Halem Educational Activities Fund, Inc.
Infectious Disease
Preparedness and
Response Plan

Last revised: May 2021
This Infectious Disease Preparedness and Response Plan applies to the following establishments:

2090 Seventh Avenue, 10 Floor
New York, NY10027

Disclaimer
The following sample safety program is provided as a guide to assist ADP clients in complying with the requirements of state and Federal OSHA standards as well as to provide other helpful information. It is not intended to supersede the requirements of the standards. This program is not an exhaustive list of all requirements under the standards. An employer should review the standards for particular requirements which are applicable to their individual situation and make adjustments to this program that are specific to their company. An employer will need to add information and implement procedures relevant to their particular facilities in order to develop an effective and comprehensive program. As the COVID-19 outbreak develops, the information contained in this document may change and thus, your company should continue to monitor developments in this area.
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Purpose

Our company’s Infectious Disease Preparedness and Response Plan is a guide for planning for, responding to, and recovering from a pandemic that may impact our business and community. In this plan we identify 1) potential occupational exposure to infectious disease, 2) ways to mitigate our employees’ risk of contracting these infections, and 3) methods to respond in an appropriate and timely manner if exposure incidents occur.

Scope

An infectious disease is transmitted either by inhalation of infectious particles/droplets or direct contact of the particles/droplets with mucous membranes in the respiratory tract or eyes. Infectious diseases may include the Novel Coronavirus (COVID-19), MERS, SARS, Ebola, Anthrax, pandemic flu, and other known diseases. Examples of infectious diseases for which this plan could apply are included in Appendix A -Descriptions of infectious diseases.

During an outbreak of a highly infectious disease, the US Government – US Department of Health and Human Services (HHS) along with the Centers for Disease Control and Prevention (CDC) – is the national leader for overall communication and coordination efforts. Our company will follow the recommendations of these organizations as well as the Occupational Safety and Health Administration (OSHA), and other applicable federal, state, and local health authorities.

Plan Administrator

The Chief Human Resources Officer is the Plan Administrator. The Plan Administrator has the overall responsibility to administer the plan for our operations and perform the following duties:

- Perform a comprehensive risk assessment of all work areas.
- Establish a written, worksite-specific prevention plan at each company site (where applicable) and designate a person at each site to implement the plan.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among employees, as may be required.
- Regularly evaluate the workspace for compliance with the Plan and document and correct deficiencies identified.

Additional staff members who support the Plan and their roles are:

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<th>Staff Member Name</th>
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Coronavirus Disease (COVID-19)

The information for infection with SARS-CoV-2 (COVID-19) has been updated as of July 2020.

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. To reduce the impact of the COVID-19 outbreak, our company has developed a preparedness and response plan.

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. The CDC says the following symptoms may be consistent with COVID-19:

- Coughing
- Shortness of breath or difficulty breathing
- Fever or chills
- Fatigue
- Muscle or body aches
- Headaches
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

According to the CDC, symptoms of COVID-19 may appear 2-14 days after exposure to the virus that causes COVID-19. Some people, referred to as asymptomatic cases, have experienced no symptoms at all. This list does not include all possible symptoms. The CDC will continue to update the list as they learn more about COVID-19. [https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

How COVID-19 spreads

COVID-19 started from exposure to an infected animal. Infected people can spread COVID-19 to other people. The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks. 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 the virus 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.

How COVID-19 can affect our workplace

We may see increased absenteeism from employees who are:

- Sick themselves
- Caring for a sick family member
- Caring for children if schools or daycare centers are closed
- Have at-risk people at home

We may need to change the way we do business and continue operations, including the following:

- Reducing person to person contact
  - Considering alternative ways to work (e.g. telework, stagger shifts, reduced number of employees on site at one time)
  - Finding alternative ways to work with or help our customers
- Cross-training our staff to cover essential functions and operations

We may see interrupted supply/delivery:

- Shipments from affected areas may be delayed or canceled
Occupational Exposure to COVID-19

Occupational exposure to infectious diseases is defined as work activity or work conditions that are reasonably anticipated to present an elevated risk of contracting these diseases without protective measures in place. Where appropriate, our company will follow the recommendations of federal, state, and local health authorities to address considerations related to occupational exposure to infectious diseases including, but not limited to, the following:

- Sources of infection to which workers might be exposed, including:
  - The general public, customers, and coworkers;
  - Sick individuals or those at particularly high risk of infections (e.g., international travelers who have visited locations with widespread sustained (ongoing) disease transmission, healthcare workers who have had unprotected exposures to people known or are suspected of being infected);
  - Face-to-face contact with a large number of people;
  - Worksites where they may encounter people who have COVID-19, or the potential to have COVID-19 (e.g., HVAC contractor performing work in a healthcare setting); and
  - Materials that could be contaminated (e.g., health care waste or laboratory samples)

- Worker's individual risk factors (older age; medical conditions; pregnancy)

- Controls necessary to address those risks

OSHA has provided guidance on classifying worker exposure to COVID-19 into four categories: very high, high, medium, and lower (caution) risk. Worker exposure classification depends, in part, on the industry type and need for contact within 6 feet of people known to be, or suspected of being, infected with COVID-19. OSHA also developed the Occupational Risk Pyramid to represent the probable distribution of risk in the United States. We have reviewed our operations and assigned our workers into exposure risk classifications based on guidance from OSHA in Appendix B – Worker exposure risk classifications.

Worker Exposure Risk Classifications for COVID-19

**Very High Exposure Risk:** This category includes jobs with a 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 performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures, and exams, or invasive specimen collection) for known or suspected COVID-19 patients
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients
- Morgue workers who are 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:** This category includes jobs with a high potential for exposure to known or suspected sources of infectious disease. Workers in this category include:
- Healthcare delivery and support staff exposed to known or suspected infectious patients
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected infectious 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, infection at the time of their death

**Medium Exposure Risk:** This category of jobs includes those that require frequent and/or close contact with (i.e., within six feet of) people who may be infected with the virus that causes COVID-19 (but are not known or suspected COVID-19 patients).
**Lower Exposure Risk (Caution):** This category covers jobs that do not require contact with people known to be, or suspected of being, infected with the virus that causes COVID-19 nor require frequent close contact with (i.e., within six feet of) the general public.

**Ways to Mitigate Risk of Exposure to COVID-19**

**Basic Infection Prevention Measures**

We are asking every one of our employees to help with our prevention efforts while at work. In order to minimize the spread of COVID-19, we all must play our part. As set forth below, our company has instituted various housekeeping, social distancing, and other best practices. All employees must follow these. In addition, employees are expected to report to their managers or supervisors if they are experiencing signs or symptoms of COVID-19, as described below. If an employee has a specific question about this Plan or COVID-19, the employee should be directed to his/her manager, supervisor, or Plan Administrator. If they cannot answer the question, the employee should be directed to contact the local public health authority.

Basic infection prevention measures will be emphasized to protect workers during an infectious disease outbreak. Where appropriate, our company will follow the recommendations of federal, state, and local health authorities. OSHA and the CDC have provided the following control and preventative guidance to all workers, regardless of exposure risk:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.
- Avoid close contact with people who are sick.
- Use tissues for sneezes and dispose of them in the trash receptacle. Do not touch the trash receptacle.
- Do not share work tools and equipment.

In addition, employees must familiarize themselves with the symptoms of COVID-19.

If an employee develops a fever and symptoms of respiratory illness, such as cough or shortness of breath, the employee will be asked to stay home and to call their healthcare provider right away. Likewise, if an employee comes into close contact with someone showing these symptoms, the employee should call their healthcare provider right away.

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**HIERARCHY OF CONTROLS FOR COVID-19**

**CAN A MASK PROTECT ME?**  
**IS PHYSICAL DISTANCING BETTER?**  
**WHAT’S THE BEST WAY TO PROTECT EMPLOYEES?**

The hierarchy of risk controls is a framework used in occupational health to protect workers with the most effective controls. Following this hierarchy normally leads to the implementation of inherently safer systems. (Adapted from NIOSH)

**MOST EFFECTIVE**

- Elimination
- Substitution
- Engineering Controls
- Admin Controls
- PPE

**LEAST EFFECTIVE**

- Isolation
- Stay at Home
- Work from Home
- Only Essential Employees
- Return to Work
- Improved Ventilation
- Physical Barriers
- Workspace Rearrangements
- Physical Distancing
- Temperature Screening
- Staggered Schedules
- Working in Teams/Pods
- Hand Hygiene

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Worker Protection

We shall use feasible engineering controls and work practice controls to reduce employee exposure to infectious diseases. When those controls are not sufficient, we shall provide personal protective equipment (PPE). We have defined appropriate workplace controls for our various worker exposure risk classifications using Appendix C – Infectious disease workplace controls checklist.

Workplace flexibilities and protections will be emphasized to protect workers during an infectious disease outbreak. Where appropriate, and as identified in Appendix C, our company will follow the recommendations of federal, state, and local health authorities which may include, but not limited to, the following:

- Having sick employees stay home
- Ensuring that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies
  - Talking with companies that provide our business with contract or temporary employees about the importance of sick employees staying home and encouraging them to develop non-punitive leave policies
  - Maintaining flexible policies that permit employees to stay home to care for a sick family member
  - Recognizing that workers with ill family members may need to stay home to care for them
- Establishing policies and practices to increase the physical distance among employees, and between employees and others, if health authorities recommend the use of social distancing
  - Implementing flexible worksites (e.g., telework)
  - Implementing flexible work hours (e.g., staggered shifts)
  - Increasing physical space between employees at the worksite
  - Increasing physical space between employees and customers (e.g., drive through, partitions)
  - Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
- Delivering services remotely (e.g., phone, video, or web)
- Delivering products through curbside pick-up or delivery

Personal Protective Equipment (PPE)

Where engineering controls and work practice controls to reduce employee exposure to infectious diseases are not feasible, PPE controls will be implemented based on our hazard assessment. Where appropriate, and as identified in Appendix C, our company will follow the recommendations of federal, state, and local health authorities which may include, but not limited to, the following:

- **Face Masks** - CDC recommendations and state and local guidelines related to wearing of face masks will be followed.
  - Face masks or coverings are not the same as N95 or equivalent respirators. Face masks and coverings are used to prevent those individuals who may be asymptomatic from transmitting the virus to others. If an employee’s regular job duties require a respirator, this should still be used instead of a face covering.
  - Appendix D of this Plan provides guidance on removing face masks/coverings.
  - All face masks should be properly disinfected and cleaned regularly.
    - The CDC recommends a washing machine for properly washing a face covering.
    - These should be cleaned routinely depending on the frequency of use.
- **Face Shields** - These may be worn as a precautionary measure for employees that work in close proximately to others.
  - Depending on the employee job duties, face shields may be a safer form of PPE over face masks/coverings.
- **Respirators** - For high-risk exposure individuals, respirators may be the best form of protection. Respirator selection will be based on exposures and may also depend on the availability of the equipment. See Appendix E of this plan for guidance on putting on and removing respirators.
- **Gloves** - Depending on the type of work (such as the medical industry), employers may require employees to wear gloves.
  - Gloves are recommended to be worn by employees who are:
    - Screening other employees.
    - Medical providers, dentists, high-risk exposure workers.
    - Cleaning and disinfecting the facility.
    - In jobs that already require gloves as part of their PPE.
  - Safe removal of contaminated gloves should be included in employee training (See Appendix D of this Plan).
Refer to our PPE and Respiratory Protection Programs for specific requirements where PPE and/or respirators are included as appropriate workplace controls for infectious disease hazards.

**Screening Protocols**

If required or recommended by local, state, or federal authorities, we may implement certain screening practices to help ensure it's safe for employees to enter the workplace. As appropriate, our company will follow such requirements and recommendations. If we utilize screening protocols (required or otherwise), we will consider various options for screening employees and visitors before they’re allowed to enter the workplace, such as temperature checks, COVID-19 testing, and/or self-certifications.

Before we conduct any COVID-19 testing, we will evaluate which type of test to use (take steps to help ensure that it is accurate and reliable), who will perform it and how to protect them, how it will be administered, the implications of various testing protocols, and consult local health officials, as needed, when assessing the different options. If we utilize COVID-19 testing, we will apply screening protocols uniformly as required and treat screening results as confidential medical records.

To the extent certain screening practices may be considered medical examinations, and therefore subject to rules under the Americans with Disabilities Act (ADA) and similar state laws, we will review whether the medical examinations are job-related and consistent with business necessity. We will determine whether a direct threat exists based on the best available, objective medical evidence, such as guidance from CDC or other public health authorities. According to the U.S. Equal Employment Opportunity Commission, if an employer’s screening practices are consistent with advice from the CDC and public health authorities, then the employer will generally meet ADA rules.

State privacy laws may require employers to provide notice at the time of collection, describing what information will be collected (e.g., body temperature) and the purposes for which it will be used (e.g., to maintain a safe work environment). We will comply with such laws as required.

**Self-Certifications**

We may request employees do at-home health screenings, including temperature checks. See Appendix F. CDC has published a “self-checker” that can be done by employees at home along with a temperature check.

If the self-checker indicates that an employee should stay home, the employee shall call their supervisor to discuss whether that employee should stay home or if an accommodation is needed under the Americans with Disabilities Act.

**Temperature Checks**

We may request temperature checks, using a touchless thermometer, before entering the facility, typically at the beginning of the shift. Should we decide to perform screenings at our facility, we will keep the following important best practices in mind:

- Providing the employee with a copy of Appendix F of this document, request their signature, and retain a copy, treating screening results as confidential medical records.
- Developing a screening entrance and include proper social distancing markers to allow employees at least 6 feet between each other. (CDC Guidelines) Social distancing efforts may also include:
  - Staggered shifts for the startup to prevent a crowd or line outside of the facility.
  - Vehicle drive-thru screening process in the parking lot to screen employees while they remain in their vehicle.
- Determining employees who will be doing the temperature screenings.
  - Train the employees on PPE usage, temperature screening procedures, maintaining a temperature log and confidentiality, and procedures to follow if an employee is determined to have a fever (i.e., the temperature at or above 100.4 degrees Fahrenheit)
  - Ensure they are wearing appropriate PPE (including gloves, face mask, and eye protection) to screen the employees and are using the manufacturer’s recommended disinfection protocols.
  - Provide a barrier or guard for the screener to stand behind to protect them while performing screenings.
  - Have employees clean their hands with soap and water before screenings and after.
- If a temperature log-is maintained, treating this information as a confidential medical record.
- For calibration and usage instructions, reviewing the manufacturer’s owner manual.
Employees who have a temperature at or above 100.4 degrees Fahrenheit or exhibit visible symptoms consistent with COVID-19, will be sent home and instructed to follow CDC guidelines (and if applicable, medical professional advice) for returning to work.

Workplace Controls

The Plan Administrator along with additional staff members who support the Plan will assess the need to make changes or implement controls related to the physical workplace and administrative processes considering the following controls.

Physical Workplace Changes

We will assess the need to make the following changes to the physical workplace to reduce the risk of exposure to COVID-19 and comply with applicable social distancing mandates. Where appropriate, and as identified in Appendix C, our company will follow the recommendations of federal, state, and local health authorities which may include, but not limited to, the following:

- Creating an office density map to evaluate/identify the number of employees per workspace.
  - Evaluating office layout to maintain social distancing. Workstations may need to be moved or removed to accommodate this.
  - If this is not possible, we will consider adding partitions, screens, etc. between workspaces and/or visual cues such as floor markings and signs to indicate where employees should sit or stand.
- Establishing one-way (directional) hallway configurations when possible to reduce the potential of employees passing by one another.
- Designating separate routes for entry and exit to help maintain social distancing and lessening the instances of people being in close contact with one another.
- In cases of shared workspaces, such as office buildings where lobbies, restrooms, and breakrooms are shared with other businesses, discussing re-opening plans with building management and potentially other tenants to reduce risk of exposure to COVID-19.
- Closing or restricting common areas, using barriers or increasing physical distance between tables/chairs where personnel are likely to congregate and interact, such as kitchenettes and break rooms, and discouraging employees from congregating in high traffic areas such as bathrooms, hallways, and stairwells.
- Considering the use of production transfer aids (such as inclined shelves, push boards) to allow for social distancing.
- As a last resort – if social distancing cannot be maintained, workspaces cannot be separated, and employees must work closely, we will consider providing employees with PPE to mitigate their exposure (See Personal Protective Equipment (PPE) section above).
- If the workplace has not been utilized for several weeks, we will review current EPA recommendations regarding the HVAC and water delivery systems. (EPA HVAC Guidance for Building and Maintenance Professionals)

In-Person Meetings

Where appropriate, and as identified in Appendix C, our company will follow the recommendations of federal, state, and local health authorities which may include, but not limited to, the following:

- Postponing non-essential meetings or events.
- Whenever possible, using remote services such as phone, video, or web.
- Holding meetings in open, well-ventilated spaces when in-person meetings are required.
- Limiting the meeting size depending on the room, considering room density maps to evaluate the maximum number per room.

Cleaning and Disinfecting

We will maintain regular housekeeping practices, including cleaning and disinfection of the work environment. See Appendix G for COVID-19 Prevention with enhanced cleaning and disinfection.
Business Travel

We will review current CDC recommendations on business travel. Where appropriate, and as identified in Appendix C, our company will follow the recommendations of federal, state, and local health authorities which may include, but not limited to, the following:

- Conducting virtual meetings as an alternative to business travel.
- Limiting non-essential air travel.
- Informing employees to be aware of and prepared for airline and airport requirements (such as a requirement to wear mask/face covering).
- Checking the CDC’s Traveler’s Health Notices for the latest guidance and recommendations for each country to which an employee will travel.
- Advising employees to check themselves for symptoms of COVID-19 before starting travel.
- Instructing employees who become sick while traveling or on temporary assignment to notify their supervisor and promptly call a healthcare provider for advice if needed.

Controlling Inbound/Outbound Materials

Where appropriate, and as identified in Appendix C, our company will follow the recommendations of federal, state, and local health authorities which may include, but not limited to, the following:

- Paying online or on the phone when ordering (if possible). Accepting deliveries without in-person contact whenever possible. Asking for shipments to be left in a pre-arranged location, with no person-to-person interaction. Otherwise, staying at least 6 feet away from the delivery person.
- Instructing employees to wash their hands with soap and water for 20 seconds after accepting deliveries or collecting mail. If soap and water are not available, instructing employees to use a hand sanitizer with at least 60% alcohol.

Guest Safety Controls

If a business-crucial, in-person visit is necessary, we will review the screening protocol listed below so that guests (e.g., visitors, contractors, vendors) will not pose a risk of exposure to employees.

- Define who is a guest and type of guest.
- Revise contracts with vendors, where applicable, to reflect that COVID-19 screening will be performed before entry into the workplace, as well as any other requirements (e.g. PPE/face covering, social distancing, temperature screening, etc.).
- Request from vendor confirmation that an Infectious Disease Prevention Plan (or similar) has been implemented in their workplace. Request table of contents of the plan.
- Screen guests for potential exposure to COVID-19 before entering the facility.
- Develop a communication plan for the guest to inform our company if the guest has symptoms based on CDC guidance.

Attached in Appendix H is a sample attestation to be reviewed and signed by the guest before entering the workplace.

Signage

Facility Signage is essential as a constant communication and training tool for all employees and guests. We will utilize a variety of posters available through the CDC Print Resources website and other resources when necessary to communicate the following:

- Screening or Temperature Check Point
- Disinfection signage for bathrooms/lunchrooms
- Break Room schedules
- Guest signage
  - Signage may be posted on the front door letting guests know about changes to our policies and instructing them to stay away if they are experiencing COVID-19-like symptoms.
Methods to Respond if Exposure Incidents Occur

**Employee Exhibiting COVID-19 Symptoms**
If an employee exhibits COVID-19 symptoms, the employee will be asked to call their healthcare provider and to return home. The employee may return to work consistent with CDC, state, and local guidelines and advice from healthcare provider.

**Employee Tests Positive for COVID-19**
An employee that tests positive for COVID-19 will be directed to self-quarantine away from work. The employee may return to work consistent with CDC, state, and local guidelines and advice from healthcare provider.

If our company learns that an employee has tested positive, our company will conduct an investigation into areas the infected employee visited in our workplace and identify co-workers, clients, contractors, vendors, and visitors that may have had close contact with the confirmed-positive employee in the prior 14 days. We will inform other individuals of their possible exposure to COVID-19 in the workplace, but maintain confidentiality (that is, we won’t reveal who has the illness). We will direct those employees that have had close contact with the confirmed-positive employee to call their healthcare provider regarding the length of time to stay home. Close contact is defined as six (6) feet for a prolonged period of time, as defined by CDC guidelines.

**Employee Has Close Contact with a Confirmed Positive COVID-19 Individual**
If an employee learns that he or she has come into close contact with a confirmed-positive individual outside of the workplace, he/she must alert a manager or supervisor of the close contact and also call their healthcare provider regarding the length of time to stay home. We will refer to [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/index.html) (Note: These guidelines may change as CDC and state and local guidelines develop.)

**Returning to Work After Home Isolation**
The employee may return to work consistent with CDC, state, and local guidelines and advice from a healthcare provider. According to the CDC, employees who have been treated by a healthcare provider and under home isolation/quarantine can return to work under the following conditions: [CDC Discontinuation of Isolation for Persons with COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/community/discontinuation.html).

**Deep Cleaning Protocol**
Deep cleaning of the work environment will be conducted when an employee or visitor is identified as positive for COVID-19 based on testing. We will refer to CDC guidance on “[Cleaning and Disinfecting Your Facility](https://www.cdc.gov/coronavirus/2019-ncov/environment/cleaning.html)” for the most recent guidance.

**Communication**
Infectious disease outbreaks can evolve rapidly. Our company will communicate to our employees as information becomes available on the following topics according to the guidelines defined in [Appendix I – Crisis communications plan](#).

- Information about the infectious disease outbreak.
- Changes to our business operations including workplace policies, workplace protections, and flexibilities.
- Notifying employees if a person in the facility has been confirmed infectious or has been around someone who has been confirmed infectious for their potential exposure.
- Following prolonged facility shutdown, notifying employees of safety measures taken to protect and keep our employees safe using the Return to Work Notification letter found in [Appendix J](#).

Note: Except for circumstances in which our company is legally required to report workplace occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances. When it is required, the number of persons who will be informed of an employee’s condition will be kept at the minimum needed not only to comply with legally-required reporting but also to assure proper care of the employee and to detect situations where the potential for transmission may increase. A [sample notice to employees is in Appendix K](#). Our company reserves the right to inform other employees that a co-worker...
(without disclosing the person's name) has been diagnosed with COVID-19 if the other employees might have been exposed to the disease so the employees may take measures to protect their own health.

**Training**

The following training is provided to our employees who have occupational exposure to infectious disease:

- Explanation of infectious disease
- Modes of transmission and applicable control procedures
- Review of recognized tasks and activities that may pose an exposure
- Appropriate workplace controls, which may include engineering and administrative controls (e.g., social distancing, screening protocols, etc.), safe work practices, and PPE
- Selection of PPE as appropriate, proper use, location, removal, handling, cleaning, decontamination and disposal of items

Training materials and resources may include, but are not limited to, the following:

- Appendix D – Sequence for putting on personal protective equipment (CDC)
- Appendix E – How to properly put on and take off a disposable respirator (CDC)
- Appendix L – COVID-19 Toolbox talk
- MyLearning@ADP PureSafety Courses:
  - PureSafety course: Pandemic Awareness (Online)
  - PureSafety course: Pandemic Influenza (Online)
  - PureSafety course: Infection Control – Handwashing (Online)
  - PureSafety course: Bloodborne Pathogens (Online)
  - PureSafety course: Safe Return to the Workspace: Preparing Your Workspace (Online)
  - PureSafety course: Safe Return to the Workspace: Sharing Workspaces (Online)
  - PureSafety course: Safe Return to the Workspace: Preparing Yourself (Online)
  - PureSafety course: Preparing Buildings for Occupancy Following a Prolonged Shutdown (Online)

The training will occur:

- At the time of initial assignment to tasks where occupational exposure may take place
- At least annually thereafter, or refresher not to exceed 12 months from the previous training where required by OSHA
- When changes that affect the employee's occupational exposure or control measures occur, such as introduction of new engineering or work practice controls, modification of tasks or procedures, or institution of new tasks or procedures. The additional training may be limited to addressing the new exposures or control measures.

Each training record will include the following information:

- The date(s) of the training
- The contents or a summary of the training
- The names and qualifications of persons conducting the training or who are designated to respond to interactive questions
- The names and job titles of all persons attending the training

**Recordkeeping**

The following records are maintained:

- Occupational injury and illness records as required by the OSHA recordkeeping and reporting standard and state and local laws
- Training records
- Record of annual review of the Infectious Disease Preparedness Plan
- Records of exposure incidents (exposure analysis) and any follow up
- Records of inspection, testing, and maintenance of non-disposable engineering controls, including ventilation and other air handling systems, air filtration systems, containment equipment
Additional Resources

- Guidance on Returning to Work. Occupational Safety and Health Administration.
Appendix A - Descriptions of infectious diseases

COVID-19
The novel coronavirus outbreak originated in the Wuhan province of China. Symptoms may appear 2-14 days after exposure. The novel coronavirus (officially called COVID-19) is believed to spread from close person-to-person contact (within 6 feet), primarily through respiratory droplets produced when an infected person coughs, sneezes, or talks. The virus is also believed to spread by people touching a surface or object and then touching one’s mouth, nose, or possibly the eyes. People at risk are those who have recently traveled to/from affected countries, and those in close contact with infected individuals. For the latest information on the symptoms, prevention, and treatment of coronavirus, visit the Centers for Disease Control and Prevention coronavirus webpage.

Pandemic Flu – Influenza – Influenza (flu) viruses can cause a severe disease, even death. Flu viruses are grouped into three types, designated A, B, and C.
- Type A – can affect both humans and animals and are associated with more severe disease. Usually the cause of global pandemics.
- Type B – infect only humans and cause seasonal outbreaks and less severe disease than A in the United States (US). Does not cause pandemics
- Type C – Very common, usually cause mild respiratory symptoms.

MERS (Middle East Respiratory Syndrome) – also known as the "camel flu." A fairly new respiratory virus for humans. Symptoms include fever, cough, diarrhea, and shortness of breath. Some experience symptoms involving the gastrointestinal tract causing nausea, vomiting, and diarrhea. Transmission is believed to be through respiratory droplets. Incubation period is approximately 5-7 days.

SARS (Severe Acute Respiratory Syndrome) – A severe respiratory disease. Initial symptoms are flu-like including muscle pain, high fever, sore throat, cough, and possible diarrhea. These symptoms may lead to shortness of breath and/or pneumonia. The typical incubation period is 4-6 days, although it can be as short as one day. Transmission is through respiratory droplets. Although there is some belief that SARS may be spread through airborne transmission – meaning spread by tiny pathogens in the air that are inhaled.

Anthrax – A serious infectious disease that can cause death. Anthrax gets into the body through the skin, lungs, or gastrointestinal tract. All types of Anthrax are bacterial and can spread throughout the body quickly if not treated with antibiotics.

Ebola – A rare viral hemorrhagic fever in humans and non-human primates. Symptoms include fever, sore throat, muscular pain, and headaches and begin between 2 days and 3 weeks after contracting the virus. Vomiting, diarrhea, and a rash may follow along with decreased function of the liver and kidneys. An infected person has a high risk of death killing at least 25% of those infected. The virus spreads through direct contact with body fluids, such as blood, urine, feces, semen, breast milk, sweat, and vomit.
### Appendix B - Worker exposure risk classifications

We have reviewed our operations and assigned our workers into exposure risk classifications based on guidance from OSHA. Descriptions of each classification are in the Worker Exposure Classification section of the main plan.

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#### Medium Exposure Risk

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#### Low (Caution) Exposure Risk

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Appendix C - Infectious disease workplace controls checklist

We have defined appropriate workplace controls for our various worker exposure risk classifications defined in Appendix B.

This checklist is for workers in the following classification:

- [ ] Very high exposure risk
- [ ] High exposure risk
- [ ] Medium exposure risk
- [x] Low (Caution) exposure risk

Engineering Controls (check off those that apply) to reduce exposure:
- [ ] Install high-efficiency air filters
- [ ] Increase ventilation
- [x] Install physical barriers (examples are drive-through windows for customers, plastic barriers)
- [ ] Other: __________________________

Administrative Controls (check off those that apply) to change work policies or procedures
- [x] Have sick employees stay home
- [x] Implement sick leave policies are flexible and consistent with public health guidance
- [x] Implement flexible worksites allowing telework where possible, or allow for alternate days in the office and telework to encourage and accommodate social distancing in the office environment
- [x] Alter work schedules (e.g., staggering shifts and/or group scheduling)
  - Consider staggered start time to reduce the number of employees arriving onsite and leaving at one time
  - Schedule employees in groups so they only interact with the same people
- [x] Implement health screening protocols
  - [x] Implement employee self-certification procedures
  - [x] Implement “touchless” thermometer temperature checks
- [x] Create physical distance between workers and customers (social distancing)
- [x] Manage employee breaks to allow for social spacing and proper hygiene/cleaning
- [x] Discontinue non-essential business travel
- [x] Control outbound/inbound materials
  - [x] Have services delivered remotely
  - [ ] Have products delivered through curbside pick-up or delivery
- [x] Implement guest/visitor/vendor safety controls
- [x] Prepare communication plans (examples are signage, notifications of policies and protocols)
- [x] Provide infectious disease safety training
- [ ] Other: __________________________

Personal Protective Equipment (check off those that apply) based on job tasks and to protect employees from exposure when other controls are not available.
- [x] Gloves
- [ ] Goggles
- [ ] Face shields
- [x] Face masks
- [ ] Respiratory protection: specify type of respiratory protection __________________________
- [x] Other: Hand sanitizer, disinfecting wipes, no touch key, anti-microbial door knobs.
Appendix D - Sequence for putting on personal protective equipment (CDC)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. GOOGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES
   - Outside of gloves are contaminated!
   - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Use a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
   - Hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
   - Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggles or face shield from the back by lifting head band or ear pieces
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN
   - Gown front and sleeves are contaminated!
   - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Unfasten gown ties, taking care that sleeves don’t contact your body when reaching for ties
   - Pull gown away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)**

**EXAMPLE 2**

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands.
- While removing the gown, fold or roll the gown inside-out into a bundle.
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container.

### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield.
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.

### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.
- Discard in a waste container.

### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**
Appendix E - How to properly put on and take off a disposable respirator (CDC)

How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.¹

Putting On The Respirator

1. Position the respirator in your hands with the nose piece at your fingertips.
2. Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.
3. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.
4. Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²

1. Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.
2. Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.
3. If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.
4. If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator

1. DO NOT TOUCH the front of the respirator! It may be contaminated!
2. Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.
3. Discard in waste container. WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

¹ Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/nppf/topics/respirators/dip_part/

² According to the manufacturer’s recommendations

For more information call 1-800-CDCINFO or go to http://www.cdc.gov/niosh/nppf/topics/respirators/
Appendix G - COVID-19 Prevention with enhanced cleaning and disinfection

For the most updated information on cleaning and disinfecting, please see CDC Recommendations.

Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Current evidence suggests that the novel coronavirus responsible for COVID-19 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning surfaces followed by disinfection is a best practice measure for the prevention of COVID-19 and other viral respiratory illnesses.

General Guidance for routine cleaning and disinfection

Routine cleaning and disinfection of surfaces using appropriate methods can help prevent the spread of COVID-19. In non-healthcare settings, a best practice is to be vigilant about routinely cleaning and disinfecting surfaces, especially for surfaces and objects touched frequently.

Practice good hand hygiene after cleaning
- Wash hands often with soap and warm water for at least 20 seconds.
- If soap and warm water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Safety guidelines during cleaning and disinfection
- Wear disposable gloves when cleaning and disinfecting. Gloves should be discarded after each use. Clean hands immediately after gloves are removed.
- Wear eye protection when there is a potential for splash or splatter to the face.
- Store chemicals in labeled, closed containers. Keep them in a secure area away from children and food. Store them in a manner that prevents tipping or spilling.

High touch surfaces
- Frequently touched surfaces and objects vary by location. Examples include: doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, phones, keys, and remote controls.
- For workspace areas, pay attention to surfaces and objects such as chairs, desks, phones, printers, keyboards, computer mouse, and other areas.
- For vehicles, pay attention to the steering wheel, radio buttons, turn indicators, cup holders, door handles, window buttons, locks, armrests, seat cushions, buckles, and seatbelts.
- For eating establishments, pay attention to door handles, cash registers, and checkout counters.

Clean any visible dirt and grime from surfaces and objects before using disinfectants because disinfectants are most effective on clean surfaces. Always follow the manufacturer’s directions for application, contact time, or any special considerations.

Hard (Non-porous) Surfaces
- If surfaces are dirty, use a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered disinfectants should be effective.
- A diluted household bleach solution can be used if appropriate for the surface. Follow manufacturer’s instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
- 5 tablespoons (1/3 cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water

**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.
- If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.

**Electronics**
- For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines 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**
- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people’s items.
- Clean and disinfect hampers or other carts for transporting laundry according to the guidance above for hard or soft surfaces.

**Additional Resources**
- OSHA COVID-19 Website
- CDC handout for Cleaning and Disinfecting Your Facility
Appendix L - COVID-19 Toolbox Talk

What is COVID-19?

The novel coronavirus, COVID-19, is one of seven types of known human coronaviruses. COVID-19, like the MERS and SARS coronaviruses, likely evolved from a virus previously found in animals. The remaining known coronaviruses cause a significant percentage of colds in adults and children, and these are not a serious threat for otherwise healthy adults.

Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms such as fever, cough, and shortness of breath.

According to the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention ("CDC"), Chinese authorities identified an outbreak caused by a novel—or new—coronavirus. The virus can cause mild to severe respiratory illness. The outbreak began in Wuhan, Hubei Province, China, and has spread to a growing number of other countries—including the United States.

How is COVID-19 Spread?

COVID-19, like other viruses, can spread between people. Infected people can spread COVID-19 through their respiratory secretions, especially when they cough or sneeze. According to the CDC, spread from person-to-person is most likely among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, like how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It is also possible 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 possibly their eyes.

In assessing potential hazards, employers should consider whether their workers may encounter someone infected with COVID-19 in the course of their duties. Employers should also determine if workers could be exposed to environments (e.g., worksites) or materials (e.g., laboratory samples, waste) contaminated with the virus.

Depending on the work setting, employers may also rely on identification of sick individuals who have signs, symptoms, and/or a history of travel to COVID-19-affected areas that indicate potential infection with the virus, in order to help identify exposure risks for workers and implement appropriate control measures.

There is much more to learn about the transmissibility, severity, and other features associated with COVID-19, and investigations are ongoing.

COVID-19 Prevention and Work Practice Controls:

**Worker Responsibilities**

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands that are visibly soiled.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Avoid touching your eyes, nose, or mouth.
- Avoid close contact with people who are sick.
- Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and stay home — DO NOT GO TO WORK.
- Sick employees should follow [CDC-recommended steps](https://www.cdc.gov/coronavirus/2019-ncov/care-for-yourself-cdc.html). Employees should not return to work until the criteria to [discontinue home isolation](https://www.cdc.gov/coronavirus/2019-ncov/care-for-yourself-home.html) are met, in consultation with healthcare providers and state and local health departments.
- Follow company rules regarding social distancing, face coverings, and any self-screening protocols.
General Workplace / Office Practices

- Clean AND disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA’s criteria for use against SARS-CoV-2, the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Clean and disinfect frequently used tools and equipment on a regular basis.
  - This includes other elements of the jobsite where possible.
  - Employees should regularly do the same in their assigned work areas.
- Clean shared spaces such as trailers and break/lunchrooms at least once per day.
- Disinfect shared surfaces (door handles, machinery controls, etc.) on a regular basis.
- Avoid sharing tools with co-workers if it can be avoided. If not, disinfect before and after each use.
- In addition to regular PPE for workers engaged in various tasks (fall protection, hard hats, hearing protection), employers may also provide face coverings, gloves and eye protection if appropriate to the task.