

Workplace safety planning guide

Work site cleaning, disinfecting and prevention

Safety requirements can vary by location. Please refer to the local health department to determine protocols.

Supply list

Determine which supplies are necessary and order as soon as possible. Consider a backup plan if some supplies are not available.

- Click here for supply checklist.
- Note: Gloves are not needed for most of the workforce; the virus can spread through contact from a gloved hand to the face or other surfaces. Gloves must be changed with each use and individual interaction.

Work site cleaning

Develop a detailed plan for cleaning all areas of the work site, including frequency and responsible party.

- Ensure proper industry-specific cleaning and disinfecting protocols per CDC guidelines are followed.
- Determine who is responsible (internal staff or third party) and ensure they understand and will follow CDC guidelines.
- Properly train all cleaning crew members.
- Determine how disinfecting requirements will impact operations (e.g., shut down production to disinfect, between shifts).
- If work site is shared with other businesses, understand how property management will clean and disinfect shared spaces.
- Click here for work site cleaning checklist.

Prevention

Develop protocols around preventive measures and consider how you will communicate the message (e.g., posters, emails, train managers, etc.). Identify the process for confidentially reporting violations of protocols. The following are areas to address:

ITEM	RECOMMENDATION
Social distancing reminders (<u>CDC guidelines</u>): Post in elevators, entry ways, conference rooms, restrooms and other common areas.	<u>Posters</u> at all entrances
 Limit number of people per elevator car. Limit nonessential gatherings. Keep gatherings to less than 10 people. 	
Workspace capacity guidelines (maintain social distancing in common areas).	
Personal hygiene reminders (refer to <u>CDC guidelines</u>).	Posters at all entrances
Use of face coverings and personal protective equipment (PPE):	Email/letter to employees
 When a face cover should be worn (CDC guidelines). Determine opt-in and opt-out procedures for face coverings and masks; an opt-out could include passing a health screening. Review state and local return to work requirements on face coverings and PPE. Can employees wear their own face coverings? If so, instruct on daily washing; the American College of Occupational and Environmental Medicine (ACOEM) provides detailed guidance on use of, cleaning, and considerations for face cloths in the workplace. Anti-stigma campaign to avoid discrimination toward employees wearing a face covering. 	Posters/email to managers

Meetings:

- Create best practices and/or a policy for internal and external meetings.
- Will you encourage the use of teleconferences or other virtual meeting formats over in-person meetings?
- Will you allow internal in-person meetings?
- If so, what guidelines will you use to limit conference room/common area attendees to maintain social distancing? Does this vary by meeting space? Are face coverings or masks required for in-person meetings?
- Will you allow external, client meetings to be held in person?
- If so, what guidelines will you use to protect employees and clients (e.g., require face coverings, social distancing, employees must travel in separate cars, etc.)?
- Inform employees to inquire about the client's protocols.

 Protocol for visitors and external vendors: Determine whether to allow all or "critical business" only. Will you require a health screen or affidavit? Be sure to maintain confidentiality. Set criteria for when to use virtual meetings. 	Post protocol flyer at reception area and entries.
Protocols for customers:	Poster

- Flotocots for customers.
- Establish traffic flow to maintain social distancing.
- Establish barriers (e.g., plexiglass) where possible, when social distancing is not possible.

Communicate actions in place to keep employees and customers safe.

Institute a no handshakes policy.

Offer additional protection for those at $\underline{\text{higher risk}}$ when requested, such as PPE, teleworking or separation within the workspace.

- ADA limits disability-related inquiries.
- Communicate protocol to support higher risk members to all.

Work site restructuring

Determine if any adjustments need to be made to the work site to ensure safety and prevention protocols are followed.

- Increase ventilation rates or the percentage of outdoor air that circulates in the workplace, if able. Consider Air HEPA filters for smaller spaces.
- Ensure current workstations allow proper social distancing. Consider realignment to avoid face-to-face set up.
- Consider staffing every other workstation or creating partitions between workstations or the employee and customer.
- Consider staggering scheduled to allow for social distancing.
- Explore the idea of pop-up offices to avoid employees taking public transportation in large cities.
- Ensure shared equipment can be properly disinfected.
- Reexamine workflow or if shifts need to be adjusted.
- · Avoid or minimize sharing work tools or desk equipment and disinfect in between use.
- Account for job-specific needs (e.g., facilities, drivers/delivery, warehouse, etc.). Consider the <u>OSHA classification</u> for risk exposure of various jobs.
- Determine if the lobby needs to be rearranged.
- Implement floor markings in the work site to ensure social distancing.
- In warehouse and production settings, use aids (inclined shelves, push boards) to maintain social distancing.
- Conveyor lines should have floor markings that note operator boundaries.
- If workstations have less than recommended spacing, provide employees with alternate measures to mitigate their exposure, such as physical barriers, like plexiglass or cubicle walls, face masks, face shields or a shift in body orientation.
- Manage traffic flow with directional tape or signage in open areas, warehouses, stock rooms, etc. to maintain social distancing.
- Establish designated delivery drop-off or drive-thru sites.
- Determine if break areas should be expanded to other rooms or areas to ensure social distancing.

Screening and testing

The priority is on creating a safe workplace though frequent disinfecting, social distancing and personal protection where warranted. If employee screening is considered for symptoms related to COVID-19, evaluate the process, effectiveness and sustainability.

- Educate employees on daily home self-screenings to prevent sick or symptomatic employees from leaving home and therefore decreasing the likelihood of spreading the infection.
- Use a self-attestation symptom form during escalating workplace infection or high community spread.
- Consider when to screen visitors, vendors and contractors for symptoms prior to entering the workplace SHRM sample form.
- Understand the guardrails, pros and cons of performing active temperature surveillance on-site (i.e., fever screens), including varying accuracy.
- Consider practicality of ongoing versus strategically implemented active temperature surveillance (i.e., fever screens) based on high or escalating community spread, or if two people contract COVID-19 in the facility, for a period of 15 days (based on the incubation period of 2-14 days).
- Set expectations on when to perform health screenings for employees and new hires.
- Understand the types and current limitations with testing for COVID-19 and what challenges to consider with workplace testing.
- CDC has <u>guidance</u> for who should be tested, but decisions about testing are at the discretion of state and local health departments and/or individual clinicians.
- Prepare employees for potential health screenings at customer/vendor locations.
- Contact outside counsel for employment screening outside of a pandemic.

Screenings can include symptom checks (cough, shortness of breath) and active temperature surveillance (i.e., fever screens). Testing covers methods of testing for COVID-19.

Screening

• Consider the type of industry, feasibility, predictive value and legality of screening. Refer to state and local government sites for requirements.

INDUSTRY CONSIDERATIONS:

- Professional services may have less need to screen; consider strategies such as educating and reinforcing employees to self-monitor symptoms and stay home when sick.
- Critical infrastructure workers who have been exposed to COVID-19 should have their temperature and symptoms checked prior to starting their work (ideally before entering the facility).
- During manpower shortages, medical centers and critical service workers are allowed to work following COVID-19 with twice daily temperature checks, in addition to other mitigation actions.

FEASIBILITY:

- Is it possible to conduct temperature/symptom checks in the workplace confidentially and while maintaining social distancing?
- · Self-monitoring with or without attestation or workplace monitoring?
- Which staff will collect self-monitor attestation or which staff will administer?
- If performed, how will the information be held?
- See FAQs for guardrails.
- Will it delay production?

PREDICTIVE VALUE:

• Current evidence suggests active temperature surveillance (i.e., fever screens) is not effective as a sole method in identifying source transmission risk because many people are asymptomatic and pre-symptomatic and source transmission is not captured through screening. Follow guidelines as more information becomes available.

Testing:

- Establish a policy for employee testing per federal guidance (CDC, FDA and OSHA) and state and local mandates. Understand the limitations of testing methods and applicability to specific employee exposure scenarios. At the time of this writing, testing used for screening the entire workforce to return to the work site is not recommended given the lack of reliability and low predictive value of current methods for this purpose. As testing methods evolve, it is important to consider the clinical efficacy of these measures as well as the cost, feasibility and legality prior to implementing.
- All test methods require medical oversight for appropriate use, sample collection, test performance and result interpretation. At the time of this writing, COVID-19 testing cannot be performed outside of a designated healthcare facility or laboratory. In other words, there is not a point-of-care test kit available for individual use (e.g., home pregnancy test type of kit). As such, employers should be wary of vendors who advertise the sale of direct-to-employer kits for this purpose. Types of tests:
 - Nucleic acid test (i.e., RT-PCR) checks for active infection; only tests evidence of virus the day of the test and not future exposure.
 - Serological testing (antibody test) checks for immunity (not yet validated as accurate; length of immunity is not yet known).
 - Future value of antibody testing: potential to assess the antibody status of critical and susceptible populations (e.g., employees on oil drilling platforms, commercial maritime, cruise lines, airlines, assembly lines with workforces working closely together) under medical direction to ensure proper implementation, interpretation and management.
- Consider cost per test (average range \$50-\$250) dependent on type of test and delivery method, such as whether
 directed by a personal healthcare provider at a lab versus brought onsite by a medical group (who have set a wide
 range of fees as high as \$1,500 per test). The public health department offers free testing but has limited capacity.
- Consider the availability of tests, which is an evolving, fluid situation. Testing has initially been prioritized for those with symptoms of COVID-19, healthcare workers and emergency responders.

Treatment of employees who become ill or exposed

Educate employees on the symptoms of COVID-19 and established protocols for actions and notifications based on the employee's health status, including not coming to work when sick. Train supervisors on disease information, protocols, sensitivity and supportive resources.

- Per CDC, "employees who appear to have symptoms (e.g., 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."
- Create <u>laminated instructions</u> for sick worker response and personal and room decontamination. Provide copies to managers or place in common areas to ensure staff knows what to do
- Designate a place for isolating sick employees until they are sent home.
- Stock the space with the following:
 - Infrared thermometer,
 - Mask for sick workers and respiratory and eye protection for HR/manager designated to support sick worker per OSHA guidelines.
 - Disposable gloves(non-latex).
 - Disposable gown.
 - If telemedicine service is available in the workplace, a designated iPad with infection control cover for telemedicine visit that can be disinfected.
- Determine who (i.e., HR, manager) will handle the sick employee and train them to follow the instructions on the laminated instruction document provided.
- Inform facilities and cleaning crew of the <u>CDC</u> cleaning and disinfecting guidelines after a suspected or confirmed case. Consider the impact of the recommended wait time for opening the space after decontamination as guidelines may recommend vacating the premises for a period of time before cleaning.
- Communicate guidelines to employees around their responsibilities when they are sick or exposed.
 - Proactively inform all employees of the CDC self-checker, available through an online browser or COVID-19 app.
 - Follow CDC's current guidance if they have symptoms.
 - Determine if employee can or cannot work while at home.
 - Do not require an out of work slip for COVID-19 to avoid someone remaining in the workplace and transmitting the disease.

- Develop protocols for alerting anyone who may have been in close contact with the employee highly suspected of/ with COVID-19 while maintaining confidentiality.
 - Determine how you will <u>track employees</u> and who they have been in contact with (e.g., tracking app, journal).
 CDC defines close contact as within six feet for more than 10 minutes, having direct physical contact with the person or exposure to respiratory secretions (such as cough).
 - Determine who will inform those who may have been exposed and predetermine what the message will be (do NOT release any PHI, communicate as preventive so not to alarm, offer availability of work from home versus taking leave). For a sample message, click here.
 - All employees in contact with someone suspected of COVID-19 should be sent home to self-isolate for at least 14 days. If the employee develops symptoms of COVID-19 (track using <u>CDC self-checker</u>), they should contact their healthcare provider or telemedicine provider for an assessment and guidance. For critical infrastructure workers, follow state and local guidance for exposure return to work protocol.
 - If testing is ordered, they will be directed to a local testing location or the local health department. Testing may
 not be ordered for those with mild illness.
 - Human resources should follow up with the employees to determine if symptoms developed or they are diagnosed with COVID-19 so HR can track their close contacts in the workplace.
 - Notify building management.
- Request employees notify you if they have been exposed outside of the workplace to COVID-19 (e.g., family member, friend with the virus), and follow the guidance for home self-isolation as you would if they were exposed in the workplace.
 - With positive COVID-19 in the home, multiple family members may be impacted over varying timeframes.
 Request a work release from their healthcare provider to return to the workplace.
- The laboratory or healthcare facility that performed testing is required to notify the local health department if the test result is positive. The employer may notify the local health department and should alert if multiple positive employees.
- Follow a return to work policy regarding when they can reenter the work site.
 - Follow state and local public orders and <u>CDC's guidelines</u> for discontinuation of isolation for those with COVID-19 with and without testing.
 - Public health orders may be adapted by <u>state and local health departments</u> to respond to rapidly changing local circumstances.
 - For employees confirmed to have COVID-19 employers may request a return to work note from a healthcare provider (some telemedicine providers do not offer work slips), or FMLA form.
- OSHA 300 reporting may apply. Chick here for more information.