

COVID-19 PREPARDNESS AND RESPONSE PLAN

Ensuring education throughout COVID-19

Plan effective date: June 12, 2020 | Questions: Compliance@beckfield.edu | www.beckfield.edu

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Purpose

Beckfield College is committed to helping students persist towards their careers by offering its educational programs throughout the COVID-19 pandemic. In an effort to achieve this goal, the College has created a plan to deliver courses both online and on-campus. Following guidelines from the Centers for Disease Control and Prevention [CDC] and state government, Beckfield College has outlined procedures for students and employees to return to the campus in smaller groups utilizing social distancing guidelines, hand sanitation techniques, and other CDC recommendations such as face masks and gloves. This document will highlight the safety measures the College has taken to reintegrate students and employees to the campus. This document also provides COVID-19 resources for students and employees. The College encourages people to follow recommendations from physicians, CDC, local, state and federal health officials.

Timing for Reopening

The College will reopen the campus for staff and faculty on **June 22, 2020.** Students will be allowed on campus in small groups starting **June 29, 2020**. Beckfield College will continue offering lecture and didactic coursework via online from **June 29, 2020** to **September 18, 2020**. The College will provide updates to this document prior to the beginning of the fall term.

2020 SUMMER TERM		
Monday June 29 – Friday September 18		
(Registration Begins between weeks 6-8)		
	Summer Module A – 6 Weeks	
Summer – 11 Week Term	Monday June 29 – Friday August 7	
Monday June 29 – Monday September 14	Holidays: Friday July 3	
	Drop-add period: Monday June 29 – Thursday July 2	
	Final examinations: Monday August 3 – Friday August 7	

Drop-add period: Monday June 29 –Thursday July 2SHolidays: July 4 holiday observed Friday July 3MSaturday Sept.5. – Monday Sept. 7MFinal examinations:HTuesday September 8th – Monday September 14M

Summer Module B – 6 Weeks Monday August 10 – Friday September 18 Drop-add period: Monday August 10 – Friday August 14 Holiday: Saturday Sept. 5 – Monday Sept. 7 Clock Hour Holiday Make-up: Friday Sept. 11 Final examinations: Monday Sept 14. – Friday Sept 18

Reopen Phase I

The first phase will allow students to return to the campus to complete lab and simulation hours. In an effort to limit the amount of people in labs and classrooms, Beckfield College will continue to offer theory and didactic coursework hours through its online platform, Canvas. Every effort will be taken to offer small in-person classes, activities, and events. Individuals will remain spaced at least 6 feet apart and will not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes). Students and employees will return in small groups adhering to social distancing guidelines.

Once back on campus, Beckfield will educate students, faculty, and staff on when they should stay home or self-isolate in their living quarters.

- Actively encourage students, faculty, and staff who are sick or have recently had a close contact with a person with COVID-19 to stay home. The College will develop policies that encourage sick individuals to stay at home without fear of reprisals, and ensure students, faculty, and staff are aware of these policies. Offer virtual learning and telework options, if feasible.
- Students, faculty, and staff should stay home when they have tested positive for or are showing symptoms of COVID-19.
- Students, faculty, and staff who have recently had a close contact with a person with COVID-19 should also stay home and monitor their health.

Designated Safety Officials

The College encourages students and employees to contact any one of the officials below if they need further information on COVID-19 safety protocols and/or if a student has tested positive or has come in contact with someone who has tested positive. The College has designated Mr. Danny Thomas (<u>dthomas@beckfield.edu</u>), Facilities Supervisor, and Mr. Lee Foley (<u>lfoley@beckfield.edu</u>), Vice President of Compliance, to act as safety officials. Mr. Thomas and his team will ensure all cleaning protocols are conducted. The people below will serve as points of contact for the safety officials. They will communicate with the designated safety officials on COVID-19 related matters.

President & CEO	Diane Wolfer
Vice President	Lee D. Foley
Vice President, IT	Charles Wilson
Dean, Nursing (RN)	Deborah Smith-Clay, PhD
Dean, Nursing (PN)	Patty Katz, RN, BSN
Dean, Allied Health	Kate Behan, MS
Dean, Business and Technology	Erica Okere, DBA
Dean, General Education	Mindy Hodge, BA, MA
Director of Admissions	Jeff Baker
Director, Career Services	Karen Sheldon, MA
Director, Student Services	Brandy Exeler, MS
Director, Financial Aid	Jeff Huber
Facilities Supervisor	Danny Thomas
LAC Coordinator	Laura Laws

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Student Services

The Office of Student Services will be available via phone, email and on-campus. Students are encouraged to call the campus for on-campus hours information or email <u>bexeler@beckfield.edu</u>.

Career Services

The Office of Career Services will be available via phone, email and on-campus. Students are encouraged to call the campus for on-campus hours information or email <u>ksheldon@beckfield.edu</u>.

Library Services

The library will be open during the week to assist students with research projects, writing, and printing. Due to social distancing protocols, limited seating will be available. Students will be expected to sanitize hands and wear appropriate face masks while visiting the library.

Financial Aid Services

The Office of Financial Aid will be available on-campus during the week. Students who need assistance with financial aid may email <u>financialaid@beckfield.edu</u> or by calling 859-371-9393. Due to reduced staffing, students are encouraged to call the campus and schedule an appointment for in-person meeting requests.

Social Distancing and Conduct Policy

1. In order to enter a Beckfield College building, an appropriate mask or face covering that covers both the nose and mouth is required.

2. A mask or face covering must be worn at all times if six foot social distancing cannot be maintained.

3. Avoid touching your eyes, nose, and mouth.

4. Further social distancing requirements may be required depending on the campus and activity involved. Signage and school official guidance will be provided in these events.

5. Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are unavailable.

6. Cover coughs and sneezes with a tissue or sleeve.

7. Clean and disinfect frequently touched objects.

8. Anyone who is ill or has symptoms of illness (Click <u>here</u> for list of COVID-19 symptoms) should remain at home, contact their supervisor by phone or email, and only return once they have met the CDC's *"Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)"*.

9. Beckfield College reserves the right to deny entry to anyone who does not meet Beckfield College's health screening standards, which includes a COVID-19 self-screening health questionnaire attestation and temperature check using a no-touch thermometer. If a person's temperature reflects a fever (100.4 °F or 38 °C and above) they will be denied entry.

10. Support contact tracing efforts. Students, employees, and visitors who are diagnosed with COVID-19 after visiting a Beckfield College location, are asked to notify campus administration immediately. Under executive order 2020-91. Section 1(k), when an employee is identified with a confirmed case of COVID-19, within 24 hours, notify both:

a. The local public health department, and

b. Any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19

Health Insurance Portability and Accountability Act (HIPAA) privacy rules and Family Educational Rights and Privacy Act (**FERPA**) rules will be followed during the reporting process.

Entering the Campus

The College has designated two entrances for students: the first building (16 Spiral Dive) and the second building (10 Spiral Drive), more commonly referred to as the *nursing building*. All students must wear face masks upon entering the building. Students will not be allowed to enter labs or classrooms without proper masks or face coverings. A faculty member will also perform body temperature checks on students prior to them entering the lab. If a student has a fever or has visible COVID-19 related symptoms, he or she will be asked to leave the campus. The student is encouraged to seek medical advice for a physician and follow local/federal self-quarantine guidelines.

Resources for Employees and Students

Below, the College has included resources for students from the Centers for Disease Control and Prevention. Students and employees are encouraged to regularly check the CDC's website for updates.

Social Distancing

What is social distancing?



Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (about 2 arms' length) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

In addition to everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

Limit close contact with others outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you—or they—have no symptoms. Social distancing is especially important for people who are at higher risk_for severe illness from COVID-19.

Many people have personal circumstances or situations that present challenges with practicing social distancing to prevent the spread of COVID-19. Please see the following guidance for additional recommendations and considerations for:

- Households Living in Close Quarters: How to Protect Those Who Are Most Vulnerable
- Living in Shared Housing
- People with Disabilities
- People Experiencing Homelessness

Why practice social distancing?

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. However, this is not thought to be the main way the virus spreads. COVID-19 can live for hours or days on a surface, depending on factors such as sunlight, humidity, and the type of surface. Social distancing helps limit opportunities to come in contact with contaminated surfaces and infected people outside the home.

Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19. Everyone has a role to play in slowing the spread and protecting themselves, their family, and their community.

Tips for social distancing

• Follow guidance from authorities where you live.

- If you need to shop for food or medicine at the grocery store or pharmacy, stay at least 6 feet away from others. Also consider other options:
 - Use mail-order for medications, if possible.
 - Consider a grocery delivery service.
- Cover your mouth and nose with a cloth face covering when around others, including when you have to go out in public, for example to the grocery store.
 - Cloth face coverings should NOT be placed on children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - Keep at least 6 feet between yourself and others, even when you wear a face covering.
- Avoid gatherings of any size outside your household, such as a friend's house, parks, restaurants, shops, or any other place. This advice applies to people of any age, including teens and younger adults. Children should not have in-person playdates while school is out. To help maintain social connections while social distancing, learn tips to keep children healthy while school's out.
- Work from home when possible. See additional information for <u>critical infrastructure</u> <u>workforce</u> from Cybersecurity and Infrastructure Security Agency (CISA).
- Limit using any kind of public transportation, ridesharing, or taxis, if possible. If you must use public transportation, <u>follow these tips to protect yourself</u>.
- If you are a student or parent, talk to your school about options for digital/distance learning.

Symptoms of COVID-19

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache

- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

What to Do If You're Sick

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home.** Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- Avoid public transportation, ride-sharing, or taxis.

Separate yourself from other people

As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.

- Additional guidance is available for those living in close quarters and shared housing.
- See COVID-19 and Animals if you have questions about pets.

Monitor your symptoms

- Symptoms of COVID-19 fever, cough, or other symptoms.
- Follow care instructions from your healthcare provider and local health department. Your local health authorities may give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are sick wear a cloth covering over your nose and mouth

- You should wear a cloth face covering, over your nose and mouth if you must be around other people or animals, including pets (even at home)
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw away used tissues in a lined trash can.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Use hand sanitizer if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water** are the best option, especially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Handwashing Tips

Avoid sharing personal household items

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Wash these items thoroughly after using them with soap and water or put in the dishwasher.

Cleaning Protocols

During the transition back to on-campus learning, safety and sanitation are a top priority at Beckfield College. The College's maintenance and cleaning personnel have outlined measures to sanitize equipment, doors, classrooms, labs, vending areas, computers, and tables. Below, the College has listed some recommendations for routine cleaning and disinfection.

College personnel will practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics (see below for special electronics cleaning and disinfection instructions)) with household cleaners and <u>EPA-registered disinfectants</u> that are appropriate for the surface, following label instructions. Labels contain instructions for safe and effective use of the cleaning product

including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

• For electronics follow the manufacturer's instructions for all cleaning and disinfection products. Consider use of wipeable covers for electronics. If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

The College will clean and disinfect high-touch surfaces several times daily in common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks)

How to clean and disinfect

Hard (Non-porous) Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. <u>Clean hands</u> immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
 - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available <u>here</u>. Follow manufacturer's instructions for all cleaning and disinfection products for (concentration, application method and contact time, etc.)

Soft (Porous) 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:
 - Launder 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.
 - Otherwise, use products <u>that are EPA-approved for use against the virus</u> <u>that causes COVID-19</u> and that are suitable for porous surfaces.

Electronics

- For electronics such as cell phones, tablets, touch screens, remote controls, and keyboards, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, clothing, and other items that go in the laundry

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. <u>Clean hands</u> immediately after gloves are removed.
 - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
 - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder 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 from an ill person can be washed with other people's items.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

Hand hygiene and other preventive measures

 Household members should <u>clean hands</u> often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcoholbased hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Resources for Students and Employees

Get Your Home Ready

Accessible Version: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

This interim guidance is based on what is currently known <u>about the Coronavirus Disease 2019</u> (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

This interim guidance is to help household members plan for community transmission of coronavirus disease 2019 (COVID-19) in the United States. The Centers for Disease Control and Prevention (CDC) encourages household members to prepare for the possibility of a COVID-19 outbreak in their community.

COVID-19 is caused by a new virus. There is <u>much to learn about its transmissibility</u>, <u>severity</u>, <u>and other</u> <u>features of the disease</u>. We want to help everyone prepare to respond to this public health threat.

In this guidance

- Before a COVID-19 outbreak occurs: Plan
- During a COVID-19 outbreak: Act
- After a COVID-19 outbreak has ended: Follow Up
- Readiness Resources

Before a COVID-19 outbreak occurs in your community: Plan

A COVID-19 outbreak could last for a long time in your community. Depending on the severity of the outbreak, public health officials may recommend community actions designed to help keep people healthy, reduce exposures to COVID-19, and slow the spread of the disease. Local public health officials may make recommendations appropriate to your local situation. Creating a household plan can help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community. You should base the details of your household plan on the needs and daily routine of your household members.

Create a household plan of action

- ✓ Talk with the people who need to be included in your plan. Meet with household members, other relatives, and friends to discuss <u>what to do if a COVID-19 outbreak occurs in your community</u> and what the needs of each person will be.
- Plan ways to care for those who might be at greater risk for serious complications. There is limited information about who may be at risk for severe complications from COVID-19 illness. From the data that are available for COVID-19 patients, and from data for related coronaviruses such as SARS-CoV and MERS-CoV, it is possible that older adults and persons who have underlying



chronic medical conditions may be at risk for more serious complications. Early data suggest older people are more likely to have serious COVID-19 illness. If you or your household members are at increased risk for COVID-19 complications, please consult with your health care provider for more information about monitoring your health for symptoms suggestive of COVID-19. CDC will recommend actions to help keep people at high risk for complications healthy if a COVID-19 outbreak occurs in your community.

- Get to know your neighbors. Talk with your neighbors about emergency planning. If your neighborhood has a website or social media page, consider joining it to maintain access to neighbors, information, and resources.
- Identify aid organizations in your community. Create a list of local organizations that you and your household can contact in the event you need access to information, health care services, support, and resources. Consider including organizations that provide mental health or counseling services, food, and other supplies.
- Create an emergency contact list. Ensure your household has a current list of emergency contacts for family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.

Practice good personal health habits and plan for home-based actions

- ✓ Practice everyday preventive actions now. Remind everyone in your household of the importance of practicing everyday preventive actions that can help prevent the spread of respiratory illnesses:
 - Avoid close contact with people who are sick.
 - Stay home when you are sick, except to get medical care.
 - Cover your coughs and sneezes with a tissue.
 - Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.
 - If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection. For disinfection, a list of products with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at <u>Novel Coronavirus (COVID-19) Fighting Products</u>. Always follow the manufacturer's instructions for all cleaning and disinfection products.
 - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Always wash your hands with soap and water if your hands are visibly dirty.
- ✓ Choose a room in your home that can be used to separate sick household members from those who are healthy. Identify a separate bathroom for the sick person to use, if possible. Plan to clean these rooms, as needed, when someone is sick. Learn how to care for someone with COVID-19 at home.

Be prepared if your child's school or childcare facility is temporarily dismissed

✓ Learn about the emergency operations plan at your child's school or childcare facility. During a COVID-19 outbreak in your community, local public health officials may recommend temporary school dismissals to help slow the spread of illness. School authorities also may decide to dismiss a school if too many students or staff are absent. Understand the plan for continuing education and social services (such as student meal programs) during school dismissals. If your child attends a college or university, encourage them to learn about the school's plan for a COVID-19 outbreak.

Plan for potential changes at your workplace

✓ Learn about your employer's emergency operations plan. Discuss sick-leave policies and telework options for workers who are sick or who need to stay home to care for sick household members. Learn how businesses and employers can plan for and respond to COVID-19.

During a COVID-19 outbreak in your community: Act

During an outbreak in your community, protect yourself and others by:

- ✓ Staying home from work, school, and all activities when you are <u>sick with COVID-19 symptoms</u>, which may include fever, cough, and difficulty breathing.
- $\sqrt{}$ Keeping away from others who are sick.
- $\sqrt{}$ Limiting close contact with others as much as possible (about 6 feet).

Put your household plan into action

- ✓ Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from <u>public health officials</u>. Be aware of temporary school dismissals in your area, as this may affect your household's daily routine.
- ✓ Stay home if you are sick. Stay home if you have <u>COVID-19 symptoms</u>. If a member of your household is sick, stay home from school and work to avoid spreading COVID-19 to others.
 - If your children are in the care of others, urge caregivers to watch for COVID-19 symptoms.
- ✓ Continue practicing everyday preventive actions. Cover coughs and sneezes with a tissue and wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains 60% alcohol. Clean frequently touched surfaces and objects daily using a regular household detergent and water.
- ✓ Use the separate room and bathroom you prepared for sick household members (if possible). Learn how to care for someone with COVID-19 at home. Avoid sharing personal items like food and drinks. Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others. Clean the sick room and bathroom, as needed, to avoid unnecessary contact with the sick person.
 - If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection. For disinfection, a list of products with EPA-approved emerging viral pathogens claims, maintained by the CBC, is available at <u>Novel Coronavirus (COVID-19) Fighting Products</u>. Always follow the manufacturer's instructions for all cleaning and disinfection products.

- Stay in touch with others by phone or email. If you live alone and become sick during a COVID-19 outbreak, you may need help. If you have a chronic medical condition and live alone, ask family, friends, and health care providers to check on you during an outbreak. Stay in touch with family and friends with chronic medical conditions.
- ✓ Take care of the emotional health of your household members. Outbreaks can be stressful for adults and children. <u>Children respond differently to stressful situations than adults</u>. Talk with your children about the outbreak, try to stay calm, and reassure them that they are safe.

Inform your workplace if you need to change your regular work schedule

Notify your workplace as soon as possible if your schedule changes. Ask to work from home or take leave if you or someone in your household gets sick with <u>COVID-19 symptoms</u>, or if your child's school is dismissed temporarily.

Take the following steps to help protect your children during an outbreak

- ✓ If your child/children become sick with COVID-19s, notify their childcare facility or school. Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.
- Keep track of school dismissals in your community. Read or watch local media sources that report school dismissals. If schools are dismissed temporarily, use alternative childcare arrangements, if needed.
- ✓ Discourage children and teens from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community.

After a COVID-19 outbreak has ended in your community: Follow Up

Remember, a COVID-19 outbreak could last a long time. The impact on individuals, households, and communities might be great. When public health officials determine the outbreak has ended in your community, take time to improve your household's plan. As public health officials continue to plan for COVID-19 and other disease outbreaks, you and your household also have an important role to play in ongoing planning efforts.

Evaluate the effectiveness of your household's plan of action

- J Discuss and note lessons learned. Were your COVID-19 preparedness actions effective at home, school, and work? Talk about problems found in your plan and effective solutions. Identify additional resources needed for you and your household.
- Participate in community discussions about emergency planning. Let others know about what readiness actions worked for you and your household. Maintain communication lines with your community (e.g., social media and email lists). Promote the importance of practicing good personal health habits.
- Continue to practice everyday preventive actions. Stay home when you are sick; cover your coughs and sneezes with a tissue; wash your hands often with soap and water; and clean frequently touched surfaces and objects daily.

- ✓ Take care of the emotional health of your household members. Make time to unwind and remind yourself that strong feelings will fade. Take breaks from watching, reading, or listening to news stories about COVID-19. Connect with family and friends. Share your concerns and how you are feeling with others.
- ✓ Help your child/children cope after the outbreak. Provide children with opportunities to talk about what they went through or what they think about it. Encourage them to share concerns and ask questions. Because parents, teachers, and other adults see children in different situations, it is important for them to work together to share information about how each child is coping after the outbreak.

COVID-19 Readiness Resources

- Visit <u>www.cdc.gov/COVID19</u> for the latest information and resources
- COVID 2019 Situation Summary https://www.cdc.gov/coronavirus/2019-nCoV/summary.html
- Prevention and Treatment<u>https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html</u>
- What to Do If You Are Sick <u>https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.</u> <u>html</u>
- Pregnant Women and COVID FAQs <u>https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/</u> pregnancy-faq.html
- Stigma Related to COVID-19 <u>https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.</u> <u>html</u>
- Handwashing: A Family Activity <u>https://www.cdc.gov/handwashing/handwashing-family.html</u>
- Handwashing: Clean Hands Save Lives <u>http://www.cdc.gov/handwashing</u>

CDC Interim Guidance for Specific Audiences

- Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) <u>https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html</u>
- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) <u>https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidancebusiness-response.html</u>

CDC Communication Resources

- Communication Resources <u>https://www.cdc.gov/coronavirus/2019-ncov/communication/index.</u> <u>html</u>
- Print Resources <u>https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html</u>
- Buttons and Badges <u>https://www.cdc.gov/coronavirus/2019-ncov/communication/buttons-badges.html</u>

How to Safely Wear and Take Off a Cloth Face Covering

Accessible: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2





USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available





TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- · Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water

Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

cdc.gov/coronavirus

How to Protect Yourself and Others

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact



- Stay home if you are sick.
- Avoid close contact with people who are sick.
- Put distance between yourself and other people.
 - » Remember that some people without symptoms may be able to spread virus.
 - » This is especially important for **people who are at higher risk of getting very sick.** <u>www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-</u> <u>at-higher-risk.html</u>



Cover your mouth and nose with a cloth face cover when around others –



- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
 - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others.** The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes -



- If you are in a private setting and do not have on your cloth face covering, remember to always 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 **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. <u>www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/</u> <u>disinfecting-your-home.html</u>
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. You can see a list of <u>EPA-registered</u> household disinfectants here.

cdc.gov/coronavirus



Guidance on Preparing Workplaces for COVID-19

OSHA 3990-03 2020



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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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.

GUIDANCE ON PREPARING WORKPLACES FOR COVID-19

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 personto-person, including:

 Between people who are in close contact with one another (within about 6 feet). *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.

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.

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-toperson 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 drivethrough 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.

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- 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/2019ncov/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/2019ncov/specific-groups/guidance-business-response.html.

Engineering Controls

Engineering controls involve isolating employees from workrelated 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.

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- 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).

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- 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-regs/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-regs/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/lawsregs/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-regs/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-regs/ 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

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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.

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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.

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- 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., drivethrough 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.

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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/2019ncov/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:

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- 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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

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

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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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

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).

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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.



OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION



U.S. Department of Labor

For more information:





ATTESTATION FORM

Purpose: Our organization is committed to a safe and secure environment. Policy: All college personnel, employed or contracted, pledge to self-monitor and self-report to avoid exposures to communicable diseases such as COVID-19.

Rationale: COVID-19 virus is extremely dangerous for older adults on campus and at home. Many populations outside of older adults do not show symptoms, but they may be able to transmit the virus to others. Because of this, we are asking for the following commitment from you:

We ask the following of staff and others who are entering and interacting within the facility to commit to the following precautions and practices:

- 1. Handwashing: While you are here but also while you are not here, we ask you to wash your hands frequently. For example, before you leave one area and enter another wash your hands with soap and friction. Use hand sanitizer when soap is not available.
- 2. Avoid individuals who have any of the following respiratory symptoms:
 - a. Fever
 - b. Cough
 - c. Sore throat
 - d. New shortness of breath
- 3. Avoid individuals who have traveled internationally within the last 14 days to areas where COVID 19 cases have been confirmed.
- 4. Avoid individuals who have worked in a setting where COVID 19 cases have been confirmed.
- 5. Avoid gatherings of people.
- 6. Properly wear and store appropriate Personal Protective Equipment.
- 7. Report contact with any individual with suspected or confirmed infection with COVID-19.

As a part of our protection activities, we ask for these practices to be attested to by your signature. In addition, we will be asking you to submit to having your temperature taken when you report to work. We appreciate your professionalism and your commitment in protecting our community.

Signature Date