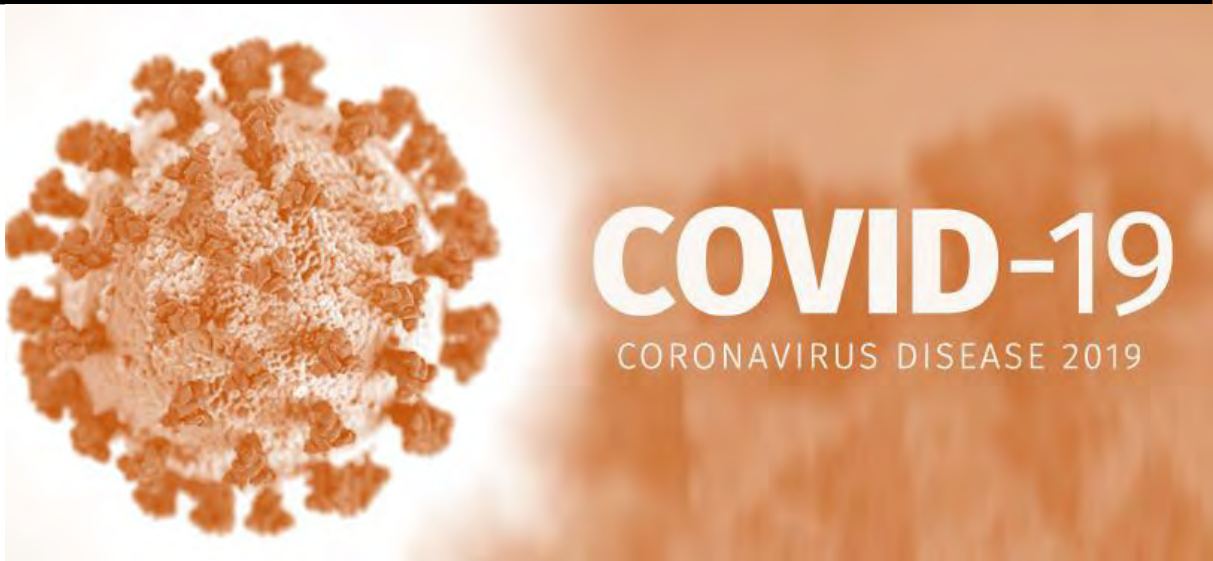


Considerations for Reopening



This document is based on information and resources developed by the CDC and NCA. It has been compiled by CACWA to assist CACs with planning for post-pandemic operations, as there are several areas CACs should consider in order to keep staff, partners, and clients safe and minimize the risk of virus spread. Information is for discussion and planning purposes only and does not represent formal recommendations from CACWA or NCA.

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CDC Policy & Procedure Considerations for Reopening

Develop and implement appropriate safety policies regarding:

- Social distancing and protective equipment;
- Temperature checks;
- Testing, isolating, and contact tracing;
- Sanitation;
- Use and disinfection of common and high-traffic areas; and
- Business travel

CACs are encouraged to follow federal, state, and local regulations and guidance in developing these policies, informed as necessary by industry best practices.

- Please consider each of the above as they relate to staff, clients, MDT partners, or anyone else who may enter your CAC. Will you require everyone to wear masks and have their temperature checked? How will you communicate such expectations to those outside the CAC? What if someone refuses? What course of action will be taken if exposure to the virus occurs at the CAC? How often will cleaning and disinfecting occur, who is responsible to ensure it is done, and how will others know it has been completed?

Monitor for indicative symptoms.

CACs are encouraged not to let symptomatic partners and/or clients enter the CAC and staff should not physically return to work until cleared by a medical provider.

- What steps will be taken to determine if someone is symptomatic before they enter the CAC? Will you rely on “self-reporting”? If someone enters the CAC and is symptomatic, what steps will be taken? If requiring that employees be cleared by a medical provider, will the same apply to non-CAC staff?

Develop and implement policies and procedures for contact tracing following a positive COVID-19 test at the CAC.

CACs should continue to ask infected employees to identify all individuals who worked in close proximity (within six feet) for a prolonged period of time (10 minutes or more to 30 minutes or more depending upon particular circumstances, such as how close the employees worked and whether they shared tools or other items) with them during the 48-hour period before the onset of symptoms. CACs should send home all employees who worked closely with the infected employee to ensure the infection does not spread.

- Will you implement some type of system – such as a sign-in procedure – or rely on individuals to identify those who’ve they’ve been in contact or close proximity with? Will you need to notify the local Health Department in the event of a positive case? How will you notify MDT partners or clients? Will you need to develop a “hold harmless release” for partners and clients to sign in case the virus is contracted as a result of interaction at the CAC? What liability does the CAC have or not have?

Federal Phase-In Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

Phase One

As outlined by the CDC, Phase One is recommended to be implemented when three “gating” factors are met. First, there needs to be a downward trajectory of influenza-like illnesses and COVID-like syndromic cases reported in the area within a 14-day period. Second, there needs to be a downward trajectory of documented cases and positive tests as a percentage of total tests within a 14-day period (with a flat or increasing volume of tests). Third, the area hospitals need to be in a position to treat all patients without crisis care and have in place a robust testing program in place for at-risk healthcare workers.

During Phase One, the following five steps are recommended:

1. Continue to encourage **remote work and telework** whenever possible and feasible with business operations.
2. If possible, return to work **in phases**.
3. Close **common areas** where individuals are likely to congregate and interact or enforce **strict** social distancing protocols.
4. Minimize **non-essential travel** and adhere to CDC guidelines regarding isolation following travel.
5. Strongly consider **special accommodations** for workers who are members of a **vulnerable population**. For purposes of this guidance, these include elderly individuals and those with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.

- Don't forget to think about how the above steps do/do not apply to your partners and/or CAC clients as well. Will your MDT use (or continue to use ZOOM) for case review? Are there team members or clients who require special accommodations?

Phase Two

Phase Two is recommended to be implemented in areas where there is no evidence of a rebound in COVID-19 cases, and that satisfy the Phase One gating criteria a second time.

During Phase Two, the following four steps are recommended:

1. Continue to encourage **remote work and telework** whenever possible and feasible with business operations.
2. Continue to close **common areas** where individuals are likely to congregate and interact or enforce **moderate** social distancing protocols.
3. **Non-essential travel** can resume.
4. Continue to consider **special accommodations** for those who are members of a **vulnerable population**.

- Again, consider how the above steps do/do not apply to your partners and/or CAC clients as well. What should you be discussing with them to ensure safety and protections for all involved?

Phase Three

States and regions that have no evidence of a rebound of COVID-19 cases, and satisfy the gating criteria a third time, are ready to enter Phase Three. During this phase, the guidance is simple: CAC staff and partners can resume **unrestricted provision of services**.

- This is also a good time to consider if there is anything specific you should be communicating to clients as you and your team move “back to business as usual”. Is there a way to convey assurances that the CAC is safe and virus-free?

Safety Considerations for Reopening

General CAC Safety Considerations

The [Centers for Disease Controls and Prevention \(CDC\) just released guidance](#) to assist organizations in making decisions regarding reopening during the COVID-19 pandemic. CACs should continue to follow the recommendations issued by state and local health departments when determining the most appropriate actions to take. According to the CDC guidance, you should consider three questions when deciding whether to reopen:

1. Are you in a community no longer requiring significant mitigation?
2. Will you be able to limit non-essential employees (or partners/clients) to those from the local geographic area?
3. Do you have protective measures for employees (or partners/clients) at higher risk (e.g. teleworking, tasks that minimize contact)?

You should only consider reopening if you can answer “yes” to each of the three questions. Even if you can satisfy the three preliminary questions, you should only reopen if recommended safety actions are in place. The CDC’s recommended safety actions include:

- Promoting healthy hygiene practices;
- Intensifying cleaning, disinfection;
- Canceling non-essential travel, and encouraging alternative commuting and telework;
- Spacing out seating (more than 6 feet) and staggering gathering times;
- Restricting use of any shared items and spaces; and
- Ensuring all staff (or partners/clients) are aware of and use above safety-actions.

The CDC also recommends that you only reopen after you have implemented safeguards for the ongoing monitoring of employees (or partners/clients as applicable) including:

- Encouraging employees who are sick to stay home;
- Establishing routine, daily employee health checks;
- Monitoring absenteeism and having flexible time off policies;
- Having an action plan if someone at the CAC gets COVID-19;
- Creating and testing emergency communication channels for employees (partners/clients); and
- Establishing communication with state and local health authorities.

CLEANING & DISINFECTING AT THE CAC

- If surfaces have been used and/or require cleaning, they should be cleaned using a detergent or soap and water prior to disinfection. (Note: “cleaning” will remove some germs, but “disinfection” is also necessary).
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Individuals who are cleaning should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash. Follow the manufacturer’s instructions regarding other protective measures recommended on the product labeling.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- CACs should develop policies for worker protection and provide training to all who will do cleaning on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- If you require gloves or masks or other PPE, prepare a simple half-page Job Safety Analysis (JSA): list the hazards and the PPE (gloves, masks, etc., as needed), and the person who drafts the JSA should sign and date it
- If you are using cleaners other than household cleaners with more frequency than an employee would use at home, you must also ensure workers are trained on the hazards of the cleaning chemicals used in the workplace and maintain a written program in accordance with OSHA’s Hazard Communication standard (29 CFR 1910.1200). Simply download the manufacturer’s Safety Data Sheet (SDS) and share with employees as needed, and make sure the cleaners used are on your list of workplace chemicals used as part of the Hazard Communication Program (which almost all employers maintain).

You should maintain routine cleaning and disinfection procedures after reopening to reduce the potential for exposure.

SPATIAL CONSIDERATIONS

CACs should consider adapting the physical workplace to permit social distancing to be implemented to the extent feasible. If you have shared office arrangements, open floor work sites, or close common areas where employees are likely to congregate and interact, consider reconfiguring these spaces. You also should continue to encourage telework whenever possible and feasible with business operations.

Additional considerations for soft, nonpermanent, spatial changes in the workplace prior to reopening including the following:

- Partitions between receptionists and others that may directly interact with the employees;
- Separating employees who work in adjacent cubicle spaces;
- Removing every other chair in break areas and lunchrooms;
- Adding partitions to tables where employees congregate during breaks;
- Requiring employees to walk in designated one-way lanes in hallways and corridors to avoid “head-on” pedestrian traffic;
- Consulting with landlords about converting communal restrooms to single-seat bathrooms to avoid close contact between users;
- Utilizing HVAC contractors to increase the number of air changes in your workplace;
- Arrange for food trucks or other food delivery services to serve employees outside to separate employees during lunch breaks;
- Providing hand sanitizer stations outside each restroom and each door that is commonly touched or used;
- Upgrading your teleconference equipment to allow for more teleconferences; and
- If possible, arrange for pick-up and drop-off delivery of packages to be done outside.

Spatial requirements vary widely based upon the location at issue.

- What special considerations are needed for MDT partners – i.e. for observing interviews or attending meetings and case review? How about clients coming to the CAC – i.e. when meeting with Advocate, Therapist or Forensic Interviewer?

SOURCES

Centers for Disease Control & Prevention: Coronavirus Disease 2019 (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>

FP BEYOND THE CURVE: Post-Pandemic Back-To-Business FAQs for Employers, May 5, 2020
<https://www.fisherphillips.com/post-pandemic-faqs>

NOTE: The following pages can be used as a reference for decision-making, educating and raising awareness at your CAC. Feel free to print and post as-is or develop your own. All are available on the CDC website.

GUIDANCE FOR CLEANING & DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES



SCAN HERE
FOR MORE
INFORMATION

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED.

Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

Follow guidance from state, tribal, local, and territorial authorities.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION.

Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

For more information, please visit **CORONAVIRUS.GOV**



MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.



Is the area indoors?

YES

It is an indoor area.

NO

Maintain existing cleaning practices.

Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

Has the area been occupied within the last 7 days?

YES

Yes, the area has been occupied within the last 7 days.

NO

The area has been unoccupied within the last 7 days.

The area will need only routine cleaning.



Is it a frequently touched surface or object?

YES

Yes, it is a frequently touched surface or object.

NO

Thoroughly clean these materials.

Consider setting a schedule for routine cleaning and disinfection, as appropriate.

What type of material is the surface or object?

**Hard and non-porous materials
like glass, metal, or plastic.**

Visibly dirty surfaces should be cleaned prior to disinfection.

Consult EPA's list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

**Soft and porous materials like carpet,
rugs, or material in seating areas.**

Thoroughly clean or launder materials.

Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.



How to Protect Yourself and Others

Know how it spreads



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

Everyone should

Clean your hands often



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

Avoid close contact



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



cdc.gov/coronavirus

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



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

Cover coughs and sneezes



- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

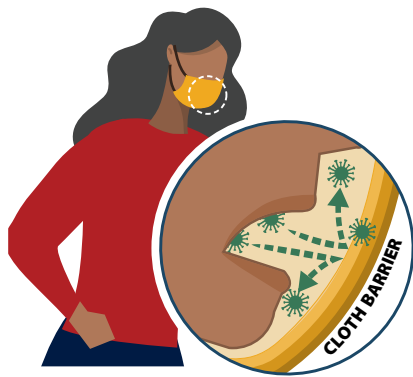


- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean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

How to Safely Wear and Take Off a Cloth Face Covering

WEAR YOUR FACE COVERING CORRECTLY

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



USE THE FACE COVERING TO PROTECT OTHERS

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

FOLLOW EVERYDAY HEALTH HABITS

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



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

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



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

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

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

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated.
- **Get medical care when needed.** Call your doctor before you go to their office for care. But, if you have trouble breathing or other concerning symptoms, call 911 for immediate help.
- **Avoid public transportation,** ride-sharing, or taxis.



Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
- See COVID-19 and Animals if you have questions about pets: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>



Monitor your symptoms.

- **Common symptoms of COVID-19 include fever and cough.** Trouble breathing is a more serious symptom that means you should get medical attention.
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately.**

Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

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

Call 911 if you have a medical emergency. If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

Call ahead before visiting your doctor.

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



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

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.



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



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Cover your coughs and sneezes.

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



Clean your hands often.

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



Avoid sharing personal household items.

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



Clean all “high-touch” surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.



High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective.

How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
 - **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)AND
 - other symptoms have improved (for example, when your cough or shortness of breath has improved)AND
 - at least 10 days have passed since your symptoms first appeared.
 - **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use of medicine that reduces fevers)AND
 - other symptoms have improved (for example, when your cough or shortness of breath has improved)AND
 - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.



In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



When in public, wear a cloth face covering over your nose and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



cdc.gov/coronavirus

Please read before entering.

IF YOU HAVE



Please call our office before coming inside.

CAC Phone # _____

CAC staff may ask you to wear a mask or use tissues to cover your cough.

Thank you for helping us keep YOU and our staff safe.



For more information: www.cdc.gov/COVID19

COVID-19 Health and Safety Guidelines



**National
Children's
Alliance®**

*The Force Behind
Children's Advocacy Centers*

A guide for CACs to address health and safety concerns in serving clients during the COVID-19 pandemic

Updated March 26, 2020

Information in this handout is for discussion and team-planning purposes only. References have been provided to CDC sites with formal recommendations. Information in this handout does NOT supersede guidance and instruction that is relayed to the CAC by their local public health authority.

Children's Advocacy Centers (CACs) provide many essential services which have, until now, been conducted in person, and some of these services critical to children's health, safety, and well-being must continue despite the COVID-19 outbreak. This document, provided in FAQ format, is provided to answer questions for CAC staff and multidisciplinary team members on how to maintain health and safety in the CAC setting, and to balance the need for pandemic safety against the critical needs of children and families. We are grateful for the contributions of child abuse pediatricians within CAC settings who consulted on this document.

What health screening questions should CACs ask before a client is scheduled for services?

All clients, family members, community partners, and CAC staff should be screened before coming into the CAC for a client/interview appointment. Screening of clients should occur at the time that the appointment is scheduled and repeated when the client/family enters the CAC.

- Have you recently been exposed to someone known or suspected of having COVID-19?
- Do you or anyone in your home currently have flu-like symptoms, fever, new/worsening cough and/or shortness of breath?

Anyone answering "yes" to either of the screening questions should be rescheduled if there is not an emergent risk to health and safety due to the abuse allegation and if ill, advised to contact their own medical provider for care and follow-up. (A "yes" answer to either of the screening questions may be referred to in this document as "positive screening criteria.") In

urgent situations, a tele-forensic interview may be an option (see NCA's Emergency Tele-Forensic Interview Guidelines.) Keep in mind that some children will be too ill to be interviewed by any method and their health needs should become the priority.

How do we keep families healthy and safe in waiting areas?

Social distancing is an important factor in health and safety. First, no more than one person should accompany a child to be interviewed. No one other than the one caregiver should accompany the child (no siblings or other family members).

Generally, interviews should be scheduled in such a way that appointments do not overlap so they are not exposed to others and to give time for forensic interview rooms and all hard surfaces in the waiting area to be cleaned between families. If that is not possible, it is safest to keep different families separated in different waiting areas while at the CAC if possible.

If the CAC cannot separate families into different waiting rooms, arrange distancing by placing groupings of two chairs each (one caregiver/one child) at least six feet apart in the waiting room. This is the least desirable option and should be used as a last resort.

How should we keep client service areas clean?

All surfaces in waiting rooms, entrances, exam rooms, interview rooms, and anywhere else clients or visitors have access should routinely be wiped by germicidal wipes or spray. Keep in mind that the fact that a person "passed" the screening does not mean the absence of COVID-19 since individuals can be asymptomatic. Remove any toys with cloth surfaces and consider limiting access to a small set of toys for each family that are easy to wipe down or wash in a dishwasher, setting out replacement batches for new visitors. Children should not play with toys used in prior appointments until those toys have been sterilized in a dishwasher or wiped down thoroughly with germicidal wipes/spray and allowed to air dry.

How should we provide services in the CAC setting for a child who may have been exposed to COVID-19, but doesn't show any symptoms?

If a child or family member has answered yes to either of the screening questions, the best option would be to defer services until the child has completed the quarantine period recommended by the child's healthcare provider, or tests negative for COVID-19. Alternatively, offer remote interviewing or other CAC services via videoconference. Please see NCA's guide to tele-forensic interviewing and tele-mental health resources on NCA Engage.

In the rare instance where services cannot be deferred due to immediate safety issues and no telehealth or tele-forensic interview options are available, take all safety precautions you would take with a child who has a confirmed case. Here are some precautions you can take:

- Ask the child to wear a medical mask that covers their nose and mouth and have them wash their hands upon entry to the CAC. [See our guide to different kinds of protective masks](#)
- Limit their activities in the CAC since you will need to disinfect all of the surfaces they had contact with once they leave.
- Limit the number of people that need to be in the same room with the child, maintaining an appropriate six-foot distance when possible.
- Ensure the interviewer and any other personnel working in the same space as the child are wearing a mask. They may also want to wear healthcare goggles for an added barrier.¹
- If the child is young or developmentally delayed and cannot cooperate with six-foot distancing, those in close contact with the child should wear either a gown (disposable or washable) or an oversized cover shirt, as well as a mask and goggles.
- Once the contact has ended, take the top layer off inside out. If it will be laundered, store it in a plastic bag until it makes it to a washing machine. Wash hands after transferring to the bag and after transferring to the washing machine. Do not hand-wash masks or other protective equipment.

If the child is being brought by a family member, the CAC should use the same screening and precautions for the caregiver who accompanies the child. Family members should not come to the CAC if their presence is not necessary—remember, the rule of thumb is one caregiver per child.

What protections would need to be in place to safely provide services to a child client suffering from COVID-19?

Children suffering from confirmed cases of COVID-19 should not be interviewed at non-hospital CACs. (Hospital-based CACs should consult their own hospital policy and safety procedures.) Moreover, unless driven by an urgent child safety issue, these interviews should be deferred until the child is well both for the safety of the staff and for the well-being of the child. In those cases where one must proceed, and the child is well enough to be

¹ Healthcare goggles, face shields or safety-style glasses that wrap around the contour of the face are more protective than regular eyeglasses.

interviewed, allow the interviewer and sick child to communicate by video conference. Please see our [telehealth resources](#) and [tele-forensic interview guidance](#) for CACs.

Should unwell staff or MDT members with respiratory symptoms be allowed to come to the CAC?

Under no circumstances should CAC staff or MDT members with symptoms of illness be allowed to enter the CAC. The virus is very contagious and can live on surfaces for several hours. Additionally, symptoms and severity vary widely from person to person. For the health and safety team members, children, and families, any staff or team member with symptoms of illness should not be allowed to come to the CAC and should not come in contact with other CAC staff or team members outside of the facility.

This restriction should also cover those with recent exposure (within the last 14 days) to someone else sick or known to have COVID-19. Consider exploring ways that team members with sick symptoms or recent exposure to sick people could participate in CAC activities by videoconference.

What personal protective equipment should staff and team members use if they must have contact with an actual or suspected COVID-19 positive client?

Any staff and providers in very close contact with the patient, such as medical providers, should wear full personal protective equipment (PPE), including a medical mask and a medically appropriate gown, hair cover, goggles, and gloves. Other personnel who will share a room with children who may have any positive COVID-19 screening criteria should wear, at minimum, a medical mask and gloves, even if a proper six-foot distance is maintained.

Many news sources have recommended the use of "particulate-filtering" N95 masks to protect against transmission. However, because hospitals and other emergency care facilities are experiencing a shortage of N95 masks, the purchase and use of these masks should be limited to hospitals and only used while caring for patients known to have COVID-19.

[See NCA's guide to medical masks for CAC safety](#)

[See a table on recommended masks and other PPE for providers and more information on equipment supply chain from the World Health Organization](#)

Should medical exams still be offered at this time?

The decision of whether a medical evaluation should be completed will depend on weighing the risks and benefits of several different factors as well as the setting in which acute and non-acute exams typically occur. If the medical provider is not typically involved in the decision about who is referred for an exam, consider establishing a communication process with the provider to arrive at a team-based decision.

Cases in which the safety of child would be difficult to ensure without a medical exam should be considered for exams. The medical provider will need to know basic case information, including:

- Age of patient
- Type of contact that has occurred
- Time since last CAC contact with the patient
- Whether patient has current obvious physical or mental distress

The provider will also need to know whether the child is known to have COVID-19, has current sick symptoms (flu-like symptoms, fever, new/changing cough, and/or shortness of breath), or has been exposed to someone with COVID-19 or sick symptoms in the last 14 days.

What kinds of medical exams should still be offered to sick kids?

Even if a child is actively ill with COVID-19 or has had a recent exposure to someone known/suspected of having COVID-19, certain exams and treatments may not be deferred to ensure the safety of the child. These acute services include:

- Acute assault exams for evidence collection and STI/pregnancy prophylaxis
- Acute physical abuse exams for safety reasons
- Testing and management of risk for STI/pregnancy for non-acute cases
- Evaluation for current physical/emotional distress

Because the medical provider will be in very close contact with the patient, exams should occur in a setting where a healthcare provider has access to personal protective equipment (PPE), which includes a medical mask, medically appropriate gown, goggles, and gloves.

[See a table of recommended PPE for providers in various settings from the World Health Organization](#)

If the medical provider does not have access to the correct PPE, the child could be referred to a medical facility which can coordinate the necessary care with the remote assistance of the CAC medical provider.

What kinds of exams should wait until the child has recovered from illness?

Non-acute exams should be deferred if the patient has any positive COVID-19 screening criteria. However, even in a single case, some exams may be acute while others are not. The investigator or team member who is aware of the disclosure should discuss the scenario with the medical provider for decision.

For example, the team and medical provider may decide that the patient/client should have testing for STI and/or pregnancy at the time of the report, and defer the actual physical exam until later, since pregnancy and STI could be present at the time of the disclosure or report without causing obvious physical symptoms.

How long should we defer non-acute medical services?

How long non-acute exams can be deferred will be a team decision based on case-by-case information, availability of resources and current community "shelter in place" rules. Estimates are that from the time of sustained community spread of the virus, it will be 6-8 weeks before it is safe to schedule routine cases. Team members should factor into their decision-making on deferral of non-acute exams that the exam is NOT limited to a search for evidence. It may be prudent to examine a non-symptomatic child now, rather than wait 6-8 weeks when many cases will need to be scheduled.

In many cases, the exam is extremely important to the patient/client and family due to worries about how the abuse has impacted their physical condition. Sexual abuse victims are at increased risk for mental health crisis during periods of waiting for medical exams and may be self-harming and even having suicidal ideations. Mental health symptoms like these sometimes surface during the medical evaluation, even when they may not have been disclosed during the forensic interview. In cases where the physical exam is deferred, it may therefore be beneficial to offer the client/family a video or telephone consultation with the medical provider. This would allow an opportunity to address immediate concerns, screen for additional physical or mental health concerns and provide anticipatory guidance.

An example of a deferred exam screening form is forthcoming.

Additional resources

[General information on COVID-19 safety from the CDC](#)

[COVID-19 resources for businesses and employers from the CDC](#)

[Workplace, school, and home COVID-19 safety guidance from the CDC](#)

[NCA's comprehensive coronavirus resource page for CACs, partners, and caregivers](#)

[NCA's guide to medical masks for CAC safety](#)



[See a table of recommended masks and other PPE for providers and more information on equipment supply chain from the World Health Organization](#)

[See World Health Organization advice on the use of medical masks](#)

When to “Return”: Questions Nonprofit Executives Need to Think About

Posted by [Lindsay Tallman](#) on May 5, 2020 10:57:16 AM
Board Source Blog



Right now, state and local governments across the country have started to consider re-opening certain businesses and, what a phased re-entry might look like. As a nonprofit leader, you may be wondering what this process will look like for your organization and how you will know when it is the right time for you to return to a physical workspace. During a global crisis like this, when there are so many variables at play, it's difficult to plan for the future when we don't know what the next week or month will look like. All nonprofit CEO's and executive directors are working hard to make the best decisions they can for their organizations — this is not an easy task.

A decision like this demands careful strategy and reflection; CEO's will need to consider the short term and long-term effects of re-opening. In some cases, that will be a shared decision between boards and executives, particularly as it relates to reopening public programming spaces that are “non-essential” in nature. In many other cases, though, it will be an executive-level decision, of which the board simply needs to be informed.

In response to the questions we have been receiving from boards and executives alike — acknowledging that this is not an area of specific expertise for us — we worked to identify some

resources and guiding thoughts that may be helpful to nonprofit leaders. As CEO's develop a roadmap to reopening, we suggest considering the following questions in order to make the most informed decision you can:

Are we following state and local laws, and health guidelines from experts?

Before you can consider the possibility of reopening, state and local governments will need to clear businesses for operation. But it's not just about following the law; it's about ensuring that you are prioritizing the safety and wellbeing of staff, stakeholders, volunteers, and members. Public health experts advise that some states will recover sooner than others. This [New York Times article](#) provides benchmarks from experts that can help determine which [health milestones](#) cities will need to pass, in order to consider reopening.

How can we help protect and accommodate staff?

What policies will you have in place if you were to reopen? These might look similar to the policies at the beginning of the outbreak and include things like requirements for employees to stay home if they are sick, and maintaining a clean work environment. While thinking about this, take a look at [this resource from OSHA](#), which provides recommended guidance for employers. The CDC has also provided guidance on proper cleaning procedures in an [office setting](#) and in [community spaces](#), as well as an [outline of conditions that may leave some staff at greater risk](#), based on current knowledge of the disease.

Here are a few other things you should be sure to take into consideration:

- The status of local schools. This will impact the ability of staff with children to return to work.
- The availability and safety of public transportation will impact some staff members' ability to return to work.
- Whether or not to continue travel limitations, even if staff are back in the office.

Do we understand the legal and liability implications of opening our offices or community space?

Nonprofits should consider consulting with an attorney and their insurance provider to make sure that they have a full understanding of the risks associated with reopening to staff, stakeholders, volunteers, and members. Many organizations have been advised that existing policies do not cover circumstances related to an infectious disease or pandemic, which brings with it additional risks and liabilities that need to be fully understood.

For many nonprofit organizations, deciding when and how to reopen your organization's space to employees or the public will be complex and nuanced. While in many organizations, this will be a CEO-led decision-making process, boards need to be ready and willing to serve as a sounding board to the CEO if needed. They also need to be ask good questions about how the CEO is weighing the need to resume programming and operations with the need to protect the safety and well-being of all who engage with their organization.

ONEJUSTICE HEALTHY NONPROFITS PROGRAM

COVID-19 Adaptive Leadership Checklist

Possible leadership priorities and sample actions responding to the COVID-19 outbreak are organized below. This document is intended to support leadership thinking and conversations and is by no means exhaustive. This is not intended to reflect current jurisdictional options or replace legal advice.

EMPLOYEE HEALTH & SAFETY

Ensure compliance with local, state and federal regulations regarding workplace safety ☐

Provide necessary and/or legally required protective equipment ☐

Encourage staff to not work if sick ☐

Train remote staff on best practices for remote work, including setting up work stations and acquiring necessary equipment ☐

LEGAL

Ensure compliance with jurisdictional designations of "essential services," providing staff guidance as needed including essential services letter (for use in the event staff member is approached by law enforcement) ☐

Consider contacting pro bono attorney or real estate resources for advice on seeking rent abatement, terminating leases, etc. ☐

Contact experts in legal ethics obligations for remote services ☐

HR & OPERATIONS

Plan for workers comp policy and assistance to prevent and manage injury while telecommuting ☐

Track and adjust policies as required by federal, state and local regulations/orders ☐

Review staff roles to identify remote and non-remote workers ☐

Consult with outside counsel to ensure furloughs and layoffs are handled appropriately ☐

Extend paid sick leave for affected staff ☐

Communicate with supervisors/managers to ensure consistent implementation of telecommute policy ☐

Begin to prepare "return to the office" plans ☐

Train staff on best practices in remote work ☐

Provide appropriate equipment for remote workers or reasonably reimburse for work usage of staff personal technology ☐

Adjust work schedules as needed, particularly for those in care-taking roles ☐

FINANCIAL RELIEF

- Apply for Payroll Protection Program, if in best interest of the organization ☐
- Determine application of payroll tax credit and deferral in the event PPP loan is not granted ☐
- Contact funders to communicate service delays and request relief such as conversion of funds for general operations ☐
- Research county and city specific relief funding, as well as private funding ☐
- Identify services to suspend and additional services that may be needed to support remote work ☐
- Planning with Board on furloughs, layoffs, and use of reserves, if needed ☐

REMOTE WORKING

- Purchase a video conferencing platform for large meetings ☐
- Create a "Do's & Dont's" guide for online meetings ☐
- Create a booking system for high use videoconferencing platforms ☐
- Establish remote policies (i.e. notification of log-in, goals for work to be accomplished, etc.) ☐
- Consider increasing frequency of check-ins to maintain community ☐
- Ensure staff understand how to safeguard confidential information ☐

PROGRAM REDESIGN

- Decide postpone, cancel or transform impacted programs ☐
- Run a brainstorm session with impacted staff ☐
- Alert clients and partners to changed availability and technology ☐
- Check in with clients on service needs that may need to be adjusted ☐
- Review security measures for video conferencing and telecommunication services when speaking to clients ☐

CULTURE

- Provide continuous and transparent communications to staff on ongoing organizational response work ☐
- Promote self-care and share coping resources ☐
- Initiate or continue office/team wide rituals e.g. monthly birthday celebration, weekly 'happy hours' ☐
- Continue special initiatives including equity and inclusion work ☐

For additional legal aid resources on effective nonprofit management, visit onejustice.org/healthynonprofits or email rmangiliman@one-justice.org.



Safe Start Washington

A Phased Approach to Recovery

ISSUED BY THE OFFICE OF THE GOVERNOR | MAY 4, 2020



Safe Start Washington

Governor Jay Inslee

Governor Jay Inslee, in collaboration with the Washington State Department of Health, has established a data-driven approach to reopen Washington and modify physical distancing measures while minimizing the health impacts of COVID-19.

This approach reduces the risk of COVID-19 to Washington's most vulnerable populations and preserves capacity in our health care system, while safely opening up businesses and resuming gatherings, travel, shopping, and recreation. The plan involves assessing COVID-19 activity in the state along with health care system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations.



COVID-19 DISEASE ACTIVITY

Before reopening Washington and modifying physical distancing measures, COVID-19 disease burden must be low and decreasing as measured by:

- Number and trend of [COVID-19 cases, hospitalizations and deaths in Washington State](#)
- Modeling data, including [Institute for Disease Modeling](#) on Puget Sound area rates of COVID-19 spread, University of Washington [Institute for Health Metrics and Evaluation](#) modeling, and [Youyang Gu](#) modeling
- Mobility trends in Washington State, including [WSDOT traffic data](#) and [Google Mobility Data](#)

READINESS AND CAPABILITIES NEEDED

The Department of Health and local public health officials will monitor data to assess our state's readiness for safely reopening and modifying physical distancing measures. In addition to a low and decreasing disease burden, readiness must be achieved in four key areas to proceed from where we are now in the "Stay Home, Stay Healthy" order (Phase I) to Phase II, III and IV of the plan. The four key areas include healthcare system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations. The overall goals for each area, along with the pertinent data that will be considered, are detailed below.





1. Health Care System Readiness

Adequate bed capacity, staffing and supplies in the health care system to handle a surge in COVID-19 cases, measured by:

- Number and percentage of licensed beds and ICU beds available in hospitals
- Number of available ventilators
- Days of personal protective equipment (PPE) supply available at hospitals, long-term care facilities, and other health care settings
- Ability of the state to fill high priority PPE requests from local emergency management agencies
- Ability of hospitals and other health care facilities to surge and coordinate movement of patients



2. Testing Capacity and Availability

Ability for everyone with COVID-19 symptoms and those with high-risk exposures to be tested immediately using a polymerase chain reaction (PCR) test and rapidly receive test results as measured by:

- Geographic distribution of testing sites and ability to serve the entire population
- Number and capacity of laboratories in Washington performing COVID-19 testing
- Availability of sufficient swabs, viral transport media, lab reagents, and other materials required for COVID-19 testing
- Number of tests performed per day



3. Case and Contact Investigations

Ability to rapidly isolate those with COVID-19, identify and quarantine their contacts, and provide case management services as measured by:

- Number of investigators trained and working
- Plans for case management
- Availability of isolation and quarantine facilities in local jurisdictions
- Percent of cases investigated within 24 hours of receipt of positive test report
- Percent of contact investigations initiated within 48 hours of receipt of positive test report





4. Ability to Protect High-Risk Populations

Ability to immediately respond to outbreaks in congregate settings, such as long-term care facilities, behavioral health facilities, agricultural worker housing, homeless shelters and correctional facilities, and address the needs of other high-risk populations, including the elderly and the medically frail, measured by:

- Number of outbreaks in long-term care facilities
- Demographic data, including race/ethnicity data, on COVID-19 cases, hospitalizations and deaths
- Ability of local or state strike teams with adequate PPE to respond to an outbreak within 24 hours

ALL INDIVIDUALS AND BUSINESSES

Until there is an effective vaccine, effective treatment or herd immunity, it is crucial to maintain some level of community interventions to suppress the spread of COVID-19 throughout all phases of recovery. This includes heightened protections for the health and safety of workers in essential sectors, people living and working in high-risk facilities (e.g., senior care facilities) and all other workers.

All Washingtonians have a responsibility to protect themselves and others. Each phase, while allowing for additional services to open and return to full capacity, is grounded in the following required basic practices:

Guidance for Individuals

All phases – Individuals should continue to:

- Engage in physical distancing, staying at least six feet away from other people
- Wear cloth face coverings in public places when not eating or drinking (cloth face coverings should not be placed on children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cover without assistance)
- Stay home if sick
- Avoid others who are sick
- Wash hands frequently with soap and water (use hand sanitizer if soap and water are not available)
- Cover coughs and sneezes
- Avoid touching eyes, nose and mouth with unwashed hands
- Disinfect surfaces and objects regularly



Requirements for All Employers

All phases – Employers are required to:

- Maintain the six-foot physical distancing requirements for employees and patrons. Adopt other prevention measures such as barriers to block sneezes and coughs when physical distancing is not possible for a particular job task.
- Provide services while limiting close interactions with patrons.
- Provide adequate sanitation and personal hygiene for workers, vendors and patrons. Ensure employees have access to hand washing facilities so they can wash their hands frequently with soap and running water.
- Ensure frequent cleaning and disinfection of the business, particularly of high-touch surfaces.
- Identify personal protective equipment (PPE) and cloth facial coverings in accordance with L&I requirements on facial coverings and industry specific COVID-19 standards. Provide the necessary PPE and supplies to employees.
- Identify strategies for addressing ill employees, which should include requiring COVID-19 positive employees to stay at home while infectious, and potentially restricting employees who were directly exposed to the COVID-19 positive employee. Follow CDC cleaning guidelines to deep clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the closure of the business until the location can be properly disinfected.
- Educate employees about COVID-19 in a language they best understand. The education should include the signs, symptoms and risk factors associated with COVID-19 and how to prevent its spread.
- On a case-by-case basis, as directed by federal, state and local public health and workplace safety officials, implement other practices appropriate for specific types of businesses, such as screening of employees for illness and exposures upon work entry, requiring non-cash transactions, etc.
- Follow requirements in [Governor Inslee's Proclamation 20-46 High-Risk Employees – Workers' Rights](#).
- Keep a safe and healthy facility in accordance with state and federal law, and comply with COVID-19 worksite-specific safety practices, as outlined in Governor Inslee's "Stay Home, Stay Healthy" Proclamation 20-25, and in accordance with the Washington State Department of Labor & Industries [General Coronavirus Prevention Under Stay Home, Stay Healthy Order](#) and the Washington State Department of Health [Workplace and Employer Resources & Recommendations](#).
- Challenge Seattle and the Washington Roundtable have developed a [business checklist](#) which is a great starting point for businesses as they prepare for a Safe Start. Our shared goal is to establish clear requirements that everyone can understand and apply — employers, workers and customers.

Businesses are also expected to implement any additional requirements developed specifically for their industry, such as those that have been established for construction.



PHASED APPROACH TO REOPENING WASHINGTON AND MODIFYING PHYSICAL DISTANCING MEASURES

Phase I of reopening Washington begins on May 5, 2020. When COVID-19 disease burden is low and decreasing and the four above capabilities are met, the Governor will issue an order for the state to move into future phases. The state will stay in every phase for a **minimum of three weeks**. During that time, the Department of Health and the Governor will re-evaluate the above indicators and determine if the state should remain in the current phase, advance to the next phase or return to the previous phase. No phase will last less than three weeks before moving to the next phase, in order to allow one complete disease incubation period plus an additional week to compile complete data and confirm trends.

The following table shows the phased approach for reopening businesses and resuming activities not authorized under Proclamation 20-25. **This phased approach may be adjusted as the pandemic evolves.** The industries listed are not an exclusive or exhaustive list of industries. Businesses listed in each phase of the plan will have industry-specific guidance and safety criteria developed to ensure workplace safety and public health are maintained. Those business activities are not authorized to open until the industry-specific guidance and safety criteria are issued.

A number of different factors were considered when deciding which activities could be resumed and which businesses could be reopened in various phases. These factors included:

- Risk of disease spread during the individual or business activity
- Number of people who could potentially be infected during the individual or business activity
- Economic benefits to opening the business
- Individual benefits to opening the business

Additional plans for a phased approach to restarting health care and educational activities are under development.

Families are adjusting to a new way of life, and we understand the impacts this is having on them. The connection between education, childcare, youth sports, summer programs and extracurricular activities is critical and must be viewed from a holistic lens to ensure equity and high quality of life. As we prepare for what the reopening of school looks like, we will be working closely with the Department of Health, Office of the Superintendent for Public Instruction, Department of Children, Youth and Families, and parents to release plans in the future.

While childcare is currently an essential business activity and a key component to the reopening plan, we know there is more to do. The state will continue efforts to ensure adequate access and affordability for families.



WASHINGTON'S PHASED APPROACH

Modifying Physical Distancing Measures as we Reopen the State

INDIVIDUALS AND BUSINESSES SHOULD FOLLOW ALL REQUIREMENTS LISTED ABOVE DURING ALL PHASES



Phase 1



Phase 2



Phase 3



Phase 4

High-Risk Populations*

Continue to Stay Home, Stay Healthy

Continue to Stay Home, Stay Healthy

Continue to Stay Home, Stay Healthy

Resume public interactions, with physical distancing

Recreation

Some outdoor recreation (hunting, fishing, golf, boating, hiking)

Outdoor recreation involving 5 or fewer people outside your household (camping, beaches, etc.)

- Outdoor group rec. sports activities (50 or fewer people)
- Recreational facilities at <50% capacity (gyms, public pools, etc.)
- Professional sports without audience participation (horseracing, baseball, etc.)

Resume all recreational activity

Gatherings (social, spiritual)

- None
- Drive-in spiritual service with one household per vehicle

Gather with no more than 5 people outside your household per week

Allow gatherings with no more than 50 people

Allow gatherings with >50 people

Travel

Essential travel and limited non-essential travel for Phase I permissible activities

Essential travel and limited non-essential travel for Phase I & II permissible activities

Resume non-essential travel

Continue non-essential travel

Business/ Employers

- Essential businesses open
- Existing construction that meets agreed upon criteria
- Landscaping
- Auto/RV/boat/ORV sales
- Retail (curb-side pick-up orders only)
- Car washes
- Pet walkers

- Remaining manufacturing
- Additional construction phases
- In-home/domestic services (nannies, housecleaning, etc.)
- Retail (in-store purchases allowed with restrictions)
- Real estate
- Professional services/office-based businesses (telework remains strongly encouraged)
- Hair and nail salons/barbers
- Pet grooming
- Restaurants/taverns <50% capacity table size no larger than 5 (no bar-area seating)

- Restaurants/taverns <75% capacity/ table size no larger than 10
- Bar areas in restaurant/taverns at <25% capacity
- Movie theaters at <50% capacity
- Customer-facing government services (telework remains strongly encouraged)
- Libraries
- Museums
- All other business activities not yet listed except for nightclubs and events with greater than 50 people

- Nightclubs
- Concert venues
- Large sporting events
- Resume unrestricted staffing of worksites, but continue to practice physical distancing and good hygiene

* High-risk populations are currently defined by CDC as: persons 65 years of age and older; people of all ages with underlying medical conditions (particularly not well controlled), including people with chronic lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised, people with severe obesity, people with diabetes, people with chronic kidney disease undergoing dialysis, and people with liver disease; people who live in a nursing home or long-term care facility.

COUNTY VARIANCE REQUESTS

The Department of Health recognizes that there are currently some small counties with a population of less than 75,000 that have not identified a resident with COVID-19 for the past three weeks. These counties have the opportunity to apply for a variance to move to Phase II of this plan before the rest of the state. To apply for a variance, the local jurisdiction must follow the below process and submit the following materials to the Department of Health. County variance applications will be approved or denied by the Secretary of Health.

1. The process must adhere to the following steps:

- a. The local public health officer must submit a signed recommendation to the local board of health with one of the following recommendations: not request a variance and stay in Phase I, request a variance to include all of the Phase II modifications above, or request a variance to include a subset of Phase II modifications.
- b. The local board of health, if they choose to move forward with a variance request, must vote on such a request.
- c. The local hospital(s) must submit a letter certifying that they have adequate bed capacity to serve their community and adequate PPE supplies to keep their workers safe.
- d. The county commission/council must request to move to Phase II (or a subset of Phase II) of the plan.

2. The county commissioner must submit a letter requesting a variance, the letter from the local hospital certifying they have adequate bed capacity to serve their community and adequate PPE supplies to keep their workers safe, and a document that includes the following information to the Department of Health:

- a. Plans to make COVID-19 testing available and accessible to everyone in the county with symptoms consistent with COVID-19.
- b. The number of tests performed by week over the past three weeks.
- c. The number of people trained and ready to perform case investigations and contact tracing.
- d. Plans to house people in isolation or quarantine who do not have a home or wish to isolate or quarantine themselves outside of their home.
- e. Plans to provide case management services to cases and contacts in isolation and quarantine.
- f. Plans to rapidly respond to outbreaks in congregate settings.



3. Included with this application are documents demonstrating approvals and endorsements for all of the following:

- a. The local public health officers' recommendation to the Board of Health.
- b. Documentation of the vote of the Board of Health, including the motion and the vote totals.
- c. Letters from all hospitals used by the county certifying their bed capacity for COVID-19 patients and PPE supplies.
- d. Documentation of the vote of the county commission, including the vote totals.

In the next two weeks, the Department of Health and Governor Inslee will consider additional criteria which could include cases per capita for allowing other counties to apply for a variance. Local jurisdictions will be allowed to partially implement a phase.





Guidance on Preparing Workplaces for COVID-19



Occupational Safety and Health Act of 1970

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

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

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

Guidance on Preparing Workplaces for COVID-19

U.S. Department of Labor
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Introduction

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

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

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

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

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

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

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

About COVID-19

Symptoms of COVID-19

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

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

How COVID-19 Spreads

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

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

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

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

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

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

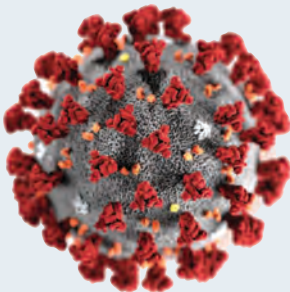
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

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

How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

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



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

Photo: CDC / Alissa Eckert & Dan Higgins

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

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

Develop an Infectious Disease Preparedness and Response Plan

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

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

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

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

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

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

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

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

Prepare to Implement Basic Infection Prevention Measures

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

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

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

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

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

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

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

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

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

Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

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

Engineering Controls

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

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

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

Administrative Controls

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

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

Safe Work Practices

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

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

Personal Protective Equipment (PPE)

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

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

All types of PPE must be:

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

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

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

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

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

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

Follow Existing OSHA Standards

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

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

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

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2.

However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030.

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

Classifying Worker Exposure to SARS-CoV-2

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

**Occupational Risk Pyramid
for COVID-19**



Very High Exposure Risk

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

Workers in this category include:

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

High Exposure Risk

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

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

Medium Exposure Risk

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

Lower Exposure Risk (Caution)

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

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

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

Engineering Controls

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

Administrative Controls

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

Personal Protective Equipment

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

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

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

Engineering Controls

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

Administrative Controls

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

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

Personal Protective Equipment (PPE)

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

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

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

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

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

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

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

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

Engineering Controls

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

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

Administrative Controls

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

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

Safe Work Practices

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

Personal Protective Equipment (PPE)

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

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

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

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

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

Workers Living Abroad or Travelling Internationally

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

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

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

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

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

For More Information

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

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

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

OSHA Assistance, Services, and Programs

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

Establishing a Safety and Health Program

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

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

Compliance Assistance Specialists

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

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

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

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

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

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

Cooperative Programs

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

Strategic Partnerships and Alliances

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

Voluntary Protection Programs (VPP)

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

Occupational Safety and Health Training

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

OSHA Educational Materials

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

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

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

OSHA Regional Offices

Region 1

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

Region 2

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

Region 3

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

Region 4

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

Region 5

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

Region 6

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

Region 7

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

Region 8

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

Region 9

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

Region 10

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

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

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

How to Contact OSHA

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

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





U.S. Department of Labor

For more information:



**Occupational
Safety and Health
Administration**

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