

v2020.B COVID-19 Preparedness and Response Plan Update

1 Instructions

1. This Addendum is intended to update your COVID-19 Preparedness and Response Plan and to inform your COVID-19 Training.
2. This information should be reviewed primarily by the COVID-19 Workplace Coordinator (and Team if applicable) and then disseminated to general workforce members as applicable.
3. COVID-19 training should cover the information contained within this Addendum.
4. How to use this Addendum:
 - a. Replace the identified pages or section of your v2020.A COVID-19 Preparedness and Response Plan with the corresponding v2020.B updated pages or section.
 - b. If you are using a hardcopy – It is recommended to print and insert this Addendum into your COVID-19 Preparedness and Response Plan binder
 - c. If you are using a digital copy – It is recommended to save a copy of this Addendum in your COVID-19 documentation repository.

v2020.B COVID-19 Preparedness and Response Plan Update

2 COVID-19 Preparedness and Response Plan Changes

Note: The latest versions of the policies can be found in the Welcome Kit > Documentation Kit.

Update Recommendation Legend	
<i>Not required</i>	Change is not significant enough to trigger an update but may do so if desired
<i>Recommended</i>	Enhancement that is recommended but is not regulatory in nature so is not required
<i>Required</i>	Regulatory or other change required to be implemented

Document	Description of Change	Update Recommendation
COVID-19 Preparedness and Response Plan		
Foreword (p.3)	<ul style="list-style-type: none"> Addition of revision number 	<ul style="list-style-type: none"> Not required
Table of Contents (p.4-7)	<ul style="list-style-type: none"> Addition of revision number 	<ul style="list-style-type: none"> Not required
Introduction (p.8)	<ul style="list-style-type: none"> Content change 	<ul style="list-style-type: none"> Not required
How to use this guide (p.9)	<ul style="list-style-type: none"> Addition of revision number 	<ul style="list-style-type: none"> Not required
Revision History (p.9-1)	<ul style="list-style-type: none"> New page 	<ul style="list-style-type: none"> Required
Section I: Reference Materials (p.10-11)	<ul style="list-style-type: none"> Addition of revision number 	<ul style="list-style-type: none"> Not required
Section II: Protocols (p.26-27)	<ul style="list-style-type: none"> Addition of revision number 	<ul style="list-style-type: none"> Not required
Instructions (p.28-29)	<ul style="list-style-type: none"> Clarification of language 	<ul style="list-style-type: none"> Required

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Document	Description of Change	Update Recommendation
	<ul style="list-style-type: none"> • Addition of guidance for updates and workplace coordinator 	
p.30-31	<ul style="list-style-type: none"> • Updated guidance for Written Bloodborne Pathogen Exposure Control Plan (ECP) 	<ul style="list-style-type: none"> • Required
p.36-37	<ul style="list-style-type: none"> • Updated guidance for physical barriers 	<ul style="list-style-type: none"> • Required
p.38-41	<ul style="list-style-type: none"> • New guidance for Administrative Controls 	<ul style="list-style-type: none"> • Required
p.62-63	<ul style="list-style-type: none"> • New low risk industry guidance for respiratory and cough etiquette 	<ul style="list-style-type: none"> • Required
p.66-67	<ul style="list-style-type: none"> • New guidance for routine environmental cleaning and disinfection 	<ul style="list-style-type: none"> • Required
p.72-75	<ul style="list-style-type: none"> • Added suspected infection definition • Clarification of language • New guidance on employee screening • Added new incident response step 	<ul style="list-style-type: none"> • Required
p.76-77	<ul style="list-style-type: none"> • Added guidelines on reporting to State Department of Health and State Department of Labor 	<ul style="list-style-type: none"> • Required
p.84-85-1	<ul style="list-style-type: none"> • Updated return to work criteria, symptom-based-strategy, test-based-strategy, and time-based-strategy to be in line with current CDC guidelines • Added anti-discrimination provisions to Workplace Administrative Measures 	<ul style="list-style-type: none"> • Required

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Document	Description of Change	Update Recommendation
p.88-93	<ul style="list-style-type: none"> Updated high and very high risk industry return to work criteria to be in line with current CDC guidelines Updated workforce training policy 	<ul style="list-style-type: none"> Required
p.98-99 Section III: Resources	<ul style="list-style-type: none"> Addition of revision number 	<ul style="list-style-type: none"> Not required
P.100-101 Resources	<ul style="list-style-type: none"> Added link to Instagram 	<ul style="list-style-type: none"> Not required
In the Welcome Kit		
No changes	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A

FOREWORD

This material was prepared in consultation with occupational safety and health general industry experts, authorized OSHA trainers, dental, healthcare, and veterinary professionals. This guide provides extensive coverage of various safety regulations for general industry and specifics for the healthcare, dental and veterinary professions as mandated by OSHA. The information contained in this guide has been compiled from various qualified agencies such as the Occupational Safety and Health Administration (OSHA), Centers for Disease Control (CDC), National Institute of Safety and Health (NIOSH) as well as state and local government entities.

DISCLAIMER

The parties involved in the creation of this material hereby explicitly disclaim any and all liability for any action, advice or opinion that results from the use or application of this material outside its intended purpose. Users acknowledge they understand their duty to abide by the laws, regulations and policies that regulate their specific industry and state. This guide is not intended to provide a comprehensive OSHA or Infection Control compliance protocol. While it covers specific provisions of OSHA and Infection Control as it relates to COVID-19, it is not a substitute for a compliance program. This plan is NOT intended for any industry involved in the direct treatment of COVID-19 patients or performing procedures on the bodies of individuals known to have COVID-19 at the time of their death.

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INTRODUCTION

We developed this Preparedness and Response Plan in order to equip employers with the information, guidance, and directives to protect their employees and themselves from the novel coronavirus disease (COVID-19) in the workplace. It focuses on the need for employers to develop and implement certain control measures including engineering, administrative, personal protective equipment, and safe work practices as well as staff training. Employers and workers should use this protocol to determine appropriate actions for their place of work.

In order 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. While some employers may have certain provisions in place today (including an OSHA and/or infection control program), creating a comprehensive COVID-19 readiness program likely will require updating plans to address specific exposure risks, sources of exposure, routes of transmission and other unique characteristic of SARS-CoV-2 (the virus that causes COVID-19). Lack of such planning can result in a series of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs that they may have to perform under pandemic conditions.

As the pandemic continues, an increasing number of states consider and implement COVID-19 related safety standards at the state level that require employers to control, prevent, and mitigate the spread of SARS-CoV-2 to and among employees and employers. For this reason and those above, it is imperative that a Preparedness and Response Plan be maintained by businesses.

Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available. Check out [Section III: Resources](#) for the latest information about COVID-19, the global outbreak, and how you can connect with us to receive notification of important updates to this protocol.

HOW TO USE THIS GUIDE

This guide is divided into three sections:

1. [Reference Materials](#)
2. [Protocols](#)
3. [Resources](#)

Each section serves a unique purpose but together provide you with the tools and knowledge to develop a comprehensive COVID-19 preparedness and response program in your place of work. Be sure to review all sections and follow the instructions contained herein.

Reference Materials

The Reference Material section is designed to provide you with important background on COVID-19, what we know about the virus so far, how it spreads, and more. There is no customization needed here; this section is intended to cover general information on a variety of topics relating to COVID-19.

Protocols

The Protocols section includes the actual safety plans you'll institute in your place of work to protect your employees and yourself. Follow the included instructions to customize these documents for your specific work environment.

Resources

The Resources section cites forums, websites, training information and more that you can use to bolster your preparedness measures and keep up to date on the latest information about the virus.

REVISION HISTORY

Updates and Revision History

We update our Plan whenever new safety tasks, procedures, or guidelines are introduced.

The Revision History of this Plan is documented below. If changes made are due to an update, in the Description of the Change field, note "Template updated to <insert template version number here>" and insert the associated Update Instructions following this page.

Revision	Effective Date	Author of the Change	Description of the Change

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SECTION I: Reference Materials

- + background on COVID-19 and its spread
- + explanation of control measures
- + special topics for employers

There is no customization needed here; this section is intended to cover general information on a variety of topics relating to COVID-19.

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SECTION II: Protocols

Workplace Coordinator

- + Our company/organization has a workplace coordinator who is responsible for COVID-19 issues, customization, and management of this protocol.
- + Our workplace coordinator is:

Name:

Email address:


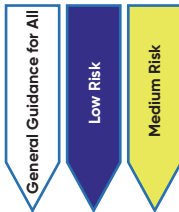
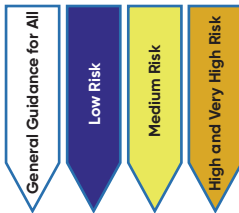
Phone number:

INSTRUCTIONS

This Protocols section contains the actual safety plans you will customize and implement in your place of work. In order to effectively use these documents, follow the steps below:

1. For the documents listed in Contents with a checkbox, review the notes and additional information to determine whether that document is required for your place of work. If required, click to check those documents.
2. For the checked documents as well as documents without a checkbox (considered mandatory), complete the associated protocol.
3. Policies may feature additional steps required based on the determined risk level for your organization (see [Risk Level Determination](#)). As risk level increases, so does the degree of preparedness and response measures.
4. When completing the protocols,
 - a. Determine your risk level following the instructions in Risk Level Determination.
 - b. Complete and follow general guidance included in the policy plus that for your specific risk level and lower risk levels

You may elect to follow some or all provisions of a higher exposure risk level. While not required, this enhances your workplace preparedness level.

Risk Level	Follow	Look for Marker
Low	General guidance + low exposure risk level guidance	
Medium	General guidance + low exposure risk level guidance + medium exposure risk level guidance	
High or Very High	General guidance + low exposure risk level guidance + medium exposure risk level guidance + high/very high exposure risk level guidance	

5. Conduct awareness training as described in the Workforce Training Policy.

6. Updates

The Workplace Coordinator is responsible for ensuring this plan is kept up to date with the latest federal, state, and local guidelines.

Employers must provide an opportunity for employee feedback about the practices instituted from this protocol through the Workplace Coordinator, the Safety Committee, staff meetings, or in another appropriate setting. Such feedback may result in changes to the protocol instituted in the company/organization.

Check out Section III: Resources to see how you can connect with s to receive notification of important updates to this protocol.

7. COVID-19 Workplace Coordinator

It is recommended that your company/organization designate a COVID-19 Workplace Coordinator that is responsible for COVID-19 issues (such as enforcing social distancing, face covering, and sanitation guidelines), customization and management of this protocol. This may be anyone in the company/organization but must have the authority to take prompt corrective action or to implement the measures of this protocol.

Employers with at least 25 employees may be required by your state guidelines to identify one or more employees responsible to assist the employer in the management of these COVID-19 safety protocols (i.e. a Safety Committee).

Employers with fewer than 25 employees may choose to have a Safety Committee.

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CONTENTS

Risk Level Determination

OSHA has identified certain steps employers should take dependent on worker COVID-19 exposure risk ranging from low (caution), medium, high, or very high. Completing this risk level determination will inform the completion of the remainder of these protocols.

Engineering Controls

These types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective to implement. See [Engineering Controls in Section I](#) for more information.

Administrative Controls

These types of controls are changes in work policy to reduce or minimize the duration, frequency, or intensity of exposure to a hazard. See [Administrative Controls in Section I](#) for more information.

Personal Protective Equipment Policy

The last line of defense in the hierarchy of controls, personal protective equipment may also be needed to prevent some exposures. See [Personal Protective Equipment in Section I](#) for more information.

Hand Hygiene Policy

One of the best ways to inhibit the spread of SARS-COV-2 is frequent and thorough handwashing. This protocol details the process for proper handwashing, appropriate products for hand hygiene and how/when to use them.

Respiratory Hygiene and Cough Etiquette Policy

Details recommendations for postings in an office setting and best practices around employee and patient/customer interactions.

Environmental Infection Prevention and Control Policy

Instructions on routine housekeeping practices, cleaning and disinfection of

surfaces, equipment, and other elements of the work environment.

Screening and Incident Response Policy

Identification and isolation of potentially infectious individuals. Best practices to prevent further transmission in worksites where medical screening, triage, or healthcare activities occur. Steps to address an exposure or instance of COVID-19.

Workplace Administrative Measures

Workforce management steps, guidance on sick leave policies, pay, travel, personal hygiene resources and more.

Workforce Training Policy

COVID-19 awareness training and resources.

Written Bloodborne Pathogen Exposure Control Plan (ECP)

Note:

1. Mandatory only if there is potential for exposure to human blood
2. Found in the Welcome Kit
3. Includes a job hazard assessment (also known as an exposure risk assessment) allowing for classification of jobs and job tasks where an exposure potential exists.

The exposure control plan is intended to familiarize employees about the hazards of bloodborne pathogens and includes measures needed to abate them.

When performing a job hazard assessment, consider the following risk elements:

1. The anticipated or actual working distance between all employees.
2. The anticipated or actual working distance between employees and non-employees.
3. The provisions of this protocol and their effectiveness in reducing exposure risk.
4. The determined risk level for the job function.

OSHA 300 Series Forms

Note: Found in the Welcome Kit.

There are two classes of employers that are partially exempt from routinely keeping OSHA injury and illness records.

1. Employers with ten or fewer employees at all times during the previous calendar year.
2. Establishments in certain low-hazard industries. Click [here](#) to determine whether your industry is exempted. Note: offices of physicians, dentists, other healthcare practitioners, outpatient care centers, medical and diagnostic laboratories are exempted.

Note: however, if a fatality, in-patient hospitalization, amputation, or loss of an

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eye occurs at your establishment due to a work-related incident, you will still be required to report the event to OSHA, per 29 CFR 1904.39. For more information about this reporting requirement, see [Reporting Fatalities and Severe Injuries/Illnesses](#)³.

If OSHA 300 series forms are required:

Our recordkeeping forms are located at _____
_____ (location).

- Log of work-related Injuries and Illnesses (Form 300)
 - OSHA 300 has to be completed within 7 days from learning about the incident. The form must be kept on file for 5 years.
- Summary of work-related injuries and illnesses (Form 300A)
 - OSHA 300A must be posted at your office from Feb 1 through April 30 at a visible location.
- Injury and Illness Report (Form 301)
 - OSHA 301 is to be completed within 7 days from learning about the incident. The report must be kept on file for 5 years.

Written Hazard Communication Plan

Note:

1. Mandatory only if there are hazardous chemicals used in the office (refer to safety data sheet (SDS) to determine if a chemical is hazardous)
2. Found in the Welcome Kit

As an employer with one or more employees, the written hazard communication plan is mandatory and prepared to prevent exposure to hazardous chemicals.

The plan includes:

- List of hazardous chemicals present
- Labels or GHS Labels for each chemical
- SDS for each chemical

RISK LEVEL DETERMINATION

OSHA has ranked worker risk of occupational exposure to SARS-CoV-2 (the virus causing COVID-19) on a scale of low (caution), medium, high, and very high. The level of risk depends on several factors:

Physical barriers or other means of separating employees and customers/patrons/patients (where feasible). Examples include:

Clear plastic sneeze guards

Drive-through window for customer service

Windows in reception areas

Curtains or other temporary partitions

Rope-and-stanchion systems

Other: _____

Other: _____

Some states may consider physical barriers as a means to meet 6-feet distancing requirements when the physical barrier is impermeable and creates a "droplet buffer" that provides at least 6-feet in distance between the affected individuals. Distance is calculated using the shortest distance around or through gaps in the barrier. **Refer to state guidelines to see if this affects you.**

No-touch mechanisms such as for (detail mechanism used):

Doors: _____

Bathroom facilities : _____

Other: _____

Other: _____

Addressing air quality:

Increase ventilation rates in the work environment

High-efficiency air filters

Other: _____

Other: _____

Addressing air quality:

Ensure appropriate air-handling systems are installed and maintained.
Reference Guidelines for [Environmental Infection Control in Healthcare Facilities](#)⁴.

Properly maintain ventilation systems to provide air movement from a clean to contaminated flow direction

Other: _____

Other: _____

Specimen handling:

We do not handle specimens from known/suspected COVID-19 patients.

We follow special precautions associated with Biosafety Level 3 when handling specimens from known/suspected COVID-19 patients.

Other: _____

Other: _____

ADMINISTRATIVE CONTROLS

Communication Plan

At a time like this where information, guidelines, and directives are changing frequently, staying abreast of the facts, and keeping our community informed is of the utmost importance. Our organization has taken the below steps to ensure clear communication of preparedness and response measures:

Internal to the organization

We utilize the below mechanisms to keep our staff and volunteers up to date:

Email

Direct mail

Webinars

Team meetings (virtual or otherwise in accordance with distancing measures)

Social media

Online communication service: _____

Other: _____

Other: _____

External to the organization

We utilize the below mechanisms to communicate external to our organization:

Email

Direct mail

Webinars

Social media

Online communication service: _____

Other: _____

Other: _____

Postings

Note:

- Postings can be found in the Welcome Kit > Communications.
- Postings should be provided in languages applicable for your workforce.

We _____ do / _____ do not display educational postings in our work environment to support COVID-19 recommendations.

Social distancing

We employ the following social distancing measures

Flexible worksites (e.g., telework)

Flexible work hours (e.g., staggered shifts)

Increasing physical space between employees at the worksite to at least _____ feet

Some states may *require* that work activities and the workplace be designed to eliminate the need for any worker to be within 6-feet of another individual in order to fulfill their duties. **Refer to state guidelines to see if this affects you.**

Increasing physical space between customers at the worksite to at least _____ feet

Increasing physical space between employees and customers (e.g., drive through, partitions)

Flexible meeting and travel options (e.g., postpone non-essential meetings or events)

Downsizing operations

Delivering services remotely (e.g. phone, video, or web)

Delivering products through curbside pick-up or delivery

Other: _____

Other: _____

Public Health Communications

We monitor public health communications about COVID-19 recommendations (see [Section III: Resources](#)).

Attending meetings and gatherings

- Carefully consider whether travel is necessary.
- Consider using videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces.

Safe Work Practices

We employ the following measures to reduce or minimize the duration, frequency, or intensity of exposure:

Discourage sharing of work tools and equipment like phones, desks, etc.

Access to common areas, breakrooms, or lunch rooms are closed

Access to common areas, breakrooms, or lunch rooms are controlled in the following manner: _____

Perform as many tasks as possible away from others

Limit opportunities for touch contamination (e.g. adjusting glasses, rubbing nose, touching face, environmental surfaces such as light switches and door handles)

Other: _____

Other: _____

Worksite Access

We limit or extend our business hours as follows:

We specify hours the following hours for vulnerable populations (elderly people, people with underlying health conditions, etc.)

Limiting the points of entry to:

Limit number visitors allowed in facility at a given time.

Detail: -----

Curbside access

Detail: -----

Delivery

Detail: -----

Self-checkout kiosks to minimize worker interaction with others.

Veterinary and Animal Care only

- We limit patient visits to urgent and emergency only (use Algorithms found in Welcome Kit > Supporting Material to help triage patients).
- The services we provide are limited to:
 - Urgent or emergency care for sick or injured pets
 - End-of-life care for terminally ill pets
 - Surgery
 - Puppy and kitten vaccinations
 - Rabies vaccinations as required by law
 - Dental care for the health and comfort of the pet

PROTOCOLS

Low Risk

Employers ensure that everyone in the workplace or other premises subject to the employer's control wears face coverings (e.g. medical grade masks and cloth face coverings that cover the nose and mouth) whenever 6-foot distancing cannot be consistently assured. (This may be a requirement in your area. Check local governance to confirm.)

Material availability

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub;
- Where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

- Employers should also refer to their local and state health departments to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed, including for identification of new potential cases of COVID-19.

Recommended disinfectants

Use EPA registered disinfectants listed for use against SARS-CoV-2. See [Section III: Resources](#) for a full list.

Routine environmental cleaning and disinfection

- Routinely clean and disinfect all common spaces and frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.

State guidelines may require cleaning and disinfection of common spaces and frequently touched surfaces at the end of each shift.

- 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.
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- 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.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use and prior to transfer from one employee to another.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use.
- Establish a policy for disinfecting points of sale such as credit card terminals and pens/styluses between each customer. Consider providing wipes for customers and asking them to do this themselves after each use.

SCREENING AND INCIDENT RESPONSE PROTOCOL

Important Definitions

Isolation

Isolation is used to separate sick people from healthy people. People who are in isolation should stay home. In the home, anyone sick should separate themselves from others by staying in a specific “sick” bedroom or space and using a different bathroom (if possible).

Quarantine

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.

Suspected Infection

If someone is experiencing symptoms consistent with COVID-19, and no alternative diagnosis has been made (e.g. tested positive for influenza), that person shall be designated as “suspected” to be infected with the SARS-COV-2 virus.

General Guidance for All

Public guidance for community exposure and screening

Person	Exposure to	Recommended precautions for the public
<ul style="list-style-type: none"> Household member Intimate partner Individual providing care in a household without using recommended infection control precautions Individual who has had close contact (< 6 feet) for a prolonged period of time 	<ul style="list-style-type: none"> Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for discontinuing home isolation (can be a laboratory-confirmed disease or a clinically compatible illness in a state or territory with widespread community transmission) 	<ul style="list-style-type: none"> Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times Self-monitor for symptoms <ul style="list-style-type: none"> Check temperature twice a day Watch for fever*, cough, or shortness of breath Avoid contact with People who need to take extra precautions (unless they live in the same home and had same exposure) Follow CDC guidance if symptoms develop
All U.S. residents, other than those with a known risk exposure	<ul style="list-style-type: none"> Possible unrecognized COVID-19 exposures in U.S. communities 	<ul style="list-style-type: none"> Be alert for symptoms <ul style="list-style-type: none"> Watch for fever, cough, or shortness of breath Take temperature if symptoms develop Practice social distancing <ul style="list-style-type: none"> Maintain 6 feet of distance from others Stay out of crowded places Follow CDC guidance if symptoms develop

Public guidance for community monitoring steps

If you	Steps to take
... or someone in your home might have been exposed	Self-Monitor Be alert for symptoms. Watch for fever,* cough or shortness of breath. <ul style="list-style-type: none"> Take your temperature if symptoms develop. Practice social distancing. Maintain 6 feet of distance from others and stay out of crowded places. Follow CDC guidance if symptoms develop.
... feel healthy but: <ul style="list-style-type: none"> Recently had close contact with a person with COVID-19, or Recently traveled from somewhere outside the U.S. or on a cruise ship or river boat 	Self-Quarantine <ul style="list-style-type: none"> Check your temperature twice a day and watch for symptoms. Stay home for 14 days and self-monitor. If possible, stay away from people who are high-risk for getting sick from COVID-19.
<ul style="list-style-type: none"> Have been diagnosed with COVID-19, or Are waiting for test results, or Have symptoms such as cough, fever, or shortness of breath 	Self-Isolate <ul style="list-style-type: none"> Stay in a specific "sick room" or area and away from other people or animals, including pets. If possible, use a separate bathroom.

Employee screening

- Actively encourage employees to self-monitor for [Symptoms of COVID-19](#).
- Employees with symptoms or suspected infection should notify their employer, stay home, and follow [Public guidance for community exposure and screening](#).
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

Employers are recommended to establish a system to receive reports of positive SARS-CoV-2 tests by staff within 14 days from the date of the positive test to the extent permitted by law, including HIPAA.

Employee incident response steps

- Employees who appear to have [Symptoms of COVID-19](#) (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors and sent home.
- If an employee is confirmed to have COVID-19 infection, employers should:
 - Inform fellow employees (recommended within 24 hours) of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA) and other applicable federal and state laws.
 - Instruct fellow employees about how to proceed based on [Public guidance for community exposure and screening](#) and [Public guidance for community monitoring steps](#).
 - Inform the building or facility owner (recommended within 24 hours) but maintain confidentiality as required by the Americans with Disabilities Act (ADA) and other applicable federal and state laws.
 - Follow Recording and reporting steps
- For decisions on returning to work and work restrictions follow:
 - Return to work criteria
 - Return to work practices and work restrictions

Recording and reporting steps for employers

OSHA 300 series forms are / are not required for our workplace.

If OSHA 300 series forms are required:

Our recordkeeping forms are located at

(location).

See [Recording/Reporting Instances of COVID-19 in the Workplace](#) for guidance on determining if 300 series reporting is required for your workplace and for more information.

- Log of work-related Injuries and Illnesses (Form 300)
 - OSHA 300 has to be completed within 7 days from learning about the incident. The form must be kept on file for 5 years.
- Summary of work-related injuries and illnesses (Form 300A)
 - OSHA 300A must be posted at your office from Feb 1 through April 30 at a visible location.
- Injury and Illness Report (Form 301)
 - OSHA 301 is to be completed within 7 days from learning about the incident. The report must be kept on file for 5 years.

Recording determination

For guidance, [OSHA has published three questions for employers to answer](#) when discerning whether they have an obligation to record. All three questions must be answered in the affirmative to trigger recording obligations:

1. Is the case a confirmed case of COVID-19? (See [What Constitutes a "Confirmed Case" of COVID-19 for OSHA Recording?](#))
2. Is the illness work-related? (See [Is the Confirmed Case of COVID-19 "Work-Related"?](#))
3. Does the illness include one or more of the general recording criteria set forth in [29 CFR 1904.7](#) (e.g., days away from work and restricted work duties).

[As of April 10, 2020]

Employers of workers in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting, and law enforcement services), and correctional institutions must continue to make work-relatedness determinations pursuant to 29 CFR 1904. Until further notice, however, OSHA will not enforce 29 CFR 1904 to require other employers to make the same work-relatedness determinations, except where:

1. There is objective evidence that a COVID-19 case may be work-related. This could include, for example, a number of cases developing among workers who work closely together without an alternative explanation; and
2. The evidence was reasonably available to the employer. For purposes of this memorandum, examples of reasonably available evidence include information given to the employer by employees, as well as information that an employer learns regarding its employees' health and safety in the ordinary course of managing its business and employees.

COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300. Because this is an illness, if an employee voluntarily requests that his or her name not be entered on the log, the employer must comply as specified under 29 CFR § 1904.29(b)(7)(vi).

Note: the OSHA 300 series forms can be found in the Welcome Kit > Documentation Kit > Reporting.

Reporting

OSHA:

Only COVID-19 employee work-related illnesses that result in an in-patient hospitalization or death are reportable to OSHA.

- In-patient COVID-19 hospitalizations must be reported to OSHA within 24 hours, and
- Work-related COVID-19 fatalities must be reported to OSHA within 8 hours.

Reporting may be done online here: <https://www.osha.gov/report.html>

State Department of Health

Notify your State Department of Health in accordance with local guidelines. (Example: the Virginia Department of Health must be notified within 24 hours of discovery of a positive test).

State Department of Labor

Notify your State Department of Labor in accordance with local guidelines. (Example: the Virginia Department of Labor and Industry must be notified within 24 hours of the discovery of three or more employees present at the place of employment within a 14-day period testing positive for SARS-CoV-2 virus during that 14-day time period.)

- Advise employees to check themselves for [Symptoms of COVID-19](#) (i.e., fever, cough, or shortness of breath) before starting travel and notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.
- If outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Return to work criteria

Sick employees should not return to work until the [criteria to discontinue home isolation](#) are met, in consultation with healthcare providers and state and local health departments. Beyond local circumstances, the following strategies exist for making a return-to-work determination:

Symptom-based strategy

Exclude from work until:

- At least 10 days* have passed since symptom onset and
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms have improved.

* A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. See [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#).

Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Test-based strategy

Exclude from work until:

1. Resolution of fever without the use of fever-reducing medications; and
2. Improvement in respiratory symptoms (e.g., cough, shortness of breath); and

3. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

Employers should not require a sick employee to provide a negative COVID-19 test result or healthcare provider's note to return to work. Employees with COVID-19 who have stayed home can stop home isolation and return to work when they have met one of the sets of criteria found here.

If an employee with known or suspected COVID-19 refuses to be tested, the symptom-based strategy is sufficient.

For some states, COVID-19 testing is considered a "medical examination" and therefore the employer may be required to pay for the cost of COVID-19 testing in the case of return to work determinations.

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Persons with laboratory-confirmed COVID-19 who have not had any symptoms (Time-based strategy)

- Discontinue isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic.
- For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present.
- In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

Additional considerations

1. Recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.
2. These recommendations will prevent most but cannot prevent all instances of secondary spread. The risk of transmission after recovery, is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point if they are shedding at all. Certain employers can choose to apply more stringent criteria for certain returning workers where a higher threshold to prevent transmission is warranted. These criteria can include requiring a longer time after recovery or requiring they get tested to show they are not shedding virus. Such persons include healthcare workers in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19. It also includes persons who work in critical infrastructure or with high-value human assets (e.g., military) where introduction of COVID-19 could cause major disruptions or reduce national security. Lastly, persons who have conditions that might weaken their immune system could have prolonged viral shedding after recovery. Such persons should discuss with their healthcare provider how best to assess if they are safe to return to work; this might include getting tested again to show that they are not shedding virus.
3. All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.

Anti-discrimination provisions

No employer or person shall discharge or in any way discriminate against an employee because the employee:

- has exercised rights under the safety and health provisions of OSHA and/or state COVID-19 guidelines.
- voluntarily provides and wears the employee's own personal protective equipment including but not limited to a respirator, face shield, gloves, or face covering if such equipment is not provided by the employer, provided that the PPE does not create a greater hazard to the employee or create a serious hazard for other employees.
- raises a reasonable concern about infection control related to the SARS-CoV-2 virus and COVID-19 disease to the employer, the employer's agent, other employees, a government agency, or to the public such as through print, online, social, or any other media.
- refuses to do work or enter a location that the employee feels is unsafe.

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Additional return to work criteria

HCP with laboratory-confirmed COVID-19 without symptoms

Symptom-based strategy for determining when HCP can return to work:

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Test-Based Strategy for Determining when HCP Can Return to Work:

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in this [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised¹) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in symptoms (e.g., cough, shortness of breath), and

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

HCP who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Return to work practices and work restrictions

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding respiratory Hygiene and Cough Etiquette during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

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WORKFORCE TRAINING POLICY

Overview

While there is no single standard that currently mandates COVID-19 specific training, there are several reasons why training should be provided:

1. For organizations with employees, certain applicable OSHA standards (e.g. the general duty clause, personal protective equipment, and bloodborne pathogens) do require training. See [Relevant Standards for COVID-19](#).
2. Infection control guidelines (while not law) applicable to COVID-19 can be cited in healthcare settings should preventative measures be inadequate. See [Relevant Standards for COVID-19](#).
3. Being a novel and highly communicable virus, COVID-19 has caused fear among employees and patrons of businesses alike. A robust preparedness program including awareness training for staff not only helps to alleviate staff anxiety around lack of readiness and knowledge as well as equips them with the tools to protect themselves and others. A strong showing of readiness to address COVID-19 in the workplace is apparent to staff and patrons of your business and can directly translate into bottom-line impact.

Development of training

The training provided should correspond with certain factors:

- about the applicable sources of exposure to the virus;
- reasonably anticipated occupational exposure to SARS-CoV-2;
- the hazards associated with that exposure; and
- appropriate workplace protocols in place to prevent or reduce the likelihood of exposure

Training should also:

- include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases;
- how to report possible cases;
- be offered during scheduled work times and at no cost to the employee;
- be job-specific; and
- include training on preventing the transmission of COVID-19

In developing COVID-19 awareness training for your staff, use the below resources:

1. The Welcome Kit included with this COVID-19 Plan contains booklets, fact sheets, posters, and other resources that you may use to inform your training.

2. The [Training outline](#) is your “syllabus” for conducting training
3. Other [Section III: Resources](#) including:
 - a. [COVID-19 section of our blog](#)
 - b. [Webpages](#)
 - c. [Access to videos](#)

Conducting training

Training is conducted:

- For new hires within _____ (timeframe) of their hire (recommended 10 days)
- On a recurring basis monthly / quarterly / annually /
other _____

Training outline

1. Introduction to COVID-19
 - a. Overview of respiratory viruses and coronaviruses
 - b. Why emerging respiratory viruses including COVID-19 are a global threat to human health
 - c. Discovery of coronavirus
 - d. Symptoms
 - e. Sources and transmission (including by pre-symptomatic and asymptomatic COVID-19 persons)
 - f. High risk populations
2. How it affects workplaces
 - a. Potential for exposure
 - b. Absenteeism
 - c. Changes to commerce
 - d. Supply chain disruptions
 - e. Changes to business operations
3. Regulations relevant to COVID-19
 - a. Occupational Safety and Health Act (OSHA)
 - i. General Duty Clause
 - ii. Bloodborne Pathogen Standard (BBP)
 - iii. Hazard Communication (HazCom)

- b. Infection Prevention and Control (CDC guidelines)
- 4. Workplace Controls
 - a. Hierarchy of Controls and relative effectiveness
 - b. Elimination
 - c. Substitution
 - d. Engineering Controls
 - e. Administrative Controls
 - f. Personal Protective Equipment
- 5. Risk level determination
 - a. Based on OSHA Publication 3990-03 2020, classify worker exposure to SARS-CoV-2
 - b. Communicate determined risk level to employees
- 6. Hand hygiene policy
 - a. Selection of hand hygiene products
 - b. Correct way to perform hand hygiene with soap and water and alcohol-based hand rub
 - c. Demonstration of hand hygiene
- 7. Respiratory hygiene and cough etiquette
 - a. General measures
 - i. Covering mouth while coughing or sneezing
 - ii. Using and proper disposal of tissues
 - b. Universal Source Control
 - i. Wearing cloth face coverings, face masks, respirators, and other PPE as applicable
- 8. Environmental infection prevention
 - a. Ventilation
 - b. Selection of appropriate cleaners and disinfectants
 - c. Correct process for cleaning and disinfection of work surfaces and environment (as applicable)
 - i. Hard, non-porous surfaces
 - ii. Soft, porous surfaces
 - iii. Electronics
 - iv. Linens/clothes/laundry items
 - v. Medical/dental equipment

9. Screening and incident response
 - a. Definition and differences between quarantine and isolation
 - b. Employee screening steps in the workplace
 - c. Recording/reporting
 - i. In what circumstances would a COVID-19 instance in the workplace be an OSHA recordable or reportable illness
10. Administrative Topics
 - a. Sick leave
 - b. Criteria and basis for returning to work
 - c. Work restrictions (as applicable) after employee recovered from COVID-19 returns to work
 - d. Cross-training on different work tasks (if applicable)
 - e. The Families First Coronavirus Relief Act (FFCRA)
11. Personal Protective Equipment
 - a. Selection of correct PPE / what PPE is necessary
 - b. Correct way to put on and remove PPE without self-contamination
 - i. Demonstration of competency
 - c. Maintenance of PPE
 - d. Limitations of PPE
12. Bloodborne Pathogen Standard
 - a. If applicable – exposure to human blood, certain body fluids of other potentially infectious materials
 - b. Purpose and scope
 - c. Basic Requirements of the Standard
 - d. Use of Universal or Standard Precautions
 - e. Exposure Control Plan
 - i. Exposure Determination
 - ii. Schedule and Implementation of Methods of Compliance
 - f. How to recognize tasks that involve exposure
 - g. Control methods – engineering controls, safe work practices, PPE, etc.
13. Hazard Communication Standard
 - a. Explain Performance oriented regulation
 - b. Explain the concept of Right to Know Standard
 - c. Types of Hazards

- d. Details of Chemical Inventory
 - e. Safety Data Sheet (SDS)
 - i. Location of the SDS and Responsibility of procuring and maintaining SDS
 - ii. Reading and Interpreting SDS
 - f. Requirement of Labels for Containers
 - g. Duties and Responsibilities of Supervisors and Employees under Hazard Communication Standard
 - h. Limiting Chemical Exposures
 - i. Engineering Controls
 - ii. Safe Work Practices
 - iii. Personal Protective Equipment
 - i. Chemical Procurement, Distribution, Storage and Disposal
 - j. Discuss the hazards of chemicals found at your facility and PPE necessary to handle them
 - k. GHS Labels and Safety Data Sheets
 - l. Review the Pictograms
14. COVID-19 Preparedness and Response Plan
- a. Review of the provisions of the plan
 - b. Location of the plan for future reference

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SECTION III: Resources

- + Forums
- + Websites
- + Training information
- + And more

RESOURCES

There are several important governmental and non-governmental agencies to refer to for COVID-19 guidance. Information related to COVID-19 is also changing frequently. So we are linking and referencing the various source material below. Check out these recommended resources for the latest information.

COVID-19 section of our blog

The focus of the [COVID-19 section of our Compliance 101 blog](#) is to providing employers with steps they can take to protect their employees and themselves. We have attempted to provide information not widely covered in the media as well as address questions from our clients. If you have a question you would like to see answered, contact us, or connect with us on social medial.

Email Notifications

Be sure to add our emails to your safe senders list so that you receive important email notifications such as updates to this plan.

Social media

Follow us on social media for important updates on COVID-19 and steps you can take to protect yourself and your employees.



Webpages

The links included here are to webpages from various agencies and articles address specific COVID-19 topics. Is a webpage for you? Check out the "Who is this for?" column.

Source and Link	Topic	Who is this for?
Risk Consultants of America		
COVID-19 Blog	Risk Consultants of America blog.	<ul style="list-style-type: none"> Everyone
COVID-19 questions you didn't know to ask	Listing of questions we've received from our clients that you may not have seen answered.	<ul style="list-style-type: none"> Everyone
Occupational Safety and Health		
OSHA COVID-19 page	Occupational Safety and Health Administration COVID-19 webpage	<ul style="list-style-type: none"> Employers
OSHA COVID-19 Control and Prevention	Interim guidance for specific worker groups	<ul style="list-style-type: none"> Healthcare Emergency Response Postmortem Care Meat and Poultry Processing Laboratory Airline Retail Border Protection and Transportation Correctional Facility Waste Management Environmental In-Home Repair Business Travelers