COVID-19 Preparedness Plan template and instructions

Under Gov. Tim Walz's Executive Orders, businesses that are in operation during the peacetime emergency are required to establish a COVID-19 Preparedness Plan. This includes both critical and non-critical businesses.

A business's COVID-19 Preparedness Plan shall establish and explain the policies, practices and conditions the business will implement to meet the industry guidance for the business that are based on Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines, federal Occupational Safety and Health Administration (OSHA) standards and applicable executive orders related to safety and health in their workplaces. The plan should have the strong commitment of management and be developed and implemented with the participation of workers. Plans must be communicated to workers and posted at the workplace in a manner that is accessible for workers to review. The Minnesota Department of Labor and Industry (DLI), in consultation with the Minnesota Department of Health (MDH), has the authority to determine whether a plan is adequate.

Your COVID-19 Preparedness Plan must include and describe how your business will implement the following, in compliance with the general industry guidance or the specific industry guidance applicable to your business:

1. policies and procedures that assist in the identification of sick workers and ensure sick workers stay home;
2. Implementation of engineering and administrative protocols for social distancing;
3. worker hygiene and source controls;
4. workplace building and ventilation protocols;
5. workplace cleaning and disinfecting protocols;
6. drop-off, pick-up and delivery protections and protocols; and
7. communications and training practices and protocols.

In addition to the above, the plan must also include protections and protocols included in specific industry guidance applicable to your business for circumstances that are typical, unique or specific to the type of business, including but not limited to, the situations where exposure exists for workers and/or customers. These additional protections and protocols may include as provided in the specific industry guidance:

8. additional protections and protocols for customers, clients, guests, visitors;
9. Additional protections and protocols for personal protective equipment (PPE);
10. additional protections and protocol for access and assignment;
11. additional protections and protocol for sanitation and hygiene;
12. additional protections and protocols for work clothes and hand washing;
13. additional protections and protocol for distancing and barriers;
14. additional protections and protocols for managing occupancy;
15. additional protocols to limit face-to-face interaction;
16. additional protections for receiving or exchanging payment; and
17. additional protections and protocols for certain types of businesses with an industry.

This document includes a template that may be used by businesses to develop a COVID-19 Preparedness Plan that includes the components listed above. A business' plan should be **developed to fit the business and the risks of transmission that are present in the business' workplace(s). This template should be used with and must address the industry guidance developed by the Minnesota Departments of Health (MDH) and Labor and Industry (DLI). The industry guidance is available at** https://staysafe.mn.gov/industry-guidance/index.jsp

Businesses are not required to use this template. However, all plans developed by businesses must address the components included in the State of Minnesota industry guidance developed for the type of business.

COVID-19 Preparedness Plan for [Company name]

[Company name] is committed to providing a safe and healthy workplace for all our workers **[and customers, clients, patrons, guests, visitors]**. To ensure we have as safe and healthy workplace, **[Company name**] have developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our workers and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

The COVID-19 Preparedness Plan is administered by **[Designated Plan Administrator]**, who maintains the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with, and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. **[Company name]'s** managers and supervisors have our full support in enforcing the provisions of this plan.

Our workers are our most important assets. **[Company name]** is serious about safety and health and protecting its workers. Worker involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our workers in this process by: **[Describe how worker suggestions and feedback have been solicited and/or requested, how worker concerns have been addressed, and how such suggestions have been integrated into developing the plan]**.

[Company name]'s COVID-19 Preparedness Plan follows the industry guidance developed by the State of Minnesota, which is based upon Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines for COVID-19, Minnesota's Occupational Safety and Health Administration (Minnesota OSHA) statutes, rules, and standards, and Minnesota's relevant and current executive orders, and addresses:

- Ensuring sick workers stay home and prompt identification and isolation of sick persons;
- Social distancing – Workers must be at least six-feet apart;
- Worker hygiene and source controls;
- Workplace building and ventilation protocol;
- Workplace cleaning and disinfection protocol;
- Drop-off, pick-up and delivery practices and protocol; and
- Communications and training practices and protocol.

[Company name] has reviewed and incorporated the industry guidance applicable to our business provided by the State of Minnesota for the development of this plan, including the following industry guidance **[Identify industry guidance, if applicable (e.g. Restaurants and Bars, Manufacturing, Construction)].** Other conditions and circumstances included in the industry guidance and addressed in the plan that are specific to our business include:

- additional protections and protocols for customers, clients, guests, visitors;

- ☐ additional protections and protocols for personal protective equipment (PPE);
- ☐ additional protections and protocol for access and assignment;
- ☐ additional protections and protocol for sanitation and hygiene;
- ☐ additional protections and protocols for work clothes and hand washing;
- ☐ additional protections and protocol for distancing and barriers;
- ☐ additional protections and protocols for managing occupancy;
- ☐ additional protocols to limit face-to-face interaction;
- ☐ additional protections for receiving or exchanging payment; and
- ☐ additional protections and protocols for certain types of businesses with an industry.

Ensure sick workers stay home and prompt identification and isolation of sick persons

Workers have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess workers' health status prior to entering the workplace and for workers to report when they are sick or experiencing symptoms. **[Address the requirements provided in the industry guidance that is applicable to the business and describe how the business will address health screening, how workers will communicate with the business if they are sick or experiencing symptoms while at home, how workers report they are sick or experiencing symptoms while at work, and how workers will be isolated in the workplace until they can be sent home.]**

[Company name] has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. **[Describe the business's sick leave, the Family Medical Leave Act (FMLA) and other policies addressing these situations.]** Accommodations for workers with underlying medical conditions or who have household members with underlying health conditions have been implemented. **[Describe the business's policy.]**

[Company name] has also implemented a policy for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time. **[While including the sector-specific guidance, describe the business's policy.]**

In addition, a policy has been implemented to protect the privacy of workers' health status and health information. **[Describe the business's policy.]**

Social distancing – Workers must be at least six-feet apart

Social distancing of at least six-feet will be implemented and maintained between workers **[and customers, clients, patrons, guests, visitors]** in the workplace through the following engineering and administrative controls: **[Address the requirements provided in the industry guidance that is applicable to the business and describe how the business will implement social distancing. Identify protections and protocols that include teleworking, flexible work hours, staggered shifts and additional shifts to reduce the number of workers in the workplace at one time. Describe how occupancy requirements, numbers of people, flow and interactions will be implemented to ensure social distancing. Describe how signage, markings and instructions is being used to**

address social distancing. Describe physical workplace changes, such as increased distance between workstations, worker spacing on production lines, check-in and checkout stations. Describe how aisles, display cases, tables, clothing racks, counters, check-in and checkout stations, etc. will be arranged, and how the flow will be directed to allow for social distancing between workers [and customers, clients, patrons, guests and visitors]. If spacing cannot be increased or social distancing consistently maintained, describe how barriers, screens, shields, curtains, and partitions will be used. Describe how persons in the workplace will be prevented from gathering in groups in common areas and "bottlenecks," including corridors, meeting rooms, stairways, break rooms, entrances and exits and elevators. Describe how personal protective equipment, phones, pens, computer equipment, desks, cubicles, workstations, offices or other personal work tools and equipment will not be shared and, if used by more than one person, and cleaned and disinfected between users. Describe how car-pooling, ride-sharing, or sharing of vehicles will be addressed to limit duration of exposure to other persons and social distancing. Describe communications plans to address questions and concerns. Describe how you will provide recommended or required protective supplies, such as masks, nonmedical cloth face coverings, gloves, disinfectant, face-shields for workers, and instruction about when and how they should be worn.]

Worker hygiene and source controls

Basic infection prevention measures are being implemented at our workplaces at all times. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes, and after using the restroom. All **[customers, clients, patrons, guests, visitors]** to the workplace are required to wash or sanitize their hands prior to or immediately upon entering the facility. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled. **[Address the requirements provided in the industry guidance that is applicable to the business and describe how necessary handwashing and/or sanitizer facilities will be provided, supplied and maintained; that workers will be allowed to perform hand hygiene to meet this requirement; and how means for hand hygiene will be provided for use by other persons entering the workplace.]** Source controls are being implemented at our workplaces at all times. **[Describe how you are addressing the requirements on source control, including the use of source control face coverings, other protective equipment as required in the industry guidance for your business.]**

Workers **[and customers, clients, patrons, guests, visitors]** are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing, and to avoid touching their face, particularly their mouth, nose and eyes, with their hands. Workers **[and customers, clients, patrons, guests, visitors]** are expected to dispose of tissues in provided trash receptacles, and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters, and supported by making tissues and trash receptacles available to all workers and other persons entering the workplace. **[Describe how the business will communicate these instructions and reminders.]**

Workplace building and ventilation protocol

Operation of the building in which the workplace is located, includes necessary sanitation, assessment and maintenance of building systems including water, plumbing, electrical and HVAC systems. **[Describe how you**

are addressing the building and ventilation protocols included in the industry guidance for your business.] The maximum amount of fresh air is being brought into the workplace, air recirculation is being limited, and ventilation systems are being properly used and maintained. Steps are also being taken to minimize air flow blowing across people. **[Address the requirements provided in the industry guidance that is applicable to the business and describe steps being taken introduce fresh air, to improve air circulation, and to properly use and maintain ventilations systems.]**

Workplace cleaning and disinfection protocol

Regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, vehicles, and areas in the work environment including, but not limited to, restrooms, break rooms, lunch rooms, meeting rooms, checkout stations, fitting rooms, and drop-off and pick-up locations. Frequent cleaning and disinfecting is being conducted of high-touch areas including, but not limited to, phones, keyboards, touch screens, controls, door handles, elevator panels, railings, copy machines, credit card readers, delivery equipment, etc. **[Address the requirements provided in the industry guidance that is applicable to the business and describe the business's schedule for cleaning and disinfecting, the person's conducting the cleaning and disinfecting, the products that are used to clean the workplace, and how the business will disinfect the workplace if a person in the workplace is symptomatic or is diagnosed with COVID-19.]**

Appropriate and effective cleaning and disinfectant supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective equipment for the product. **[Address the requirements provided in the industry guidance that is applicable to the business and describe the cleaning and disinfecting supplies that are being used, the purposes for which they are or will be used, how they are to be used, training that will be provided to ensure their proper use and any required personal protective equipment.]**

Drop-off, pick-up and delivery practices and protocol

[Describe how you are addressing the drop-odd, pick-up and delivery protocols included in the industry guidance for your business.]

Communications and training practices and protocol

This COVID-19 Preparedness Plan was communicated **[Describe how the plan was communicated]** to all workers on **[Identify the date or dates when the plan was communicated],** and necessary training was provided. Additional communication and training will be ongoing by **[Describe how the circumstances with which the training will be provided]**. Training will be provided to all workers who did not receive the initial training and prior to initial assignment or reassignment.

Instructions will be communicated to all workers, including employees, temporary workers, staffing and labor-pools, independent contractors, subcontractors, vendors, and outside technicians, **[and customers, clients, patrons, guests, visitors]** on protections and protocols, including but not limited to: 1) Social distancing protocols and practices; 2) Drop-off, pick-up, delivery and general in-store shopping; 3) Practices for hygiene and

respiratory etiquette; 4) Recommendations or requirements regarding the use of masks, face-coverings, and/or face-shields by workers **[and customers, clients, patrons, guests, visitors]**. All workers **[and customers, clients, patrons, guests, visitors]** will also be advised not to enter the workplace if they are experiencing symptoms or have contracted COVID-19. **[While including the sector-specific guidance, describe how the business will advise persons in the workplace.]**

Managers and supervisors are expected to monitor how effective the program has been implemented. **[Describe how the business will monitor the effectiveness of the program and identify successes, challenges, and deficiencies].** All management and workers are to take an active role and collaborate in carrying out the various aspects of this plan, and update the protections, protocols, work-practices, and training as necessary. This COVID-19 Preparedness Plan has been certified by **[Company name]** management, and the Plan was posted throughout the workplace and made readily available to employees on **[Date]**. It will be updated as necessary by **[Designated Plan Administrator]**.

Additional protections and protocols

Other conditions and circumstances addressed in the Plan that are specific to our business include **[Describe how the business address the additional protections and protocols included in the industry guidance specific to the conditions and circumstances of the business:**

- **Additional protections and protocols for customers, clients, guests, visitors**
- **Additional protections and protocols for personal protective equipment (PPE)**
- **Additional protections and protocol for access and assignment**
- **Additional protections and protocol for sanitation and hygiene**
- **Additional protections and protocols for work clothes and hand washing**
- **Additional protections and protocol for distancing and barriers**
- **Additional protections and protocols for managing occupancy**
- **Additional protocols to limit face-to-face interaction**
- **Additional protections for receiving or exchanging payment**
- **Additional protections and protocols for certain types of businesses with an industry]**

Certified by:

[Signature]

[Date]

[Title of senior executive or management official]

Appendix A – Guidance for developing a COVID-19 Preparedness Plan

General

Centers for Disease Controal and Prevention (CDC): Coronavirus (COVID-19) – www.cdc.gov/coronavirus/2019-nCoV

Minnesota Department of Health (MDH): Coronavirus – www.health.state.mn.us/diseases/coronavirus

State of Minnesota: COVID-19 response – https://mn.gov/covid19

Businesses

CDC: Resources for businesses and employers – www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

CDC: General business frequently asked questions – www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

CDC: Building/business ventilation – www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: Businesses and employers: COVID-19 – www.health.state.mn.us/diseases/coronavirus/businesses.html

MDH: Health screening checklist – www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: Materials for businesses and employers – www.health.state.mn.us/diseases/coronavirus/materials

Minnesota Department of Employment and Economic Development (DEED): COVID-19 information and resources – https://mn.gov/deed/newscenter/covid/

Minnesota Department of Labor and Industry (DLI): Updates related to COVID-19 – www.dli.mn.gov/updates

Federal OSHA – www.osha.gov

Handwashing

MDH: Handwashing video translated into multiple languages – www.youtube.com/watch?v=LdQuPGVcceg

Respiratory etiquette: Cover your cough or sneeze

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

CDC: www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

MDH: www.health.state.mn.us/diseases/coronavirus/prevention.html

Social distancing

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: www.health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping

CDC: www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

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

CDC: www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Environmental Protection Agency (EPA): www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Employees exhibiting signs and symptoms of COVID-19

CDC: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

MDH: www.health.state.mn.us/diseases/coronavirus/basics.html

MDH: www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/returntowork.pdf

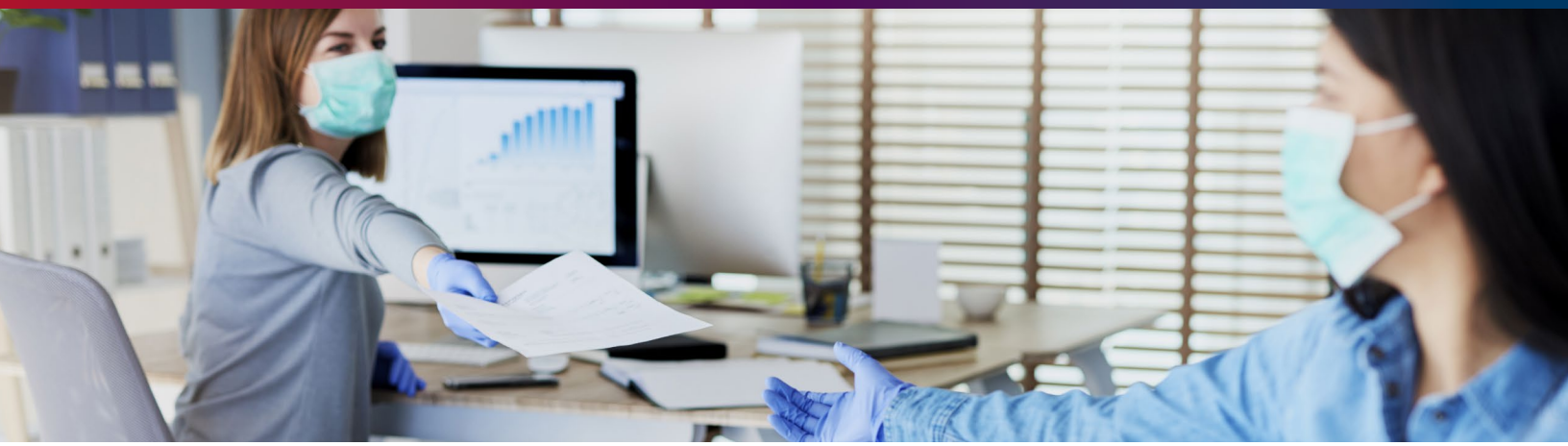
State of Minnesota – https://mn.gov/covid19/for-minnesotans/if-sick/get-tested/index.jsp

Training

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

Federal OSHA: www.osha.gov/Publications/OSHA3990.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/about.pdf



EMPLOYER PREPAREDNESS PLAN REQUIREMENTS CHECKLIST

Non-Critical Sector businesses and employers must develop and implement a COVID-19 Business Preparedness Plan that addresses the following components. Businesses must ensure the Plan is evaluated, monitored, executed, and updated under the supervision of a designated Plan Administrator. Employers must ensure the Plan is posted at all of the business's workplaces in readily accessible locations that will allow for the Plan to be readily reviewed by all workers, as required.

WORKER PROTECTIONS AND PROTOCOLS FOR ALL WORKPLACES

Ensure sick workers stay home

1. Establish health screening protocols for workers at the start of each shift (e.g. health screening survey, taking temperature). See the Minnesota Department of Health (MDH)'s Visitor and Employee Health Screening Checklist (www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf). The checklist is also available in Hmong, Somali, and Spanish (www.health.state.mn.us/diseases/coronavirus/businesses.html).
2. **Workers with COVID-19 symptoms should be sent home immediately.** If they cannot be sent home immediately, isolate in a closed room until they can be sent home. Workers who have been in close contact with a household member with COVID should not be at work until their quarantine period is finished.
3. Establish communication protocols and steps to take when workers have been exposed to COVID-19 in the workplace.
4. Designate an individual to maintain communication with and gather information from workers who may be ill, as to ensure the privacy of workers is maintained.
5. Establish worker sickness reporting protocols.
6. Establish protocols for workers to return to work, and follow MDH Guidance. (www.health.state.mn.us/diseases/coronavirus/returntowork.pdf).
7. Establish a process to identify contact between infected workers and other workers who may have been exposed. (CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html).
8. Evaluate and adjust sick leave policies to reflect the need for isolation and incentivize workers who are sick to stay home.
9. Provide accommodations for "high risk" and vulnerable populations. See CDC's People Who are at Higher Risk for Severe Illness (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html).

Vulnerable workers should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce these workers' risk of exposure.

10. Clearly communicate sick leave policies to all workers.

Social distancing – Workers must be at least six-feet apart

1. Maximize remote-working – Workers who are able to work from home must work from home.
2. Stagger shifts and breaks; Extend work hours and create additional shifts to reduce number of workers per shift.
3. Evaluate traffic patterns and "choke points" to reduce crowding at entrances, in hallways, elevators, waiting areas, break areas, common areas, etc.
4. Limit collective gatherings of workers to 10 people or less.
5. Limit the number of people in restrooms.
6. Ensure physical distancing in work areas, including at workstations, productions lines, break rooms, etc.
7. Limit worker interaction across floors, buildings, campuses, worksites, etc. unless at least 6-foot distance is maintained.
8. Increase physical space between workers and clients/customers (e.g. drive-thru, partitions).

Worker hygiene and source controls

1. **Ensure workers regularly wash their hands.** . Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked.
2. Provide recommended protective supplies, such as non-medical cloth face coverings, gloves, disinfectant, guards, shields, etc.
3. Post "hand-washing" and "cover your cough" signs.
4. Require the use of source control face coverings (e.g. cloth face coverings).

5. Doors to multi-stall restrooms should be able to be opened and closed without touching the handles, opening-devices, or powered door-operators with the hand, whenever possible. If the door cannot be opened without touching the handle or door-operator with the hand, the business must ensure a trash-receptacle is placed by the door to ensure a paper towel can be readily disposed of when operating the door. The location and positioning of waste-receptacles should not interfere with Life Safety requirements (e.g. egress, evacuation, emergency equipment) or any reasonable accommodations provided under the Americans with Disabilities Act.
6. Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided
7. Food should not be shared communally.
8. Provide tissues for proper cough/sneeze etiquette and no-touch disposal bins.

Workplace building and ventilation protocols

General Building Conditions: Businesses must assess the status and capacities of the utility-systems within the building (e.g. ventilation, water-supply, sewer, gas), as well as potential issues associated with vermin, molds, and mildew, prior to putting the building into an operational status.

1. Follow established protocols for starting mechanical, electrical, plumbing, life-safety, and other systems after non-use according to the Authorities Having Jurisdiction.
2. Assess the building for indications of pest and vermin infestation, and consult a pest-control professional as appropriate.
3. See CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

Ventilation System Start-up: Businesses must evaluate the operational capacity, and increase, improve, and maintain ventilation provided throughout the building.

1. Increase the outdoor air-percentage to increase dilution of contaminants, and eliminate recirculating, whenever possible, while maintaining indoor air-conditions.
2. For heating-ventilation-air-conditioning systems that recirculate air, businesses need to improve central-air filtration to at least the MERV-13 or the highest compatible with the filter rack (at least MERV-14

preferred), and seal the edges of filters to further limit by-pass around the filters.

3. Replace and upgrade air filters prior to re-occupancy.
4. Run systems on full economizer as outside air-conditions allow.
5. Consult an HVAC professional to ensure proper ventilation is maintained.

Day-To-Day Operations: Once systems are in a safe operational status, businesses should ensure the following practices and protocols are maintained:

1. Continuously maximize fresh-air into the workplace, and eliminate air recirculation.
2. Maintain relative humidity levels of RH 40-60%
3. Keep systems running longer hours (24/7 if possible) to enhance the ability to filter contaminants out of the air.
4. Add a flush cycle to the controls of the HVAC system, and run HVAC systems for 2-hours before and after occupancy.
5. Check and rebalance the HVAC system to provide negative air-pressure whenever possible.
6. Supplement ventilation-system with the use of portable HEPA filter units whenever possible.
7. Minimize air-flow from blowing across people.
8. Consult an HVAC professional or the American Society of Heating, Refrigerating and Air-Conditioning Engineers to ensure proper ventilation is provided, and ventilation-systems are properly maintained. See ASHRAE's COVID-19 Preparedness Resources (www.ashrae.org/technical-resources/resources).

Workplace cleaning and disinfection protocols

1. Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.
2. Routinely clean and disinfect all areas, such as offices, restrooms, locker and changing rooms, common areas, shared electronic equipment, machinery, tools, controls, etc.
3. Frequently clean all high-touch items, such as doorknobs, countertops, barriers, railings, handles, and other surfaces.
4. Electronic devices (e.g. light-switches, circuit-breakers) should not be sanitized with a liquid agent. Consider covering switches/devices with a poly-covering that

allows the user to manipulate the device without touching the switch, and change out the poly-covering frequently. Electronic devices must be sanitized only when disconnected from the power-source, and sanitized in accordance with the listing/labeling requirements.

5. Personal equipment, tools and phones should not be shared or, if shared, should be disinfected after each use.
6. Implement immediate cleaning and disinfecting of the workplace if a worker, client or visitor becomes ill with COVID-19. See CDC's Cleaning and Disinfecting Your Facility (www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).
7. Select appropriate and ensure the needed supply of disinfectants – consider effectiveness and safety. The U.S. Environmental Protection Agency's (EPA) List N has identified a list of products that meet EPA's criteria for use against SARS-CoV-2. See EPA's List N: Disinfectants for Use Against SARS-CoV-2 (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
8. Review product labels and Safety Data Sheets, follow manufacturer specifications, and use required personal protective equipment for the product.

Drop-off, pick-up and delivery practices and protocol

1. Receive deliveries via a contactless method whenever you can.
2. Businesses must provide for contactless deliveries that promote for delivery at a doorstep, where persons maintain a distance at least 6-feet away while verifying receipt of the delivery between the worker and the delivery person. Whenever possible, businesses should attempt to do everything electronically (e.g. app, phone) to eliminate the need for close contact between workers and delivery personnel.
3. Workers must maintain a distance 6-feet or greater from others during interactions while receiving or exchanging deliveries.
4. Workers must minimize the unnecessary exchanging or sharing of scanners, pens, or other tools with delivery personnel.

Communications and training practices and protocol

1. All workers and members of management must be trained regarding COVID-19 exposure, as well as applicable policies, procedures, practices, and protocols. The training must be provided by and paid for by the business. The training must be provided in a manner and language that each employee can understand, and must be adjusted to reasonably accommodate all limiting factors present. See "OSHA's Resource for Development and Delivery of Training to Workers" (osha.gov/Publications/osha3824.pdf). See also Minnesota's "Small Assemblies for Testing and Training" for guidance with facilitating training for employees while addressing COVID-19 implications (dli.mn.gov/sites/default/files/pdf/COVID-19_training_facilities.pdf).
2. Businesses must ensure the COVID-19 Business Preparedness Plan is posted at all of the business's workplaces in readily accessible locations, and is shared with and reviewed by all workers.
3. Businesses must ensure the necessary or required rules and practices are communicated to workers, and adequately enforce their provisions.
4. Workers must ensure they comply with and follow established rules and practices.
5. Communication to educate customers/clients about the steps being taken for their protection to mitigate the spread of COVID-19 is encouraged. Protective measures should be communicated to clients prior to, and at the start of, the appointment to both educate clients as well as inform them of their role in protecting the workers and other clients.

What clients and customers can do to minimize the transmission

1. Advise clients to conduct a self-check of their body temperature the day of their appointment.
2. Limit the number of persons accompanying the customer/client at the time services are being provided.
3. Post signage and develop messaging that if customers do not feel well or have any symptoms compatible with COVID-19, they should stay home. They should also stay home if they have a household member experiencing symptoms compatible with COVID-19. Refer to CDC's What to Do if You are Sick or Caring for Someone Who is Sick (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html).
4. If customers/clients begin to feel unwell while in the facility, they should leave immediately and isolate themselves at home. See CDC's Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html).
5. Have customers/clients review a screening survey that checks for COVID-19 symptoms, close contacts with confirmed cases and quarantined cases, and recent out of continent travel. The questions would be the same as those completed by staff. MDH's Visitor and Employee Health Screening Checklist (www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf).
6. Encourage customers/clients to regularly wash and/or sanitize their hands.
7. Limit the equipment, products, or items touched by the customer/client while in facility.
8. Have customers/clients wear a face covering or mask when able to. Cloth face coverings are NOT a substitute for maintaining a physical distance of 6-feet from other people. Refer to CDC guidance on cloth face coverings (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html).
9. Make sure each piece of equipment used is wiped down before and after each use by a customer/client, and dispose of the wipe accordingly.

Businesses should add any additional measures that may be specific to their type of business.

Additional protections for receiving or exchanging payment

1. Contactless payment should be used whenever possible. Utilize a electronic fund-transfer service or credit-card payment method that allows the client to fully initiate and complete the payment transaction remotely, or while separated from the worker.
2. When contactless payment is not possible, payment must be made in a manner that allows for at least 6-feet of distance between the worker and customer/client.
3. Install barriers at the check-in and payment counter.
4. During check-in and check-out, the configuration at the payment stations, and the space between the worker and the customer/client must allow for physical distancing of at least 6-feet, or a physical barrier must be installed.

Businesses should add any additional measures that may be specific to their type of business.

Additional protections and protocol for managing occupancy

1. Businesses must reduce occupant capacity, not to exceed 50%, necessary to allow for the required social distancing.
2. Limit the number of customers/clients allowed within the business at one time.
3. Limit the number of children allowed within the business at one time.
4. Advertise business protocols so that current and potential clients are aware of changes.
5. Advise customer/clients of the added COVID-19 precautions that will be taken prior to arrival at the site. Use websites, social media, pre-appointment phone calls and confirmations, and other outlets to educate clients on the steps being taken for their protection and the protection of workers.
6. Encourage customer/clients of "high risk" to consider postponing from the service. Persons who may be at higher risk for severe illness should consider delaying seeking or providing these services. (See www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)
7. Post signage at the business entrance outlining established protocols.
8. Advise customers/clients to conduct a self-check of their body temperature on the day of their appointment.
9. Email or text a screening survey on the day of the appointment/reservation and/or post screening questions at the establishment.
10. Have customer/clients respond to the screening-survey questions upon arrival and check-in, and verify that they have read the screening-survey and can respond "no" to all questions.
11. Decline to provide services to a customer/client if there is any suspicion that they are sick or symptomatic, and advise them to leave the facility.

Businesses should add any additional measures that may be specific to their type of business.

Additional protocol to limit face-to-face interaction in settings where face-to-face interaction is part of the service

1. Workers must always use a face covering when working with a client. See CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html).
2. Require customers/clients to wear face coverings whenever possible. The use of face-coverings with loops around the ears are beneficial for hair-services
3. Encourage customers/clients to bring their own face coverings, or offer face coverings for use.
4. Establish a protocol for clients who refuse to wear a face covering where wearing a face covering is possible. Businesses should consider not providing services under these circumstances when workers and other customers/clients cannot be protected.
5. If the service being performed requires the removal of the customer/client's face covering, or the customer/client is unable to wear a face covering, additional measures must be implemented to further protect both the worker and the customer/client.
    - A face covering and face shield must be worn by the worker under these circumstances.
    - If service that involves face-to-face interaction cannot be performed with a face covering and face shield, then services should not be performed.
6. Additional work practices to reduce face-to-face interaction may include:
    - Standing to the side or behind the customer/client as much as possible
    - Incorporating barriers, screens or curtains
7. Evaluate services that involve a face-to-face interaction to determine if they can be done in an alternative way. Services should be declined if adequate protective measures cannot be implemented.

Businesses should add any additional measures that may be specific to their type of business.

Additional protections and protocol for distancing and barriers

1. Provide hand sanitizer at the entrance, point of purchase, and prominent locations for customers/clients.
2. Check-out areas and other areas of congestion should be marked to provide for social distancing of at least 6-feet, including floor markers for distance, lane lines and marking of adjacent areas where customers/clients may be waiting for business access.
3. Space, configuration and flow of the establishment should be evaluated to allow for physical distancing of 6-feet by all workers and customers/clients.

Businesses should add any additional measures that may be specific to their type of business.

Appendix A – Guidance for developing an Employer Preparedness Plan

General
Centers for Disease Controal and Prevention (CDC): Coronavirus (COVID-19) – cdc.gov/coronavirus/2019-nCoV

Minnesota Department of Health (MDH): Coronavirus – health.state.mn.us/diseases/coronavirus

State of Minnesota: COVID-19 response – mn.gov/covid19

Businesses
CDC: Resources for businesses and employers – cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

CDC: General business frequently asked questions – cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

CDC: Building/business ventilation – cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: Businesses and employers: COVID-19 – health.state.mn.us/diseases/coronavirus/businesses.html

MDH: Health screening checklist – health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: Materials for businesses and employers – health.state.mn.us/diseases/coronavirus/materials

Minnesota Department of Employment and Economic Development (DEED): COVID-19 information and resources – mn.gov/deed/newscenter/covid

Minnesota Department of Labor and Industry (DLI): Updates related to COVID-19 – dli.mn.gov/updates

Federal OSHA – osha.gov

AIHA Back to Work Safely – www.backtoworksafely.org

Handwashing
MDH: Handwashing video translated into multiple languages – youtube.com/watch?v=LdQuPGVcceg

Respiratory etiquette: Cover your cough or sneeze
CDC: cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

CDC: cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

MDH: health.state.mn.us/diseases/coronavirus/prevention.html

Social distancing
CDC: cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping
CDC: cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC: cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

CDC: cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Environmental Protection Agency (EPA): epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Employees exhibiting signs and symptoms of COVID-19
CDC: cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

MDH: health.state.mn.us/diseases/coronavirus/basics.html

MDH: health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: health.state.mn.us/diseases/coronavirus/returntowork.pdf

State of Minnesota – mn.gov/covid19/for-minnesotans/if-sick/get-tested/index.jsp

Training
CDC: cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

Federal OSHA: osha.gov/Publications/OSHA3990.pdf

MDH: health.state.mn.us/diseases/coronavirus/about.pdf

mn.gov/deed/guidance

EMPLOYMENT AND ECONOMIC DEVELOPMENT

DEPARTMENT OF LABOR AND INDUSTRY

DEPARTMENT OF HEALTH

OSHA® Occupational Safety and Health Administration

This document incorporates recommendations from Hospitality Minnesota and the American Institute of Architects-Minnesota and the State of Minnesota appreciates their thoughtful contributions to ensuring a safe environment for workers and customers.

STAY SAFE MN

COVID-19 Employee Screening and Testing Recommendations for Industry

Minnesota Department of Health (MDH) recommends that plants and businesses adopt an ongoing, sustainable system of testing based on intensive employee screening with a low threshold for testing symptomatic employees.

Effective employee screening is a two-step process

Step 1

The initial screening involves verbally asking each employee, before every shift, a series of five basic questions:

Have you had any of the following symptoms since your last day at work or the last time you were here? Please answer "Yes" or "No" to each question:

1. Fever or feeling feverish?
2. Cough?
3. Shortness of breath?
4. Sore throat?
5. Muscle aches?

Temperature screening can also be included in the initial screening; however, temperature screening alone is not effective. More than 30% of COVID-19 cases do not report fever or feeling feverish. If using infrared temperature screeners upon entry to the facility, they should be set to 99.5° because these devices are often imprecise. Setting to 99.5° reduces the likelihood of missing an individual with a low-grade fever.

Step 2

If a worker answers "Yes" to any of the screening questions, or has an infrared screening temperature above 99.5° during the initial screening, the worker should be isolated, masked, and further evaluated by an occupational health nurse. See COVID-19 Enhanced Screening Form for Use in Manufacturing and Food Production Plants (https://www.health.state.mn.us/diseases/coronavirus/materials/busiscreen.docx).

- During "enhanced" screening, the employee's temperature may be taken again with an aural (ear) or oral thermometer (when it can be done with proper social distancing and hygiene), and the employee will be asked detailed questions about illness and exposure history. Employees with temperatures of 100.4° or above at this step are considered symptomatic for COVID-19 even if no other symptoms are present.
- The occupational health nurse will determine if the employee can return to work, should be seen by a health care provider, or should be tested per the plant's protocol, and then return home to self-isolate and wait for test results.
- The nurse can determine if isolation is feasible in the home environment and may request assistance from the local public health department for housing and any needed services.
- If an occupational health nurse is unavailable and an individual's screening temperature of 99.5° or higher cannot be verified through another method, they should be referred for testing, out of an abundance of caution.

Testing

- MDH recommends testing symptomatic employees, even those with very mild symptoms, based on systematic and comprehensive screening as described above. The objective is a sustainable system of screening and testing that identifies ill employees. When this is done along with adoption of other best practices, such as physical and operational changes to accommodate distancing, appropriate use of PPE, and adequate cleaning and disinfection of common areas, transmission is minimized in the plant.
- Use of a release form to specifically allow the plant to receive test results in real-time for those employees who choose to sign it, is important. See Authorization for Disclosure of Protected Health Information to Employer (https://www.health.state.mn.us/diseases/coronavirus/materials/busitemp.docx). This way, a plant can quickly identify any "hotspots" for transmission within the plant, and perform its own workplace follow-up to exclude co-worker contacts of COVID-positive employees.

- COVID-19 is a "reportable" disease, meaning that positive test results must be reported to MDH by the lab and the clinic. MDH will follow-up with cases and contacts, particularly household and very close contacts of the employee. For more information visit: Business and Employers: COVID-19 (https://www.health.state.mn.us/diseases/coronavirus/businesses.html).

When should a plant consider testing everyone (symptomatic and asymptomatic employees)?

- There may be situations when testing of all employees should be considered. The key factor involved in making this judgement is the number of positive cases proportionate to the size of the workforce within a short period of time (for e.g., 10 days). Plant management should use the MDH Hotspot Reporting email inbox to request a consult: health.hotspot.covid19@state.mn.us. MDH epidemiologists will consider the advisability of testing all employees at the facility who have not already tested positive for COVID-19. Testing will be at the expense of the employer.
- Keep in mind, testing all employees at the same time provides information about the COVID-19 status of employees only on the day of testing. In other words, an employee may be negative on the test day, and positive the next day. Point in time, mass testing does not remove the ongoing need to conduct thorough daily symptom screening and exclusion of ill employees as described above.

MINNESOTA

Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact health.communications@state.mn.us to request an alternate format.

06/10/2020

DEPARTMENT OF HEALTH

Guidance for Visiting People at Home

FOR NON-MEDICAL VISITS DURING THE MINNESOTA "STAY AT HOME" EXECUTIVE ORDER TIME PERIOD

This information is for agencies, community organizations, families, interpreters, and faith communities for whom home visiting has been an essential way to deliver services. During the stay-at-home period, "care of others" is one of the allowed activities if there is no other way to provide that service. Due to the highly contagious nature of COVID-19, and the potential for serious health complications or even death from this virus, use the following guidelines for caring for someone in their home.

Consider whether a home visit is the best option

- If you have any cold or flu-like symptoms (cough, fever, difficulty breathing, sore throat) do not visit anyone's home.
- If you are over 65 and/or have health conditions like asthma, diabetes, or high blood pressure, you are at higher risk and should find someone else to provide home visiting services.
- Many agencies are no longer allowing in-person visits. Long-term care homes, for example, are no longer allowing visitors to protect residents' health. If you work with an agency or organization, check to see if there are restrictions or protocols in place during this time.
- Keep in mind that even if you and the person you are visiting do not have any symptoms, you may still be exposing each other to the virus.

Consider alternatives to home visiting

Before visiting someone in person, think of whether there are other ways to help them, or ask others (such as health care workers or colleagues) for ideas.

- Send a personal message or card through the mail.
- Make a phone call, send texts, or email.
- Use FaceTime or other video call options.
- Drop off supplies at the door without direct contact. Keep at least 6 feet of distance at all times if you do interact. If the home visit offers physical or spiritual services, try to think of creative, thoughtful, and effective options to keep physical distance while supporting the person in need.

Guidance for you if you decide to make a home visit

Before you visit: Find out if the person or anyone in the home is experiencing flu-like symptoms. If the answer is "yes," re-evaluate whether you should continue the visit. If you

choose to visit, follow Centers for Disease Control and Prevention practical guidance for caregivers: If You Are Sick Or Caring For Someone (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html).

- CDC advises the use of simple cloth face coverings to help prevent people who may have the virus and do not know it from transmitting it to others. Visit the Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) to learn more about this additional, voluntary public health measure.
- Limit what part of the home you are in. For example, stay in the room closest to the door instead of moving to other rooms if possible.
- Limit the number of people in the space, and keep a distance of at least 6 feet between you and others.
- Keep the visit as short as possible.
- If you are visiting someone who is in bed, stand at the foot of the bed rather than the head. This will give you a natural distancing of about 6 feet while being able to connect directly through eye contact.
- Wash your hands.
  - Wash your hands for at least 20 seconds with soap and water as soon as you enter the home (or use hand sanitizer if hand washing is not possible).
  - Wash hands frequently during the visit if you perform tasks where you are touching things that other people have touched, and wash hands as soon as you leave.
  - Take hand sanitizer with you in case hand washing is not an option.
- Always cover your coughs and sneezes, and ask others to do the same. Take tissues with you. If you use a tissue, throw it away right after use and then wash or sanitize your hands.
- Avoid touching things in the home and do not touch your eyes, nose, mouth, or face during your home visiting time.
- If you need to share something that the recipient must take by mouth, for medical or religious purposes, pass the solid or liquid item in a container instead of putting it directly into the hand or mouth of the recipient. Be sure to sanitize or dispose of the container after each use.

Learn more

Get the most current and reliable information on COVID-19 from these websites:

- MDH Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/index.html)
- Centers for Disease Control and Prevention Coronavirus (COVID-19) (www.cdc.gov/coronavirus/2019-ncov/index.html)

Minnesota Helpline

For questions related to the COVID-19 pandemic:

651-297-1304 or 1-800-657-3504
Weekdays: 8 a.m. to 4:30 p.m.

Minnesota Department of Health
625 Robert St N
St. Paul, MN 55164
651-201-5414
www.health.state.mn.us

4/17/20

To obtain this information in a different format, call: 651-201-5414.

STAY SAFE MN

Guidance for Providing Food and Beverages for On-site Consumption at Indoor and Outdoor Gatherings

JUNE 12, 2020 | STAY SAFE MN PHASE III

Gatherings taking place in indoor and outdoor venues such as event centers, faith-based buildings, community centers, rental halls, or at similar outdoor spaces and that are providing food and beverages for on-site consumption must assign responsibility to develop and implement a COVID-19 Business Preparedness Plan. Examples of events include wedding and funeral receptions, parties, and social events after a service.

COVID-19 Preparedness Plan (www.dli.mn.gov/sites/default/files/doc/COVID_19_business_plan_template.docx)

The Plan addresses the following components and is to be used in addition to other applicable requirements and guidance. The responsible party can be the venue administrator or caterer. The responsible party must ensure the Plan is evaluated, monitored, executed, and updated under the supervision of a designated Plan Administrator. The Plan must be posted at the event in readily accessible locations that will allow for the Plan to be readily reviewed by all participants, volunteers, and workers, as required.

Visit Stay Safe MN (https://staysafe.mn.gov/) to find information about how to develop your COVID-19 Business Preparedness Plan. **This guidance is intended to be used in combination with other guidance provided at Stay Safe MN**.

Key requirements

- Have adopted and implemented a COVID-19 Preparedness Plan.

- Ensure a minimum of 6 feet of distance between participants not in the same family unit throughout the event.
- Limit indoor and outdoor occupant capacity to no more than 25% up to 250 persons.
- If seated, limit table to 4 persons, or 6 if part of one family unit.
- Require workers to wear masks at all times and strongly encourage attendees to wear masks when not eating or drinking.

Food and beverages

- Food must be prepared and served in accordance with applicable rules and regulations guiding the specific event. Follow the Minnesota Food Code, as applicable.
- Self-service food and beverage areas are allowed as long as the COVID-19 Plan includes protections such as oversight of the self-service area to ensure social distancing is maintained, hands are being sanitized, and participants or customers are strongly encouraged to wear face masks in the self-service area. Best practice would be to prepackage food ahead of time as much as possible. Please refer to the Minnesota Department of Agriculture guidance Customers Best Practices For Reusable Bags & Food Takeout Containers (www.mda.state.mn.us/sites/default/files/inline-files/COVID-19%20Reusable%20Bags-Takeout%20Containers%20BPs%20Mar%202020.pdf).

Protocols for managing occupancy

- Indoor seating at up to 25% occupancy, with a maximum of 250 individuals is allowed. A maximum of 250 individuals is allowed at outdoor seating. All customers must be seated, including at bars.
- Post signage at the venue entrance outlining established protocols.
- Event planner must limit number of participants, customers and clients as necessary to allow for the required social distancing and not exceed allowed percentage of occupancy where required.
  - Provide controlled flow of participants as much as possible, including upon start and at end of the event.
  - Number of participants or customers at any one time is limited to the number for whom physical distancing of 6 feet can be maintained.
  - If seated, limit table to 4 persons, or 6 if part of one family unit.
  - Bands are allowed but must maintain social distancing even during performance.
  - Activities that generally involve close contact between persons, such as dancing, should be modified to safely increase physical distance between persons from different households.

Protocols to lower the risk of exposure to COVID-19

- Encourage participants, customers, and clients who are considered "high risk" to consider not attending the event.
- Have participants, customers, and clients respond to the screening survey questions (see item 4, below) upon arrival and check-in, and verify that they have read the screening-survey and can respond "no" to all questions.
  - Advise participants, customers, and clients of the added COVID-19 precautions that will be taken prior to arrival at the site. Use websites, social media, pre-appointment phone calls and confirmations, and other outlets to educate participants, customers, and clients on the steps being taken for their protection and the protection of workers.
  - Email or text a screening survey on the day of the event or reservation and/or post screening questions at the entrance.
  - Have participants, customers, and clients respond to the screening survey questions upon arrival and check-in, and verify that they have read the screening-survey and can respond "no" to all questions.
  - Decline to allow participation in event if there is any suspicion that they are sick or symptomatic, and advise them to leave the facility.
- Face coverings are strongly encouraged whenever one is gathering or in a setting with others from outside their household. Face coverings help to keep the person wearing the covering from infecting others. Evidence suggests that the virus causing COVID-19 can be spread by respiratory droplets when a person who has COVID-19 coughs, sneezes, sings, speaks, or breathes, even if the infected person is not showing symptoms.
  - MDH: Facemasks and Personal Protective Equipment (PPE) (www.health.state.mn.us/diseases/coronavirus/guidance.html#ppe)
  - CDC: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)
- Event attendees and employees/volunteers should not attend if they or someone in their household are experiencing symptoms of COVID-19.
  - See the Minnesota Department of Health (MDH)'s Visitor and Employee Health Screening Checklist (www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf).
  - The checklist is also available in Hmong, Somali, and Spanish at MDH: Businesses and Employers: COVID-19 (www.health.state.mn.us/diseases/coronavirus/businesses.html).

Social Distancing while in uncontrolled venues

- Practice social distancing (stay at least 6 feet from people from other households).
- "Household" means all the people living in the same home or residence, including a shared rental unit or other similar living space.
- If it is not possible to maintain social distancing throughout the event or activity, then you should only participate in that activity with members of your household.
- Do not carpool to events or venues with people other than those in your household. Similarly, only use equipment that is sanitized between uses and maintain social distancing when around people from outside of your household.
- Avoid congregating in common areas like entryways, restrooms, or hallways.
- See also the guidance on how to Stay Safe MN (https://staysafe.mn.gov/).

Summary

We all have a role to play in protecting ourselves and fellow Minnesotans from COVID-19. By following currently applicable Executive Orders from Governor Walz (https://mn.gov/governor/news/executiveorders.jsp) and these guidelines, we can enjoy activities and events while providing for public health, slowing the spread of COVID-19, and decreasing the potential for added strain on local communities and health care systems in Minnesota.

MINNESOTA

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6/12/2020

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020

Plan, Prepare and Respond to Coronavirus Disease 2019

Summary of Changes to the Guidance:

Below are changes as of May 6, 2020

- Updated strategies and recommendations for employers responding to COVID-19, including those seeking to resume normal or phased business operations:
  - Conducting daily health checks
  - Conducting a hazard assessment of the workplace
  - Encouraging employees to wear cloth face coverings in the workplace, if appropriate
  - Implementing policies and practices for social distancing in the workplace
  - Improving the building ventilation system
- A table outlining the engineering controls, administrative controls, and personal protective equipment (PPE) that employers may use to help prevent the spread of COVID-19 in the workplace

More Changes

CDC Industry Guidance

- Resources for Airlines
- Resources for the Ship Industry
- Employers with Workers at High Risk

OSHA/HHS Guidance

- Guidance on Preparing Workplaces for COVID-19

Resuming Business Toolkit

PDF Download

Purpose

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). COVID-19 is a respiratory illness that can spread from person to person. The outbreak first started in China, but the virus continues to spread internationally and in the United States. There is much more to learn about the transmissibility, severity, and other characteristics of COVID-19 and investigations are ongoing. Updates are available on CDC's web page at https://www.cdc.gov/coronavirus/2019-ncov/. CDC will update this interim guidance as additional information becomes available.

This interim guidance may help prevent workplace exposures to COVID-19 in non-healthcare settings (separate guidance is available for healthcare settings). CDC has also provided guidance for critical infrastructure workers who may have had exposure to a person known or suspected to have COVID-19. Unless otherwise specified, this interim guidance for businesses and employers applies to critical infrastructure workplaces as well.

Role of Businesses and Employers in Responding to COVID-19

Businesses and employers can prevent and slow the spread of COVID-19 within the workplace. Employers should respond in a way that takes into account the level of disease transmission in their communities and revise their business response plans as needed. Employers should follow the White House Guidelines for Opening Up America Again , a

phased approach based on current levels of transmission and healthcare capacity at the state or local level, as part of resuming business operations. Business operation decisions should be based on both the level of disease transmission in the community and your readiness to protect the safety and health of your employees and customers.

Businesses and employers are encouraged to coordinate with state and local health officials to obtain timely and accurate information to inform appropriate responses. Local conditions will influence the decisions that public health officials make regarding community-level strategies. CDC has guidance for mitigation strategies according to the level of community transmission or impact of COVID-19.

As an employer, if your business operations were interrupted, resuming normal or phased activities presents an opportunity to update your COVID-19 preparedness, response, and control plans. All employers should implement and update as necessary a plan that:

- Is specific to your workplace,
- identifies all areas and job tasks with potential exposures to COVID-19, and
- includes control measures to eliminate or reduce such exposures.

Talk with your employees about planned changes and seek their input. Additionally, collaborate with employees and unions to effectively communicate important COVID-19 information.

See the OSHA COVID-19 guidance for more information on how to protect workers from potential exposures, according to their exposure risk. Plans should consider that employees may be able to spread COVID-19 even if they do not show symptoms.

All employers need to consider how best to decrease the spread of COVID-19 and lower the impact in your workplace. This should include activities to:

- prevent and reduce transmission among employees,
- maintain healthy business operations, and
- maintain a healthy work environment.

Prevent and Reduce Transmission Among Employees

Monitor federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website.

Actively encourage sick employees to stay home:

- Employees who have symptoms should notify their supervisor and stay home.
- Sick employees should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

Consider conducting daily in-person or virtual health checks (e.g., symptom and/or temperature screening) of employees before they enter the facility, in accordance with state and local public health authorities and, if available, your occupational health services:

- If implementing in-person health checks, conduct them safely and respectfully. Employers may use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the screener. However, reliance on PPE alone is a less effective control and is more difficult to implement, given PPE shortages and training requirements.
  - See the “Should we be screening employees for COVID-19 symptoms?” section of General Business Frequently Asked Questions as a guide.
- Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building.

- Follow guidance from the Equal Employment Opportunity Commission regarding confidentiality of medical records from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual's medical status and history.

Identify where and how workers might be exposed to COVID-19 at work. Employers are responsible for providing a safe and healthy workplace . Conduct a thorough hazard assessment of the workplace to identify potential workplace hazards related to COVID-19. Use appropriate combinations of controls from the hierarchy of controls to limit the spread of COVID-19, including engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards (see table below):

- Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties.
- When engineering and administrative controls cannot be implemented or are not fully protective, employers are required by OSHA standards to:
  - Determine what PPE is needed for their workers' specific job duties,
  - Select and provide appropriate PPE to the workers at no cost, and
  - Train their workers on its correct use.
- Encourage workers to wear a cloth face covering at work if the hazard assessment has determined that they do not require PPE, such as a respirator or medical facemask for protection.
  - CDC recommends wearing a cloth face covering as a measure to contain the wearer's respiratory droplets and help protect their co-workers and members of the general public.
  - Cloth face coverings are not considered PPE. They may prevent workers, including those who don't know they have the virus, from spreading it to others but may not protect the wearers from exposure to the virus that causes COVID-19.
- Remind employees and customers that CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, **especially** in areas of significant community-based transmission. Wearing a cloth face covering, however, does not replace the need to practice social distancing.
- See the OSHA COVID-19 webpage for more information on how to protect workers from potential COVID-19 exposures and guidance for employers , including steps to take for jobs according to exposure risk.

Separate sick employees:

- Employees who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors, and sent home.
- Have a procedure in place for the safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.

Take action if an employee is suspected or confirmed to have COVID-19 infection:

In most cases, you do not need to shut down your facility. If it has been less than 7 days since the sick employee has been in the facility, close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Follow the CDC cleaning and disinfection recommendations:

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2 , the virus that causes COVID-19, and are appropriate for the surface.

- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting.
- You may need to wear additional PPE depending on the setting and disinfectant product you are using. For each product you use, consult and follow the manufacturer's instructions for use.

Determine which employees may have been exposed to the virus and may need to take additional precautions:

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA) .
- Most workplaces should follow the Public Health Recommendations for Community-Related Exposure and instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for symptoms.
- Critical infrastructure workplaces should follow the guidance on Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19. Employers in critical infrastructure also have an obligation to manage potentially exposed workers' return to work in ways that best protect the health of those workers, their co-workers, and the general public.

Educate employees about steps they can take to protect themselves at work and at home:

- Encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, and work meetings and travel.
- Advise employees to:
- Stay home if they are sick, except to get medical care, and to learn what to do if they are sick.
- Inform their supervisor if they have a sick family member at home with COVID-19 and to learn what to do if someone in their home is sick.
- Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees that if their hands are visibly dirty, they should use soap and water over hand sanitizer. Key times for employees to clean their hands include:
  - Before and after work shifts
  - Before and after work breaks
  - After blowing their nose, coughing, or sneezing
  - After using the restroom
  - Before eating or preparing food
  - After putting on, touching, or removing cloth face coverings
- Avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover their mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol. Learn more about coughing and sneezing etiquette on the CDC website.
- Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2 , the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
- Practice social distancing by avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible.

For employees who commute to work using public transportation or ride sharing, consider offering the following support:

- If feasible, offer employees incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ask employees to follow the CDC guidance on how to protect yourself when using transportation.
- Allow employees to shift their hours so they can commute during less busy times.
- Ask employees to clean their hands as soon as possible after their trip.

Maintain Healthy Business Operations

Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Implement flexible sick leave and supportive policies and practices:

- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- Employers that do not currently offer sick leave to some or all of their employees should consider drafting non-punitive "emergency sick leave" policies.
- Employers should not require a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
    - Under the American's with Disabilities Act, employers are permitted to require a doctor's note from your employees to verify that they are healthy and able to return to work. However, as a practical matter, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Most people with COVID-19 have mild illness and can recover at home without medical care and can follow CDC recommendations to determine when to discontinue home isolation and return to work.
    - The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding Pandemic Preparedness in the Workplace and the Americans with Disabilities Act . The guidance enables employers to take steps to protect workers consistent with CDC guidance, including requiring workers to stay home when necessary to address the direct threat of spreading COVID-19 to others.
- Review human resources policies to make sure that your policies and practices are consistent with public health recommendations and with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor's and the Equal Employment Opportunity Commission's websites).
- Connect employees to employee assistance program (EAP) resources, if available, and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to help them manage stress and cope.

Protect employees at higher risk for severe illness through supportive policies and practices. Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

- Support and encourage options to telework, if available.
- Consider offering vulnerable workers duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Offer flexible options such as telework to employees. This will eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.
- Ensure that any other businesses and employers sharing the same workspace also follow this guidance.

Communicate supportive workplace polices clearly, frequently, and via multiple methods. Employers may need to communicate with non-English speakers in their preferred languages.

- Train workers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.
- Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and capability to comply with those policies.
- Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.
- Consider using a hotline or another method for employees to voice concerns anonymously.

Assess your essential functions and the reliance that others and the community have on your services or products.

- Be prepared to change your business practices, if needed, to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations).
- Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.
- If other companies provide your business with contract or temporary employees, talk with them about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Talk with business partners about your response efforts. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.
- When resuming onsite business operations, identify and prioritize job functions for continuous operations. Minimize the number of workers present at worksites by resuming business operations in phases, balancing the need to protect workers with support for continuing operations.

Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children until childcare programs and K-12 schools resume.

- Plan to monitor and respond to absenteeism at the workplace.
- Implement plans to continue your essential business functions in case you experience higher-than-usual absenteeism.
- Prepare to institute flexible workplace and leave policies.
- Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.

Establish policies and practices for social distancing. Alter your workspace to help workers and customers maintain social distancing and physically separate employees from each other and from customers, when possible. Here are some strategies that businesses can use:

- Implement flexible worksites (e.g., telework).
- Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
- Increase physical space between employees at the worksite by modifying the workspace.
- Increase physical space between employees and customers (e.g., drive-through service, physical barriers such as partitions).
- Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).
- Close or limit access to common areas where employees are likely to congregate and interact.
- Prohibit handshaking.
- Deliver services remotely (e.g., phone, video, or web).
- Adjust your business practices to reduce close contact with customers — for example, by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options, where feasible.
- Move the electronic payment terminal/credit card reader farther away from the cashier, if possible, to increase the distance between the customer and the cashier.
- Shift primary stocking activities to off-peak or after hours, when possible, to reduce contact with customers.

If you have more than one business location, consider giving local managers the authority to take appropriate actions outlined in their COVID-19 response plans based on their local conditions.

Maintain a healthy work environment

Since COVID-19 may be spread by those with no symptoms, businesses and employers should evaluate and institute controls according to the hierarchy of controls to protect their employees and members of the general public.

Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase outdoor air ventilation, using caution in highly polluted areas. With a lower occupancy level in the building, this increases the effective dilution ventilation per person.
- Disable demand-controlled ventilation (DCV).
- Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.

Note: Some of the above recommendations are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic . Review these ASHRAE guidelines for further information on ventilation recommendations.

Ensure the safety of your building water system and devices after a prolonged shutdown:

- Follow the CDC Guidance for Building Water Systems, which describes 8 steps to take before you reopen your business or building.

Give employees, customers, and visitors what they need to clean their hands and cover their coughs and sneezes:

- Provide tissues and no-touch trash cans.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.
- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.
- Direct employees to visit CDC's coughing and sneezing etiquette and clean hands webpage for more information.

Perform routine cleaning:

- Follow the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
  - If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
  - For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Discourage workers from using each other's phones, desks, offices, or other work tools and equipment, when possible.
- Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.
- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that could be very dangerous to breathe in.

- Advise employees to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

- If a sick employee is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations.

Limit travel and advise employees if they must travel to take additional precautions and preparations:

- Minimize non-essential travel and consider resuming non-essential travel in accordance with state and local regulations and guidance.
- Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country where you will travel. Specific travel information for travelers going to and returning from countries with travel advisories, and information for aircrew, can be found on the CDC website.
- Advise employees to check themselves for symptoms of COVID-19 before starting travel and to notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.
- If they are outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to help them find an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, or resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Minimize risk to employees when planning meetings and gatherings:

- Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.

The table below presents examples of controls to implement in your workplace. The most effective controls are those that rely on engineering solutions, followed by administrative controls, then PPE. PPE is the least effective control method and the most difficult to implement. Worksites may have to implement multiple complementary controls from these columns to effectively control the hazard.

Employers: Use the table below to implement the most appropriate controls for your workplace

TABLE: Example Controls to Prevent the Spread of COVID-19 in Work Environments

Engineering	Administrative	Personal Protective Equipment (PPE)
Facilities and Equipment • Assess job hazards for feasibility of engineering controls • Ensure ventilation and water systems operate properly	Management and Communications • Monitor state and local public health communications about COVID-19 • Encourage sick workers to report symptoms, stay home, and follow CDC guidance • Develop strategies to:	**PPE** • Conduct workplace hazard assessment • Determine what PPE is needed for their workers' specific job duties based on hazards and other controls present

• Alter workspaces to maintain social distancing. Examples include: ◦ Configure partitions as a barrier shield ◦ Move electronic payment reader away from cashier ◦ Use verbal announcements, signage, and visual cues to promote social distancing ◦ Remove/rearrange furniture ◦ Provide remote shopping alternatives (e.g., delivery, pick-up)	◦ manage worker concerns ◦ communicate with workers • Remind workers of available support services • Communicate to partners, suppliers, other contractors on policies and practices • Encourage social distancing and the use of cloth face coverings (if appropriate) in the workplace • Use technology to promote social distancing (e.g., telework and virtual meetings) • Cancel group events • Close/limit use of shared spaces • Ask customers who are ill to stay home • Consider policies that encourage flexible sick leave and alternative work schedules. • Schedule stocking during off-peak hours **Cleaning and Disinfection** • Clean and disinfect frequently touched surfaces, (e.g., counters, shelving, displays) • Provide employees with disposable disinfectant wipes, cleaner, or sprays that are effective against the virus that causes COVID-19 **Training** Provide employees with training on: • Policies to reduce the spread of COVID-19 • General hygiene • Symptoms, what to do if sick • Cleaning and disinfection • Cloth face covers • Social distancing • Use of PPE • Safe work practices • Stress management	• Select and provide appropriate PPE to the workers at no cost.

Resources for more information:

CDC Guidance

- COVID-19 Website
- Business and Workplaces webpage
- General Business Frequently Asked Questions
- Small Business
- Transportation and Delivery
- What You Need to Know About COVID-19
- What to Do If You Are Sick With COVID-19
- What Workers and Employers Can Do to Manage Workplace Fatigue during COVID-19
- People at Higher Risk of Severe Illness
- Public Health Recommendations for Community-Related Exposures
- Public Health Recommendations after Travel-Associated COVID-19 Exposure
- Health Alert Network
- Travelers' Health Website
- National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Planner

- Managing Workplace Fatigue

Other Federal Agencies and Partners

- OSHA COVID-19 Website
- OSHA Guidance for Preparing Workplaces for COVID-19

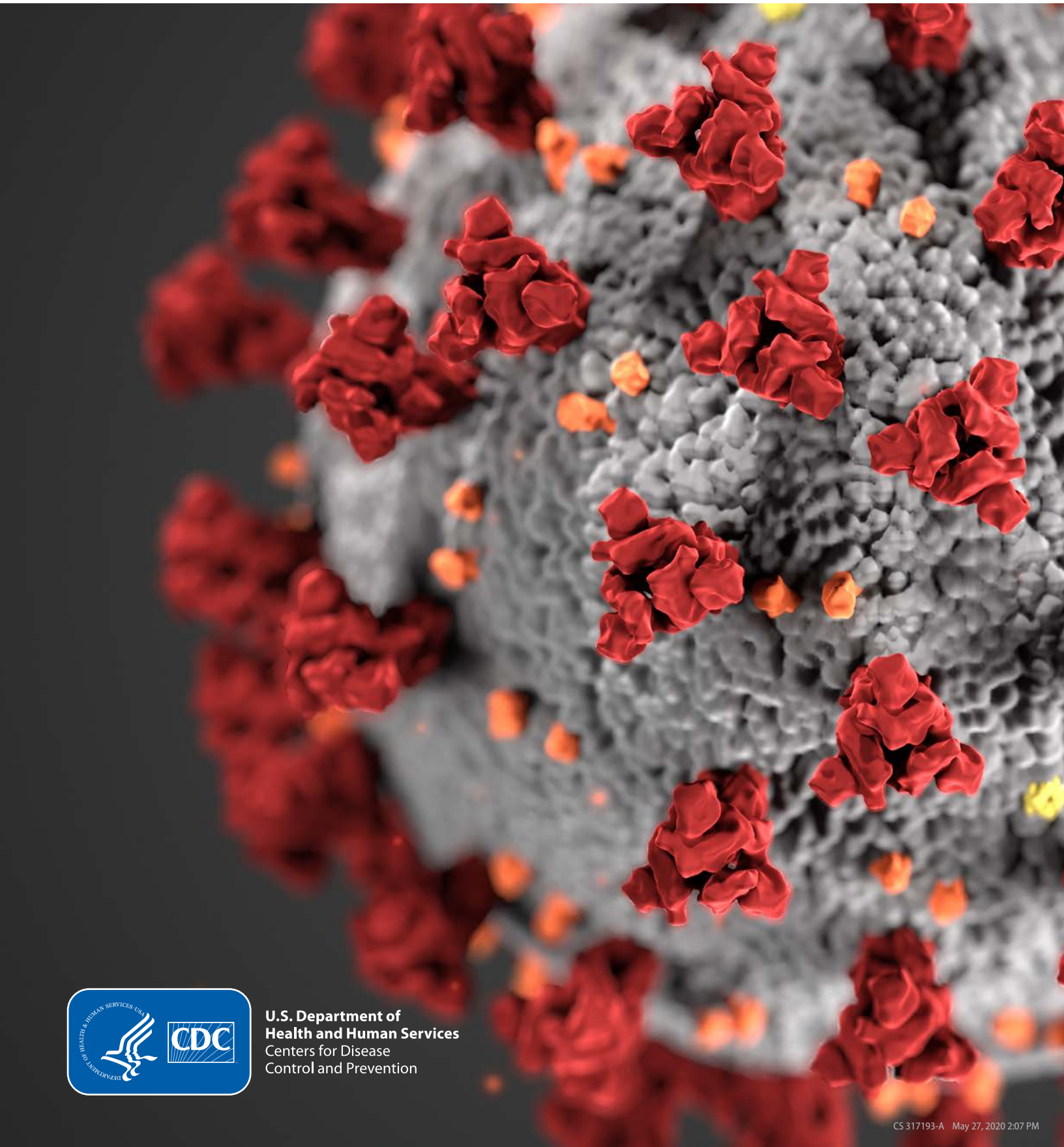
Below are changes as of March 21, 2020

- Updated cleaning and disinfection guidance
- Updated best practices for conducting social distancing
- Updated strategies and recommendations that can be implemented now to respond to COVID-19

Page last reviewed: May 5, 2020

Resuming Business TOOLKIT

Coronavirus Disease 2019 (COVID-19)



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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SCAN HERE FOR MORE INFORMATION

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The **Resuming Business Toolkit** is designed to assist employers in slowing the spread of COVID-19 [1] and lowering the impact in their workplace when reintegrating employees into non-healthcare business settings. Not sure whether you're ready to resume business? Use CDC's decision tools [2-3] as a start.

This toolkit includes the following materials:

Employer Sheet to introduce employers to the contents of the toolkit and how to use the materials in non-healthcare workplaces

Restart Readiness Checklist to help make returning to work and resuming business operations as safe and healthy as possible for employers, employees, and the public

Worker Protection Tool for employers to identify protective measures for workers when interacting with each other and the public

Returning to Work Infographic to remind employees how to protect themselves and others from COVID-19 and address their potential concerns about returning to the workplace

Resources to easily access additional information using hyperlinks, URLs, and QR codes

Employer Sheet

Resuming Business Toolkit for Coronavirus Disease

The information in this toolkit is based on **CDC's Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)** [4]. Be sure to thoroughly review this guidance for complete information.

Before resuming your non-healthcare business operations, it is important to consider how much the disease is spreading in your community and the readiness of workplace management to protect the safety and health of employees and the public. CDC's decision tools [2-3] can help with determine if it is time.

For information about conditions in your community, contact your local health department [5].

This toolkit provides a **checklist** to prepare the workplace for operations and a **tool** to navigate protective options for workers. Revisit materials regularly as the COVID-19 situation can change in your community.

1. **Get started with the Restart Readiness Checklist**, working with others in management to identify which checklist items apply to your business. Revisit the list as you make progress on items and as conditions in your area change.
2. **Select protective measures in the Worker Protection Tool**, based on the nature of your employees' interactions with other workers and/or the public. Consider whether multiple categories apply to your business, then work through those items.
3. **Share the Returning to Work Infographic with employees.** Depending on your business, consider the following ways of incorporating the infographic into the workplace:
   - ✔ Print and post in common areas such as break rooms, hallways, elevators, or bathrooms.
   - ✔ Email to employees, encouraging them to print a copy and place it where they will see it often in their office or workspace.
   - ✔ Read content during team meetings, reminding employees to reach out with any questions.

Restart Readiness Checklist

For Coronavirus Disease 2019 (COVID-19)

Use this checklist (for non-healthcare employers) as a guide to resuming business operations as safely and healthy as possible for you, your employees, and the public. Some items may need to be ongoing, so regularly revisit the checklist while COVID-19 cases exist. Only complete those items that apply to your business. See the Resources section for links and QR codes to web resources.

1. Prevent and reduce transmission among employees

Monitor federal, state, and local public health communications about COVID-19.

Item	Completed	Ongoing	Not Started	Not Applicable
Ensure workers have access to current information.	☐	☐	☐	☐
Check local public health information [5] and the CDC COVID-19 website [1] daily, or as needed depending on local conditions.	☐	☐	☐	☐

Reinforce how employees can protect themselves and others from COVID-19 by communicating the following:

Item	Completed	Ongoing	Not Started	Not Applicable
If you have symptoms [6], notify your supervisor and stay home.	☐	☐	☐	☐
If you are sick, follow CDC-recommended steps [7], and do not return to work until you meet criteria to discontinue home isolation [8].	☐	☐	☐	☐
If you are well, but have someone in your household who has COVID-19, notify your supervisor and follow CDC recommended precautions [9].	☐	☐	☐	☐
Wash hands [10] often with soap and water for at least 20 seconds, or use hand sanitizer with at least 60% alcohol if soap and water are not available.	☐	☐	☐	☐
Avoid touching eyes, nose, and mouth.	☐	☐	☐	☐
Cover mouth and nose with a tissue or inside of the elbow when coughing or sneezing, immediately throw tissue in trash, then wash hands.	☐	☐	☐	☐

Item	Completed	Ongoing	Not Started	Not Applicable
Develop a cleaning and disinfecting plan [11]	☐	☐	☐	☐
Clean and disinfect [12] frequently touched objects and surfaces at the beginning and end of each shift.	☐	☐	☐	☐
Avoid using other employees' phones, desks, offices, or other work tools and equipment. Clean and disinfect between employees if sharing occurs.	☐	☐	☐	☐
Avoid large gatherings, [13] and stay at least 6 feet from others when possible.	☐	☐	☐	☐
Use cloth face coverings (if appropriate) [14] when social distancing is not possible, and especially in areas of with high levels of cases.	☐	☐	☐	☐

Plan for conducting daily in-person or virtual health checks [15] *(e.g., symptom and/or temperature screening) before employees enter the facility:*

Item	Completed	Ongoing	Not Started	Not Applicable
Use social distancing (about 6 feet distance), barriers or partitions, and/or personal protective equipment (PPE) to protect screeners.	☐	☐	☐	☐
If taking temperatures, use touchless thermometers.	☐	☐	☐	☐
Consider providing multiple screening entries.	☐	☐	☐	☐
Consider designating doorways as "entry only" or "exit only."	☐	☐	☐	☐
Make employee health screenings as private as possible.	☐	☐	☐	☐
Do not determine risk based on race or country of origin; be sure to maintain confidentiality of each individual's medical status and history [16].	☐	☐	☐	☐

Conduct a hazard assessment of the workplace.

Item	Completed	Ongoing	Not Started	Not Applicable
Identify potential hazards that might expose workers to COVID-19.	☐	☐	☐	☐
Use the Worker Protection Tool to identify appropriate engineering, administrative, and personal protective equipment (PPE) options for your workplace.	☐	☐	☐	☐

Plan for what to do if an employee is sick at work.

Item	Completed	Ongoing	Not Started	Not Applicable
Immediately separate employees who appear to have symptoms [6] from others in the workplace.	☐	☐	☐	☐
Have a procedure for safe transport of a sick employee to home or a healthcare facility.	☐	☐	☐	☐

Develop an action plan for suspected/confirmed cases.

Item	Completed	Ongoing	Not Started	Not Applicable
If it has been fewer than 7 days since the sick employee has been in the facility:				
Close off areas that have been used by the sick person for long periods of time (e.g., their desk or workstation).	☐	☐	☐	☐
Wait 24 hours (or as long as possible), then clean and disinfect [12] the area.	☐	☐	☐	☐
Open outside doors and windows to increase air circulation during the waiting period.	☐	☐	☐	☐

Item	Completed	Ongoing	Not Started	Not Applicable
If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection beyond routine efforts is not necessary.	☐	☐	☐	☐

Continued

Item	Completed	Ongoing	Not Started	Not Applicable
Determine which employees may have been exposed to the virus and may need to take additional precautions.	☐	☐	☐	☐
Inform employees of their possible exposure to COVID-19 in the workplace, but maintain confidentiality [17].	☐	☐	☐	☐
Most workplaces can follow the Public Health Recommendations for Community-Related Exposure [18].	☐	☐	☐	☐
Critical infrastructure [19] workplaces can follow appropriate safety practices [20].	☐	☐	☐	☐

2. Maintain healthy business operations

Establish a COVID-19 coordinator.

Item	Completed	Ongoing	Not Started	Not Applicable
Identify a coordinator who will be responsible for COVID-19 issues and their impact at the workplace.	☐	☐	☐	☐
Inform employees who this person is and how to communicate with that person.	☐	☐	☐	☐

Implement sick leave policies and practices that are flexible and supportive.

Item	Completed	Ongoing	Not Started	Not Applicable
Ensure sick leave policies and practices are consistent with public health guidance, follow state and federal workplace laws and policies, and are shared with employees.	☐	☐	☐	☐
Allow employees to stay home, without penalty, to care for a sick family member or take care of children due to closures.	☐	☐	☐	☐
If you do not offer sick leave, consider implementing non-punishing "emergency sick leave" policies.	☐	☐	☐	☐
Do not require a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.	☐	☐	☐	☐

Protect higher risk employees [21].

Item	Completed	Ongoing	Not Started	Not Applicable
Support and encourage telework, if available.	☐	☐	☐	☐
Consider offering vulnerable workers [22] duties that minimize their contact with customers and other employees (e.g., restocking shelves).	☐	☐	☐	☐

Communicate supportive workplace policies. You may need to communicate with non-English speakers in their preferred languages.

Item	Completed	Ongoing	Not Started	Not Applicable
Train workers on how new policies to reduce the spread of COVID-19 may affect existing health and safety practices.	☐	☐	☐	☐
Communicate to contractors or on-site visitors about changes to help control the spread of COVID-19.	☐	☐	☐	☐
Create and test communication systems that employees can use to self-report if they are sick that you can also use to notify employees of exposures and closures.	☐	☐	☐	☐

Assess essential functions and the reliance that others have on your services or products.

Item	Completed	Ongoing	Not Started	Not Applicable
Prepare to change your business practices, if needed, to maintain critical operations.	☐	☐	☐	☐
Identify alternate supply chains for critical goods/services.	☐	☐	☐	☐
When resuming onsite business operations, prioritize job functions for continuous operations. Resume business operations in phases.	☐	☐	☐	☐

Plan for employee absenteeism spikes.

Item	Completed	Ongoing	Not Started	Not Applicable
Monitor absenteeism at work.	☐	☐	☐	☐
Implement plans to continue essential business functions.	☐	☐	☐	☐
Cross-train employees to perform essential functions.	☐	☐	☐	☐

Establish social distancing [23] policies and practices.

Item	Completed	Ongoing	Not Started	Not Applicable
Implement flexible worksites, work hours, and meeting and travel options.	☐	☐	☐	☐
Modify the workplace to increase physical space between employees, and between employees and customers, to 6 feet or more, where feasible.	☐	☐	☐	☐
Use signs, tape marks, or other visual cues to indicate where to stand when physical barriers are not possible.	☐	☐	☐	☐
Have employees and customers wear cloth face coverings (if appropriate) [14] when physical barriers or social distancing is not possible.	☐	☐	☐	☐
Discourage handshaking or other close contact.	☐	☐	☐	☐
Deliver services remotely.	☐	☐	☐	☐
Move the electronic payment terminal/credit card reader farther away from the cashier, if possible.	☐	☐	☐	☐
Shift primary stocking activities to off-peak or after hours, when possible.	☐	☐	☐	☐

Delegate authority to local managers of your business locations.

Item	Completed	Ongoing	Not Started	Not Applicable
Take appropriate actions outlined in their COVID-19 response plans based on their local conditions.	☐	☐	☐	☐

3. Maintain a healthy work environment

Implement controls according to the hierarchy of controls [24] to protect employees and the public.

Item	Completed	Ongoing	Not Started	Not Applicable
Use the Worker Protection Tool to identify appropriate engineering, administrative, and personal protective equipment (PPE) options for your workplace.	☐	☐	☐	☐

Modify ventilation systems [25]

Item	Completed	Ongoing	Not Started	Not Applicable
Work with building maintenance staff to determine if the ventilation system can be modified to increase ventilation rates or the percentage of outdoor air that circulates into the system.	☐	☐	☐	☐
Ensure ventilation systems operate properly and provide acceptable indoor air quality.	☐	☐	☐	☐
Disable demand-controlled ventilation (DCV).	☐	☐	☐	☐
Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation.	☐	☐	☐	☐
Improve central air filtration to MERV-13, or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.	☐	☐	☐	☐

Ensure the safety of the water system of your building after a prolonged shutdown.

Item	Completed	Ongoing	Not Started	Not Applicable
Follow the CDC Guidance for Building Water Systems [26].	☐	☐	☐	☐

Supply employees, customers, and visitors with what they need to clean hands and cover coughs and sneezes.

Item	Completed	Ongoing	Not Started	Not Applicable
Provide tissues, no-touch trash cans, and touchless hand sanitizer stations.	☐	☐	☐	☐
Provide soap and water. If soap and water are not readily available, provide alcohol-based hand sanitizer that is at least 60% alcohol.	☐	☐	☐	☐
Direct employees to visit CDC's coughing and sneezing etiquette [27] and clean hands webpage [28].	☐	☐	☐	☐
Place posters that encourage cough/sneeze etiquette and hand hygiene [29-30] at the entrance to and throughout your workplace (e.g., bathrooms and kitchens). Include signs for non-English speakers, as needed.	☐	☐	☐	☐

Perform routine cleaning and disinfecting.

Item	Completed	Ongoing	Not Started	Not Applicable
Follow CDC's Guidance for Cleaning and Disinfecting [11] to develop, implement, and maintain a plan.	☐	☐	☐	☐
Clean all frequently touched surfaces at the beginning and end of each shift, at minimum.	☐	☐	☐	☐
Clean dirty surfaces using a detergent or soap and water before you disinfect them.	☐	☐	☐	☐
Disinfect using EPA-registered disinfectant that is effective against SARS-CoV-2 [31].	☐	☐	☐	☐
Provide disposable disinfecting wipes so employees can wipe down commonly used surfaces before each use.	☐	☐	☐	☐
Store and use disinfectants in a responsible and appropriate manner according to the label.	☐	☐	☐	☐
Do not mix cleaning and disinfection products together.	☐	☐	☐	☐
Advise employees to always wear gloves and other PPE appropriate for the chemicals being used.	☐	☐	☐	☐

Limit travel and advise employees who must travel to take additional precautions and preparations.

Item	Completed	Ongoing	Not Started	Not Applicable
Minimize non-essential travel.	☐	☐	☐	☐
Check the CDC's Traveler's Health Notices [32].	☐	☐	☐	☐
Advise employees to check for symptoms of COVID-19 [6] before travel.	☐	☐	☐	☐
Ensure employees who become sick while traveling or on temporary assignment know what to do.	☐	☐	☐	☐
Call a healthcare provider for advice, if needed.	☐	☐	☐	☐
Notify their supervisor.	☐	☐	☐	☐
Follow company policy for obtaining medical care when traveling outside the United States	☐	☐	☐	☐

Plan meetings and gatherings [13] to lower risk.

Item	Completed	Ongoing	Not Started	Not Applicable
Use videoconferencing or teleconferencing, when possible.	☐	☐	☐	☐
Cancel, adjust, or postpone large work-related meetings or gatherings.	☐	☐	☐	☐
If videoconferencing or teleconferencing is not possible:				
Hold meetings in open, well-ventilated spaces.	☐	☐	☐	☐
Continue to maintain 6 feet between people.	☐	☐	☐	☐
Wear cloth face coverings (if appropriate) [14].	☐	☐	☐	☐

Worker Protection Tool

For Coronavirus Disease 2019 (COVID-19)

Consider the exposure that your workers will have to potential sources of COVID-19 when you resume business operations. Use this tool to identify protective measures for interactions between workers and/or the public; revisit the tool on an ongoing basis while COVID-19 cases exist. Only complete items that apply to your business. See appendix for web resources.

Worker Protections

Engineering

Facilities and Equipment	Completed	N/A
Assess job hazards for potential benefit of engineering protections.	☐	☐
Ensure ventilation and water systems operate properly.	☐	☐
Alter the workspace to maintain social distancing [23]. Examples include:	☐	☐
Arrange partitions as a barrier shield.	☐	☐
Move electronic payment reader away from cashier.	☐	☐
Use verbal announcements, signs, and visual cues to promote social distancing.	☐	☐
Remove/rearrange furniture.	☐	☐
Provide remote shopping alternatives (e.g., delivery, pick-up).	☐	☐

Administrative—three catagories

Management and Communications	Completed	N/A
Monitor state and local public health communications about COVID-19.	☐	☐
Encourage sick workers to report symptoms, stay home, and follow CDC guidance.	☐	☐
Consider conducting daily in-person or virtual health checks [15] (e.g., symptom and/or temperature screening) before employees enter the facility:	☐	☐
Develop strategies to communicate with workers and manage concerns.	☐	☐
Remind workers of available support services.	☐	☐
Communicate to partners, suppliers, and contractors on policies and practices.	☐	☐
Encourage social distancing and use of cloth face coverings (if appropriate) [14] for both employees and customers.	☐	☐
Use technology to promote social distancing (e.g., telework, virtual meetings).	☐	☐
Cancel group events.	☐	☐

Continued

Management and Communications	Completed	N/A
Close/limit use of shared spaces.	☐	☐
Ask sick customers to stay home; post signs asking them not to enter if they are sick.	☐	☐
Consider policies that encourage flexible sick leave and alternative work schedules.	☐	☐
Schedule stocking during off-peak hours.	☐	☐

Cleaning and Disinfection	Completed	N/A
Develop a plan for cleaning and disinfecting [11].	☐	☐
Clean and disinfect frequently touched surfaces (e.g., counters, shelving, displays).	☐	☐
Provide employees with disposable disinfectant wipes, cleaner, or sprays that are effective against the virus that causes COVID-19.	☐	☐

Training	Completed	N/A
Provide training on:	☐	☐
Policies to reduce the spread of COVID-19	☐	☐
General hygiene	☐	☐
Symptoms, what to do if sick	☐	☐
Cleaning and disinfection	☐	☐
Cloth face covers	☐	☐
Social distancing	☐	☐
Use of PPE	☐	☐
Safe work practices	☐	☐
Stress management	☐	☐

Personal Protective Equipment (PPE)

PPE	Completed	N/A
Conduct a workplace hazard assessment.	☐	☐
Determine needed PPE for workers' job duties based on hazards and existing protections.	☐	☐
Select and provide appropriate PPE to workers at no cost.	☐	☐

Keep yourself and others safe from COVID-19 when returning to work

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, after blowing your nose, coughing, or sneezing, and after using others' or shared equipment.
- ✔ If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.**
- ✔ **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- ✔ Put **distance (at least 6 feet)** between yourself and other people.
- ✔ Wear **cloth face coverings** (if appropriate) when social distancing is difficult to maintain.
- ✔ Avoid using other employees' phones, desks, offices, or other **work tools and equipment**, when possible. **Clean and disinfect** between employees if sharing occurs.
- ✔ Remember that some **people without symptoms** may be able to spread virus.

If you are at increased risk for severe illness…

- ✔ Contact management to **request special accommodations** that will allow you to perform your job duties safely.

Protect yourself and others from COVID-19 by taking everyday preventive actions.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA
CDC

cdc.gov/coronavirus

Resources referred to throughout the Toolkit

1. Coronavirus (COVID-19)
go.usa.gov/xvHEE

2. Workplaces During the COVID-19 Pandemic
go.usa.gov/xvucp

3. Restaurants and Bars During the COVID-19 Pandemic
go.usa.gov/xvuc7

4. Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
go.usa.gov/xvHma

5. Directory of local health departments
bit.ly/LHDDirectory

6. Symptoms of Coronavirus
go.usa.gov/xvHmR

7. What to Do If You Are Sick
go.usa.gov/xvHsF

8. Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings
go.usa.gov/xvHem

9. Caring for Someone Sick at Home
go.usa.gov/xvHew

10. When and How to Wash Your Hands
go.usa.gov/xvz7T

11. Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
go.usa.gov/xvz7R

12. Cleaning and Disinfecting Your Facility
go.usa.gov/xvzH2

13. Gatherings and Community Events
go.usa.gov/xvHeJ

14. Use of Cloth Face Coverings to Help Slow the Spread of COVID-19
go.usa.gov/xvzH8

15. General Business Frequently Asked Questions
go.usa.gov/xvHtY

16. EEOC's What You Should Know About the ADA, the Rehabilitation Act and the Coronavirus
go.usa.gov/xvHt5

17. Americans with Disabilities Act
go.usa.gov/xvHtF

18. Public Health Recommendations for Community-Related Exposure
go.usa.gov/xvHz3

19. CISA's Guidance on the Essential Critical Infrastructure Workforce
go.usa.gov/xvHuV

20. Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
go.usa.gov/xvHus

21. People Who Are at Higher Risk for Severe Illness
go.usa.gov/xvHJ8

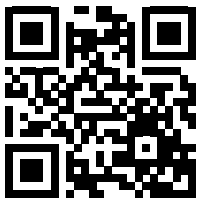
22. People Who Need to Take Extra Precautions
go.usa.gov/xvHSR

23. Social Distancing
go.usa.gov/xvHhV

24. Hierarchy of Controls
go.usa.gov/xvHhM

25. ASHRAE's Guidance for Building Operations During the COVID-19 Pandemic
bit.ly/ASHRAECOVID19

26. Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation
go.usa.gov/xvHhh



27. Coughing and Sneezing
go.usa.gov/xv6qN

28. Handwashing: Clean Hands Save Lives
go.usa.gov/xv6qJ

29. Print Resources
go.usa.gov/xv6qa

30. Health Promotion Materials
go.usa.gov/xv6q4

31. List N: Disinfectants for Use Against SARS-CoV-2
go.usa.gov/xv635

32. CDC's Travel Health Notices
go.usa.gov/xv63R

Additional Resources

COVID-19 Factsheets for Businesses and Employers
go.usa.gov/xv63M

Hazard Identification and Assessment
go.usa.gov/xv6dT

Personal Protective Equipment
go.usa.gov/xv63h

How to Protect Yourself and Others
go.usa.gov/xv6dV

Occupational Safety and Health Administration (OSHA) Standards
go.usa.gov/xv6ph

OSHA Ten Steps
go.usa.gov/xv6dd

U.S. Department of Labor
go.usa.gov/xv6da

State & Territorial Health Department Websites
go.usa.gov/xv6dG

U.S. Equal Employment Opportunity Commission
go.usa.gov/xv6dY

Coping with Stress
go.usa.gov/xv6dg

cdc.gov/coronavirus

U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Social Stigma associated with COVID-19

A guide to preventing and addressing social stigma[1]

Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).

WHAT IS SOCIAL STIGMA?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.

WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The level of stigma associated with COVID-19 is based on three main factors: 1) it is a disease that's new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with 'others'.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.

WHAT IS THE IMPACT?

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours

[1] This checklist includes recommendations from Johns Hopkins Center for Communication Programs, READY Network.

HOW TO ADDRESS SOCIAL STIGMA

Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.

How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.

Here are some tips on how to address and avoid compounding, social stigma:

1. Words matter: dos and don'ts when talking about the new coronavirus (COVID-19)
2. Do your part: simple ideas to drive stigma away
3. Communication tips and messages.

WORDS MATTER:

When talking about coronavirus disease, certain words (i.e suspect case, isolation…) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, strengthen false associations between the disease and other factors, create widespread fear, or dehumanise those who have the disease.

This can drive people away from getting screened, tested and quarantined. We recommend a 'people-first' language that respects and empowers people in all communication channels, including the media. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new coronavirus (COVID-19), patients and their families and affected communities are perceived and treated.

There are many concrete examples of how the use of inclusive language and less stigmatizing terminology can help to in control epidemics and pandemics from the HIV, TB and H1N1 Flu.[2]

DOS and DON'TS

Below are some **dos and don'ts** on language when talking about the new coronavirus disease (COVID-19):

DO - talk about the new coronavirus disease (COVID-19)

Don't - attach locations or ethnicity to the disease, this is not a "Wuhan Virus", "Chinese Virus" or "Asian Virus".
The official name for the disease was deliberately chosen to avoid stigmatisation - the "co" stands for Corona, "vi" for virus and "d" for disease, 19 is because the disease emerged in 2019.

[2] UNAIDS terminology guidelines: from 'AIDS victim' to 'people living with HIV'; from 'fight against AIDS' to 'response to AIDS'.

DO - talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” or “people who died after contracting COVID-19”

Don’t - refer to people with the disease as “COVID-19 cases” or “victims”

DO - talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”

Don’t - talk about “COVID-19 suspects” or “suspected cases”.

DO - talk about people “acquiring” or “contracting” COVID-19

Don’t talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame.
Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.

DO - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

Don’t - repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.

DO - talk positively and emphasise the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

Don’t - emphasise or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

DO - emphasise the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment.

DO YOUR PART:

Governments, citizens, media, key influencers and communities have an important role to play in preventing and stopping stigma surrounding people from China and Asia in general. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviors around the new coronavirus disease (COVID-19).

Here are some examples and tips on possible actions to counter stigmatizing attitudes:

- Spreading the facts: Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. In response, prioritise the collection, consolidation and dissemination of accurate country- and community-specific information about affected areas, individual and group vulnerability to COVID-19, treatment options and where to access health care and information. Use simple language and

avoid clinical terms. Social media is useful for reaching a large number of people with health information at relatively low cost.[3]

- Engaging social influencers [4] such as religious leaders on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma. The information should be well targeted and the celebrities who are asked to communicate this information must be personally engaged, and geographically and culturally appropriate to the audiences they seek to influence. An example would be a mayor (or another key influencer) going live on social media and shaking hands with the leader of the Chinese community.

- Amplify the voices, stories and images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery to emphasise that most people do recover from COVID-19. Also, implementing a "hero" campaign honouring caretakers and healthcare workers who may be stigmatized. Community volunteers also play a great role in reducing stigma in communities.

- Make sure you portray different ethnic groups. All materials should show diverse communities being impacted and working together to prevent the spread of COVID-19. Ensure that typeface, symbols and formats are neutral and don't suggest any particular group.

- Ethical journalism: Journalistic reporting which overly focuses on individual behaviour and patients' responsibility for having and "spreading COVID-19" can increase stigma of people who may have the disease. Some media outlets have, for example, focused on speculating on the source of COVID-19, trying to identify "patient zero" in each country. Emphasizing efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections now. Instead, promote content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care.

- Link up: There are a number of initiatives to address stigma and stereotyping. It is key to link up to these activities to create a movement and a positive environment that shows care and empathy for all.

COMMUNICATION TIPS and MESSAGES

An "infodemic" of misinformation and rumours is spreading more quickly than the current outbreak of the new coronavirus (COVID-19). This contributes to negative effects including stigmatization and

[3] Nigeria successfully contained the 2014 Ebola outbreak that affected three other countries in West Africa partly through employing targeted social media campaigns to disseminate accurate information and correct hoax messages circulating on Twitter and Facebook. The intervention was particularly effective because international non-governmental organisations (NGOs), social media influencers, celebrities and bloggers used their broad platforms to forward and share information and opinions on the health communication shared. Fayoyin, A. 2016. Engaging social media for health communication in Africa: Approaches, results and lessons. *Journal of Mass Communication and Journalism*, 6(315).

[4] The term "Angelina Jolie effect" was coined by public health communication researchers to account for increased Internet searches about breast cancer genetics and testing for several years after 2013 actress Angelina Jolie underwent a much-reported preventative double mastectomy. The "effect" suggests that celebrity endorsements from trusted sources can be effective at influencing the public to seek health knowledge, their attitudes towards and uptake of healthcare services for Covid-19.

discrimination of people from areas affected by the outbreak. We need collective solidarity and clear, actionable information to support communities and people affected by this new outbreak.

Misconceptions, rumours and misinformation are contributing to stigma and discrimination which hamper response efforts.

- Correct misconceptions, at the same time as acknowledging that people's feelings and subsequent behaviour are very real, even if the underlying assumption is false.
- Promote the importance of prevention, lifesaving actions, early screening and treatment.

Collective solidarity and global cooperation are needed to prevent further transmission and alleviate the concerns of communities.

- Share sympathetic narratives, or stories that humanize the experiences and struggles of individuals or groups affected by the new coronavirus (COVID-19)
- Communicate support and encouragement for those who are on the frontlines of response to this outbreak (health care workers, volunteers, community leaders etc).

Facts, not fear will stop the spread of novel coronavirus (COVID-19)

- Share facts and accurate information about the disease.
- Challenge myths and stereotypes.
- Choose words carefully. The way we communicate can affect the attitudes of others (see do's and don'ts above).

DEPARTMENT OF LABOR AND INDUSTRY

Safety and health guidelines for the employers and employees of essential work operations

COVID-19 is spread through respiratory droplets. Control measures should be employed to minimize exposure from transmission through basic activities, such as coughing, sneezing and even talking. The following are fundamental considerations for employers and employees during this time.

1. **Remember the basic responsibilities:** Employers have a fundamental obligation to protect their employees from known hazards; and both employers and employees must follow requirements set forth under the Occupational Safety and Health Act.
2. **Develop a plan:** Like any hazard, employers must ensure they are assessing the potential exposures of their employees and developing safe work-practices to minimize exposure. This applies to any workplace where employees are working with other people in the workplace.
3. **Community spread:** Assume everyone you come into contact with may be infected and contagious. Treat all encounters as a potential risk. Practice personal protective measures, such as social distancing when in public and washing your hands frequently.
4. **Work remotely, if possible:** Employees who may perform their work from a remote location, as opposed to having to leave their home and report to the office, should do so. Employees should not be required to leave their home to report to work unless the nature of their job necessitates it, such as when needed machines or equipment are at the facility.
5. **Limit travel:** Reduce the need for employees to travel for work. Employees assigned to be on the road should be limited to those who must do so as a part of their assigned job.
6. **Limit access:** Reduce the number of employees who report to the workplace and restrict the number of people who interact with the employees. Fewer people equals less risk.
7. **Limit use:** Reduce the number of operators or users for various tools and equipment. For example, designate one driver, one operator and one teller for a piece of equipment.
8. **Social separation:** Avoid having groups of employees, including work units and departments, share a work space. Coordinate, schedule and assign work to ensure employees can be separated. Stagger breaks and lunches.
9. **Barrier protection:** Employers whose employees are engaged with the public may want to consider barriers to minimize exposure during close-contact encounters, such as using teller windows, sneeze guards or speaking from behind partially opened windows.
10. **Social distancing:** Ensure employees who have to work closely to other employees, customers or clients maintain a distance of at least six feet. Delineate work areas to indicate adequate spacing for social distancing. For example, set up control lines or mark floors with tape.
11. **Hand hygiene:** Promote regular handwashing and the use of hand sanitizer. Everyone should wash their hands after touching any common surface, tool or piece of equipment. An average person touches their face between 16 and 24 time an hour.

12. **Sanitation:** Implement a regular and frequent schedule of sanitizing common-spaces and shared tools and equipment. Don't forget to include vehicles, forklifts, powered hand-tools, machines, keyboards, cash registers, telephones, doorknobs, ladders and railings.
13. **Personal protective equipment (PPE):** Employers must perform an assessment of the work activities conducted by their employees, and select and provide the proper personal protective equipment to their employees where other control measures cannot be implemented. Employers may need to provide proper PPE, such as gloves, gowns, face masks, face shields or goggles.
14. **Respirators:** Employers should evaluate whether respirators are necessary. Respirators can be effective to protect employees who have to work in close proximity to each other and can be provided on a voluntary basis. The OSHA respiratory protection standard details the requirements for each type of use.
15. **Training:** Employers must train their employees about the health hazards relative to COVID-19 exposure, including symptoms, modes of transmission and precautionary measures. Training resources are publicly available at www.osha.gov.
16. **Communication:** Employers should promote an open line of communication for employees to discuss concerns and report issues. Employees and employers need to be communicating and working together to minimize the spread of the virus.
17. **Wellness checks:** Employers should promote a regular practice of checking in with each employee daily and inquiring about their concerns, issues and well being. Consideration should not only be given toward physical symptoms, but to stress, anxiety and mental health also.
18. **Stay home when sick:** When you are ill, stay home. Be respectful of others by not sharing your symptoms at work.
19. **Report cases:** If you are working and you or someone you are around has been diagnosed with COVID-19, share this information with your employer. Employers may want to take extra precautions.
20. **Be patient:** Employers and employees must recognize these are not usual times and the stress of work is amplified by the current circumstances. Be prepared to slow down the demand placed on employees.
21. **You are protecting more than yourself:** Employers and employees must recognize safe work-practices do more than protect those within their business or worksite; they also protect the public, including the families and loved ones of the employees.

Further information

For further information, see OSHA's publication "Guidance on preparing workplaces for COVID-19," at www.osha.gov/Publications/OSHA3990.pdf.

Employers and employees are encouraged to contact Minnesota OSHA Workplace Safety Consultation with workplace safety and health concerns at osha.consultation@state.mn.us, 651-284-5060 or 800-657-3776.

OSHA WORKPLACE SAFETY CONSULTATION

Guidance on Preparing Workplaces for COVID-19

OSHA 3990-03 2020

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Occupational Safety and Health Act of 1970

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

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

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Guidance on Preparing Workplaces for COVID-19

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA 3990-03 2020

U.S. Department of Labor

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Introduction

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

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

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

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

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.

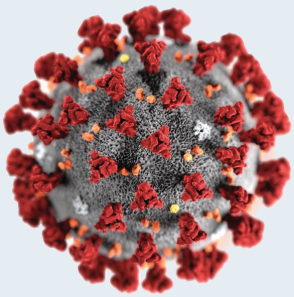
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

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.

OSHA®
www.osha.gov

U.S. Department of Labor

For more information:

OSHA® Occupational Safety and Health Administration

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