor

For more information:

OSHA® Occupational
Safety and Health
Administration

www.osha.gov (800) 321-OSHA (6742)



CLEANING & DISINFECTION

For Facilities After Suspected or Confirmed COVID-19 Exposure

Michigan.gov/Coronavirus

Timing and location of cleaning and disinfection of surfaces.

At a school, daycare center, office, or other facility that **does not house people overnight**:

It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.

How to clean and disinfect.

Surfaces

If **surfaces are dirty**, they should be cleaned using a detergent or soap and water prior to disinfection.

For **disinfection**, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation.
- Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.

- Unexpired household bleach will be effective against coronaviruses when properly diluted.

Prepare a bleach solution by mixing:

- Five tablespoons (1/3 cup) bleach per gallon of water, or
- Four teaspoons bleach per quart of water.

[Products with EPA-approved emerging viral pathogens claims](#) are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Soft Surfaces

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. Otherwise, use products with the EPA-approved emerging viral pathogens claims [that are suitable for porous surfaces](#).

Linens, Clothing, and Other Items That Go in the Laundry

- Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Personal protective equipment (PPE) and hand hygiene considerations.

Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to **clean hands** after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. [Clean hands](#) immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

Cleaning staff and others should clean hands often.

Clean hands often including immediately after removing gloves and after contact with an ill person, by washing hands with soap and warm water for 20 seconds. If soap and warm water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and warm water.

Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth. Additional key times to clean hands include:

- After blowing one's nose, coughing, or sneezing
- After using the restroom
- Before eating or preparing food
- After contact with animals or pets
- Before and after providing routine care for another person who needs assistance (e.g., a child)

I think I have been exposed to COVID-19, what should I do?

Close Contacts

I live with or am caring for someone with COVID-19

Someone that has COVID-19 coughed or sneezed on me

I think my coworker has COVID-19

I think someone I know has COVID-19

You should self quarantine and monitor yourself for symptoms. The local health department may ask you to do so.*

You do not need to self quarantine, but it is a good idea to be vigilant and monitor yourself for symptoms.

Have you developed symptoms of respiratory illness such as **fever, cough, or shortness of breath**?

YES

Are you having **severe symptoms** like difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to arouse or bluish lips or face?

YES

Seek immediate medical attention.

NO

Continue to monitor yourself for symptoms.

HOW DO I MONITOR MYSELF?

Pay attention for COVID-19 symptoms:

- Fever
- Cough
- Shortness of Breath

If you are concerned about your health, contact your health care provider.

If your doctor decides you should be tested for COVID-19,

your health care provider can order testing for you.

Health care provider takes a sample

Sample is sent to a laboratory for testing

Laboratory sends result to health care provider

Health care provider informs patient of result. The state health department will not provide results.

*Quarantine process for general public, does not specifically apply to health care workers.

When is it safe to leave home

if you have symptoms of COVID-19 or
live with someone who does?



Employers can't retaliate against workers for taking time away from work under these circumstances.

File a complaint with MIOSHA . Learn more at Michigan.gov/MIOSHAComplaint.

For Me

I have been diagnosed with COVID-19.

I have developed one or more symptoms of COVID-19.

Stay home for 7 days after you were tested or developed symptoms.

After staying home for 7 days, have you been **symptom-free for 3 days?**

YES

You may leave if you are symptom-free.

NO

Stay home until 3 days have passed after all symptoms have stopped.

Should I wear a mask?

If you or your close contact is symptomatic and you must leave home, you should cover your nose and mouth with a homemade mask, scarf, bandana or handkerchief.



Close Contacts

I live with someone diagnosed with COVID-19.

I live with someone who has developed one or more symptoms of COVID-19.

Stay home for 14 days after your **last contact** with the sick person.
Monitor yourself for symptoms.

You may leave if you are symptom-free.

How do I monitor myself?

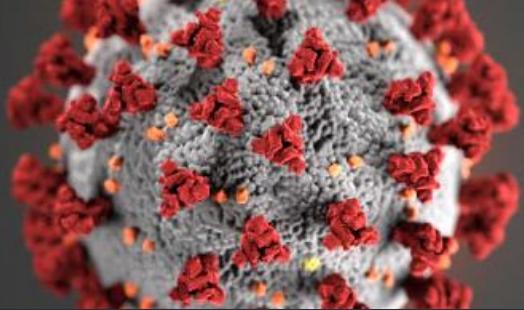


Pay attention for COVID-19 symptoms:

- **Fever**
- **Cough**
- **Shortness of breath**

If you are concerned about your health or develop symptoms, contact your health care provider or urgent care.

*Process for general public, does not specifically apply to workers at a health-care facility, first responders (e.g., police officers, fire fighters, paramedics), and prison employees.



PRIORITIZATION GUIDANCE FOR PERSONAL PROTECTIVE EQUIPMENT

Michigan.gov/Coronavirus

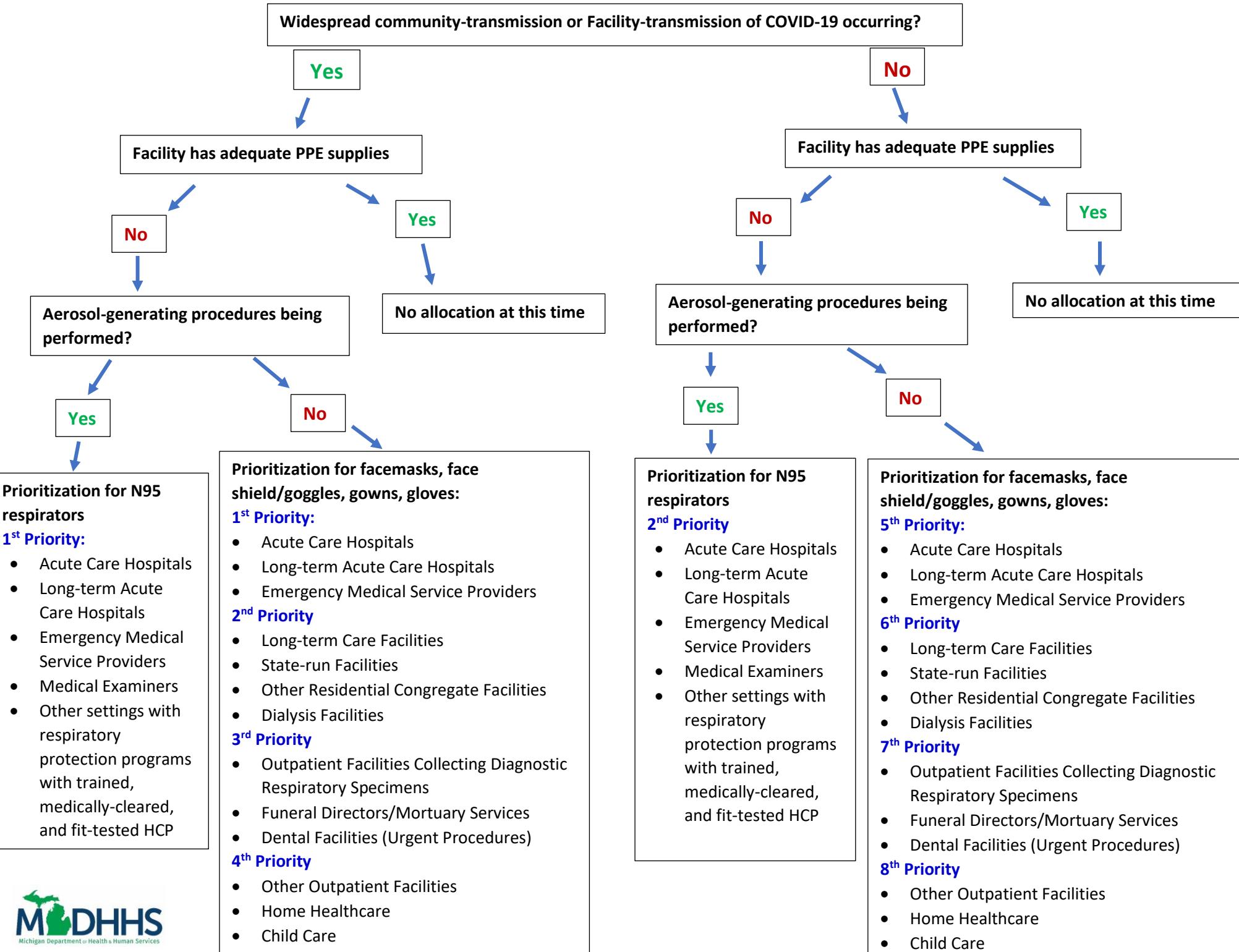
The following considerations and decision-making chart serve as guidance for allocation of personal protective equipment during the COVID-19 outbreak. This is only a guidance document. Prioritization strategies should only be used when adequate PPE supplies are not available.

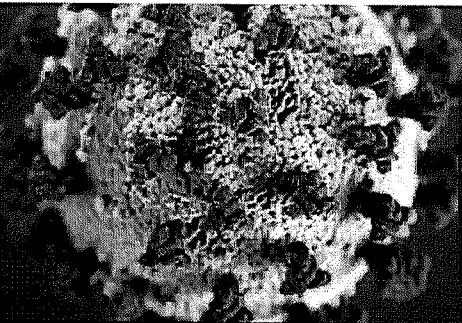
Considerations for determining how to allocate a limited supply of PPE:

- During periods of limited availability, it may be necessary to prioritize allocation of PPE.
- When supplies are less limited, allocations should be as broad as possible to mitigate spread of disease.
- People who are at highest risk of exposure or at highest risk of spreading the disease to a vulnerable population should be prioritized for allocation within each facility.
- Regional PPE allocation should be tailored based on the most current epidemiological data.

Additional measures to optimize PPE should be taken in combination with a prioritization strategy during periods of known shortages. MDHHS guidance, [Optimizing Personal Protective Equipment During Crisis Capacity](#) can be utilized by healthcare workers and other front-line workers to reduce demand to PPE supply. Optimization strategies should only be used when limited supplies prevent the ability to follow conventional standards.

Additional MDHHS guidance is available on Michigan.gov/Coronavirus.





OPTIMIZING PERSONAL PROTECTIVE EQUIPMENT DURING CRISIS CAPACITY

Michigan.gov/Coronavirus

The Centers for Disease Control and Prevention (CDC) provides strategies that can be utilized by healthcare workers to optimize use of PPE during periods of known shortages. These strategies should only be used when there is limited supply that has exceeded the ability to provide conventional standards.

During severe resource limitations, consider excluding healthcare providers (HCP) at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients (e.g., those of older age, those with chronic medical conditions, or those who may be pregnant).

N-95 Respirators:

- Consider use of respirators beyond the manufacturer-designated shelf life for healthcare delivery.
- Consider use of respirators approved under standards used in other countries similar to NIOSH-approved N-95 respirators.
- Consider limited re-use of N-95 respirators for COVID-19 patients according to CDC guidance.
- Decontamination and reuse of N-95 respirators according to CDC guidance may be considered. Only respirator manufacturers can reliably provide guidance on how to decontaminate their specific models of respirators. However, if absent, third parties may also provide guidance or procedures on how to decontaminate respirators without impacting respirator performance. Vaporous hydrogen peroxide, ultraviolet germicidal irradiation, and moist heat are the most promising decontamination methods. **No current data exists supporting the effectiveness of these decontamination methods specifically against SARS-CoV-2.** Therefore, even after decontamination, these N-95 respirators should be handled carefully.
- In settings where N-95 respirators are so limited that routinely practiced standards of care for wearing **N-95 respirators and equivalent or higher level of protection respirators are no longer possible, and surgical masks are not available, as a last resort**, it may be necessary for HCP to use masks that have never been evaluated or approved by NIOSH.
- Any respirator that becomes obviously damaged or difficult to breathe through should be discarded.

Eye Protection:

- Consider extending use of eye protection without removing between patient contacts. This can be done with disposable and reusable devices.
- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
- Face shields that are reprocessed should be dedicated to one healthcare provider and reprocessed whenever it is visibly soiled or removed prior to putting it back on.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- Note: Avoid touching eye protection. If touched, immediately perform hand hygiene. If there is a need to remove eye protection, leave the patient care area.
- During extreme shortages (crisis standards of care) consider using eye protection devices beyond the manufacturer-designated shelf life (visually inspect the product prior to use and if there are concerns such as degraded materials discard the product).
- Prioritize eye protection for selected activities such as where splashes and sprays are anticipated-includes aerosol generating procedures; during activities where prolonged face to face or close contact with a potentially infectious patient is unavoidable.
- Consider using safety glasses (trauma glasses) that have extensions to cover the side of the eyes.

Isolation Gowns:

- Consider shifting disposable gowns to cloth isolation gowns (this may require augmenting laundry operations personnel).
- Gowns must be routinely inspected and maintained and discarded when thin or ripped.
- Consider use of coveralls (requires training and practice prior to use)
- Consideration can be made to extend the use of isolation gowns (disposable or cloth) so that it is worn by the same healthcare provider when interacting with more than one patient known to be infected with the same infectious disease when the patients are cohorted in the same location. Only to be considered when there are no additional co-infectious diagnoses transmitted by contact.
- Any disposable gown that becomes visibly soiled should be disposed of. Cloth gowns that are visibly soiled should be removed and cleaned.
- During extreme shortages (crisis standards of care) gowns should be prioritized for activities where splashes and sprays are anticipated including aerosol generating procedures and during high-contact patient care activities such as dressing, bathing/showering, transferring, linen changes, assisting with toileting, device care or use and wound care.

Coronavirus Disease (COVID-19) Workplace Checklist



District Health Department #10 businesses and entities may remain open if they provide essential services to sustaining or protecting life. These businesses and entities must take the following actions to ensure the safety of employees and customers.

Screen staff reporting to work sites

Ask all staff these questions when they report for work for each shift:

1. Do you have symptoms of fever, cough, shortness of breath, sore throat, or diarrhea?
2. Have you had close contact in the last 14 days with an individual diagnosed with COVID-19?
3. Have you travelled on an airplane internationally or domestically in the last 14 days?

If an employee answers YES to any of the screening questions:

Send the employee home immediately. The employee should self-isolate/self-quarantine at home for:

- If symptoms are present, a minimum of 7 days since symptoms first appear. Must also have 3 days without fevers and improvement in respiratory symptoms.
- 14 days if the employee had close contact with an individual diagnosed with COVID-19.
- 14 days following international or domestic travel.

Screening Guidance:

Create and implement an active screening plan that will work best for your facility. Determine where and how this screening will take place. You can use the form included in this packet to record answers. You are not required to record answers to the 3 screening questions, or record employee temperature results. We recommend it, but you are not required to do so.

Items to consider: Stagger shift starting times so employees do not arrive at the same time. Have one person asking staff these questions directly. Or, staff could do a “self-check-in” by entering their information on a computer, tablet, or sheet of paper. Be sure to instruct employees on properly disinfecting equipment or writing utensils. Provide alcohol-based hand sanitizer at the screening station, if possible.

If a touchless/contactless thermometer is available, a temperature check is strongly recommended at the worksite. We understand it may be difficult to get a thermometer at this time. Employees can also take their temperature at home and report it to their employer. A fever is considered a temperature of 100.4°F or above.

If your facility is already following other appropriate or more-stringent infection control procedures (like CDC guidelines), please continue to use those procedures.

Note that the 14 day quarantine period does not apply to hospitals, healthcare facilities, EMS, other organizations that employ healthcare workers in the inpatient or outpatient setting, all providers and support staff involved in patient care, and public health staffing actively involved in the COVID-19 response (local or state).

Develop and implement a social distancing plan

Determine how you will maintain 6 feet of distance between people. This 6-foot distance applies to employees working in shared spaces, and to customers waiting for services inside or outside the business. Options include using signs, contact barriers, entrance limits, and specialized hours. You may also need to limit capacity inside facilities to provide for social distancing between customers and employees.

Coronavirus Disease (COVID-19) Workplace Health Screening



Company Name: _____

Employee Name: _____ Date: _____

Time In: _____

In the past 24 hours, have you experienced:

Subjective fever (felt feverish): Yes No

New or worsening cough: Yes No

Shortness of breath: Yes No

Sore throat: Yes No

Diarrhea: Yes No

Current temperature: _____

If you answer “**yes**” to any of the symptoms listed above, or your temperature is **100.4°F or higher**, please do not go into work. Self-isolate at home and contact your primary care physician’s office for direction.

- You should isolate at home for minimum of 7 days since symptoms first appear.
- You must also have 3 days without fevers and improvement in respiratory symptoms

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? Yes No

Travelled via airplane internationally or domestically? Yes No

If you answer “**yes**” to either of these questions, please do not go into work. Self-quarantine at home for 14 days.

Managing Coronavirus Disease (COVID-19) in the Workplace



For essential businesses and organizations that continue to operate during the COVID-19 pandemic, District Health Department #10 recommends:

- Screen everyone. Check employees for fever or other symptoms if they will enter facilities or buildings.
- Maintain 6 feet of distance between people.
- Emphasize frequent and proper hand washing. Make sure sinks are well supplied.
- Work remotely whenever possible.
- Do not share space or equipment. If this is not possible, have employees wash their hands before and after using shared equipment. Clean and sanitize equipment between uses.
- Any employee with cold symptoms or underlying health conditions should stay home or work remotely.

What do I do when my employee shows up to work ill?

If an employee comes to work ill, or becomes ill while at work, they should be directed to go home immediately, even if their symptoms are mild. If they are having trouble breathing or cannot keep fluids down, have them contact their doctor right away. COVID-19 symptoms are very similar to the symptoms seen in a typical cold or flu. However, it is best to be cautious. Take care not to over-react in order to prevent panic among your team. Consider alternative work options like teleworking if your employee is well enough to do so.

What should I do if visitors or customers have symptoms of illness, such as coughing or sneezing?

You and your employees should follow social distancing guidance and maintain at least a 6-foot distance from anyone, especially those who are having symptoms. If your employee must be closer to the customer, advise them to minimize time spent with symptomatic customers to less than 10 minutes, if possible. Be sure to provide the public with tissues and trash receptacles. Have a no-touch hand sanitizer dispenser near customer entrances, if feasible.

One of our employees just tested positive for COVID-19. What should I do?

Instruct the employee to stay home and **self-isolate**. They should not return to work for at least 7 days after symptoms first started and 72 hours after fever has resolved without the use of fever-reducing medicines **and** symptoms have improved, whichever is longer. Offer telework assignments if the employee is well enough to work. **IMPORTANT:** You must protect the confidentiality of your employee. Legally, you cannot identify the employee by name. DO NOT disclose to other staff or third persons the name or other personal or health information of the employee who tested positive for COVID-19.

Thoroughly clean and disinfect equipment and other elements of the work environment of the employee along with frequently touched surfaces and objects such as doorknobs/pushbars, elevator buttons, restroom doors, etc. Use EPA-approved disinfectants and use according to label instructions.

If the employee had been working while ill, identify co-workers and individuals that the employee may have come into contact with and advise them to **self-quarantine** at home for 14 days. **A close contact is defined as those individuals who had been within 6 feet of the affected employee for greater than 10 minutes while the employee had symptoms.**

One of our employee's family members has a "suspected" (but unconfirmed) case of COVID-19. What should we do?

Employees who have been close contacts to a suspect or known case of COVID-19 should be in **self-quarantine** at home for 14 days. If they develop symptoms while in quarantine, then they should follow the return to work guidelines noted above (7 days after symptoms started and 3 days after fevers have resolved and symptoms improved, whichever is longer).

One of our employees has a "suspected" (but unconfirmed) case of COVID-19. Should I send everyone home?

You would follow all the same steps outlined above for an employee who tested positive for COVID-19. Identify co-workers and individuals that the employee may have come into close contact with while ill and advise them to **self-quarantine** at home for 14 days. A close contact is defined as those individuals who had been within 6 feet of the affected employee for greater than 10 minutes while the employee had symptoms.

One of my employees has self-reported that they came into contact with someone believed to be positive for COVID-19. What should I do?

Review the nature of the exposure. If the contact occurred within 6 feet of the ill individual for more than 10 minutes, then the employee should self-quarantine at home for 14 days from the date of the contact. Offer telework if feasible.

One of our employees just found out that they were exposed to COVID-19 after interacting with a member of the public (or vendor, or contractor). What steps do I take?

Review the nature of the exposure. If the contact occurred within 6 feet of the ill individual for more than 10 minutes, then the employee should **self-quarantine** at home for 14 days from the date of the contact. Offer telework, if feasible. Check to see if other employees may also have had similar exposure to the ill individual. If so, they should self-quarantine at home for 14 days, as well.

When can my employee come back to work if they have been ill or had an exposure?

Employees who have been ill with symptoms of an upper respiratory illness [new onset of fever (subjective or temperature of $\geq 100.4^{\circ}\text{F}$ or 37.8°C) OR symptoms of possible COVID-19 (cough OR shortness of breath OR sore throat)] can return to work 7 days after symptoms started and 72 hours after fevers have resolved without the use of fever reducing medications and symptoms improved, whichever is longer.

Employees who have been close contacts to a suspect or known case of COVID-19 should **self-quarantine** at home for 14 days. If they develop symptoms while in quarantine, they should follow the return-to-work guidelines noted above (7 days after symptoms started and 3 days after fevers have resolved and symptoms improved, whichever is longer).

Please refer to the guidelines for Social Distancing, Self-Quarantine, and Self-Isolation on the subsequent pages. For additional guidance, please go to:

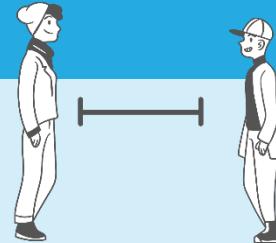
- District Health Department #10: www.dhd10.org/coronavirus
- Michigan: michigan.gov/coronavirus
- National: cdc.gov/COVID19

For additional questions, contact District Health Department #10 at info@dhd10.org.

Directions for Social Distancing, Self-Monitoring, Self-Quarantine, and Self-Isolation

Social Distancing

- Keep 6 feet of space between people as much as possible
- Avoid places at their busiest times
- Use online, drive-through or curbside services when possible
- Avoid getting together in large social groups
- If possible, businesses should have employee tele-commute, provide online options and limit in-person meetings



Self-Monitoring



- Practice social distancing.
- Take and record temperature twice a day, once in the morning and once in the evening.
- Report any temperature of 100.4 °F or above to your doctor.
- Report any onset of respiratory illness to your doctor. These include:
 1. Cough
 2. Shortness of breath or difficulty breathing
 3. Chest pain
 4. Additionally, you could experience sore throat, muscle aches, chills, headache, abdominal pain, nausea, vomiting or diarrhea
- If you need medical care, call ahead to your doctor.
- Household members should practice social distancing.
- If you develop symptoms of illness you will move into Self-Isolation (see page 3).



**District Health
Department #10**
Healthy People, Healthy Communities

www.dhd10.org/coronavirus

Revised April 3, 2020



Self-Quarantine

- Under no circumstance should you go to work, school or public places. You should only consider leaving your home if you need medical attention.
 - Avoid using public transportation to get to your medical provider or emergency department. Do not use busses, Uber, Lyft, taxi cabs or rail lines.
 - Wear a mask over your nose and mouth if you must leave your house to seek medical care.
- Take and record temperature twice a day, once in the morning and once in the evening.
- Report any temperature of 100.4 °F or above to your doctor.
- Report any onset of respiratory illness to your doctor. These include:
 1. Cough
 2. Shortness of breath or difficulty breathing
 3. Chest pain
 4. Additionally, you could experience sore throat, muscle aches, chills, headache, abdominal pain, nausea, vomiting or diarrhea
- If you need medical care, call ahead to your doctor.
- Minimize contact with others in your home when possible.
- Do not share items with your household members or pets such as dishes, drinking cups, silverware, towels or bedding. After using these items, they should be washed with soap and hot water.
- Cover your coughs and sneezes with a disposable tissue or the upper part of your sleeve. Dispose of tissues in a lined trash can. Wash your hand immediately afterward.
- Wash your hands frequently with soap and water for at least 20 seconds. This includes after using the restroom, coughing or sneezing, or when they are visibly dirty. If you do not have access to soap and water, use a hand sanitizer with 60% to 95% alcohol.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Clean your frequently used surfaces with a solution of ¼ cup bleach to a gallon of water or disinfectant sprays or wipes daily. This includes “high-touch” surfaces such as phones, tablets, keyboards, doorknobs, bathroom fixtures, toilets, counters, tabletops and bedside tables. Wear rubber gloves if necessary and make sure the area is properly ventilated.
- Household members should practice self-monitoring.



- **Under no circumstance should you go to work, school or public places.** You should only consider leaving your home if you need medical attention.
 - Avoid using public transportation to get to your medical provider or emergency department. Do not use busses, Uber, Lyft, or taxi cabs.
 - Wear a mask over your nose and mouth if you must leave your house to seek medical care.
- Avoid handling pets or other animals while you are sick.
- Cover your coughs and sneezes with a disposable tissue or the upper part of your sleeve. Dispose of tissues in a lined trash can. Wash your hands immediately afterward.
- Wash your hands frequently with soap and water for at least 20 seconds. This includes after using the restroom, coughing or sneezing, or when they are visibly dirty. If you do not have access to soap and water, use a hand sanitizer with 60% - 95% alcohol.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Clean your frequently used surfaces with a solution of ¼ cup bleach to a gallon of water or disinfectant sprays or wipes daily. This includes “high-touch” surfaces such as phones, tablets, keyboards, doorknobs, bathroom fixtures, toilets, counters, tabletops and bedside tables. Wear rubber gloves if necessary and make sure the area is properly ventilated.
- Clean any item or surface that may have blood, mucus, vomit, urine, stool or other body fluids on them.
- Make sure your home has good airflow, open windows if weather permits or use the air conditioner.

If you live with others:

- Separate yourself from other household members and pets whenever possible.
 - You should stay in a specific room and away from other household members.
 - Use a separate bathroom if possible.
 - If you must share a bathroom wipe down all surfaces after the patient uses it. Separate toothbrushes.
 - If you share a shower, do not share razors, washcloths or body sponges/poufs
 - If you must enter a shared space put a mask over your nose and mouth before leaving your room
- Do not share items with your household members or pets such as dishes, drinking cups, silverware, towels or bedding. After using these items, they should be washed with soap and hot water
- Household members should practice Self-quarantine (see page 2)

If you live alone:

- Do not open your door to anyone. If someone is dropping off groceries or other items for you, have them leave it at your doorstep and wait until they leave to open the door.
- Do not cook food for anyone other than yourself

When seeking care at a healthcare facility:

- Call ahead to get direction from your health care provider. They may ask you to meet them outside or usher you into a different entrance than the general public uses
- Avoid using public transportation to get to your medical provider or emergency department. Do not use busses, Uber, Lyft, taxi cabs or rail lines.
 - If you are unable to drive yourself and do not have a ride, call 9-1-1 for transport by ambulance
 - If someone is giving you a ride, wear a mask that covers your mouth and nose while you are in the vehicle with them
- If you are driving yourself, apply a mask that covers your mouth and nose before exiting your vehicle

COVID-19 BUSINESS GUIDELINES for essential service businesses



These guidelines provide basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

WHAT TO DO

Create and implement an active screening plan including:

- Location and staffing of the screening table
- Signage to support the active screening process
- Rules to allow or prohibit entry
- Script for screening
- Alcohol-based hand sanitizer available at the screening table
- Handout explaining changes
- Develop sick policies and work from home options

SCREENING QUESTIONS TO CONSIDER

Greet everyone entering the building with a friendly, calm, and reassuring manner.

- "Good morning/afternoon! As you know, COVID-19 continues to evolve quickly. We are screening all employees for potential risks of COVID-19 to ensure the health and safety of everyone."

1) Do you have any of the following symptoms: fever/feverish, chills, dry cough, difficulty breathing, or digestive symptoms such as diarrhea, vomiting or abdominal pain?

Yes No

2) Have you had close contact with a confirmed/probable COVID-19 case?

Yes No

3) Have you recently traveled outside of the county in the past 14 days (outside of your normal home to work/grocery/pharmacy route)?

Yes No

HOW TO RESPOND

If the individual answers NO to all questions, they have passed the screening and can begin working.

If the individual answers YES to any screening questions, or refuses to answer, they have failed the screening. Keep the employee away from others and contact a supervisor for assistance.



MESSAGES YOU CAN USE TO PREVENT THE SPREAD OF VIRUSES AND STAY HEALTHY

Practice these healthy habits to prevent the spread of viruses:

- Wash your hands with soap and warm water for 20 seconds. If unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze, or cough/sneeze in your upper sleeve.
- Immediately throw away used tissues in the trash, then wash hands.
- Clean and disinfect frequently touched surfaces, such as doorknobs, handles, light switches, tables, toilets, faucets, sinks and cell phones.
- Avoid touching common surfaces in public places -- elevator buttons, door handles, handrails, etc. Use elbows or knuckles to push buttons/door handles when you do not have a tissue or sleeve to cover your hand/finger.
- Make sure others in your household, or anyone you are regularly in close contact with, follow these precautions.

For more information, visit the CDC's Resources for Businesses and Employers (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers>).

For questions, utilize the Public Health Information Line at 1-800-386-5959.



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