



# Restoration of Operations Procedures Manual

## Effective May 1, 2020

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### Introduction

West Bloomfield Parks and Recreation Commission (WB Parks) has adopted and modified a Restoration of Operations Procedures manual first created by West Bloomfield Township and the Emergency Operations Center (EOC). The manual was created for internal considerations and is intended to serve as a guideline when Township and WB Parks operations are in the process of being restored.

The contents of this manual will serve to guide WB Parks' Executive Director, Superintendents and other key personnel, in creating and implementing a return of operations. This manual is not a policy and does not alter or abridge current WB Parks Policies.

It is also acknowledged that at the time of this publication the environment surrounding COVID-19 is evolutionary in nature. As a result, these guidelines are subject to change and modifications pursuant to legal changes, which may or may not be incorporated in the form of an amendment to this plan. It should also be noted that any proposal to return to work before widespread immunity has been achieved, either by prior infection or immunization, has risks that could lead to a second wave of infection. Therefore, the procedures for restoring operations involves a set of tools and procedures to enable the recovery and continuation of business operations following a pandemic such as the COVID-19 (coronavirus) outbreak.

The plan outlined in this manual has been developed to analyze the essential functions of WB Parks. This allows leadership to apply procedures and measures to allow increasing functionality, while remaining flexible to address changes in the restoration duration. Implementing the return to full operations in a safe and thoughtful manner will be complex. For that reason, it is imperative that communication of the manual is shared and training is followed.

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# Overview for Restoring Operations

## Authority to Determine Restoration of Operations

The WB Parks Commission's actions will be guided by the orders of the Governor of the State of Michigan, the orders of the Oakland County Executive, and the guidelines published by the Centers for Disease Control.

At the time of creation of this plan, Executive Order 2020-21, issued by the Governor of Michigan, requires all non-essential personnel to shelter-in-place and, if possible, work from home. As of 4-9-20, this executive order has been extended and expires on April 30, 2020 at 11:59pm.

Factors that may be considered when determining whether to lift the shelter in place order:

- The state is over the peak of the current wave of new cases.
- Health systems in specific regions agree that they have the resources and personnel available to deal with smaller but inevitable second waves of the disease. Our proposal does not work if the delivery system is stretched to capacity or beyond and recognizes that some communities will be unable to open because of limited capacity.
- The availability of sufficient testing capability to identify both those who still have an active infection and those who have evidence of prior infection. There needs to be an unrestricted availability to perform both tests, ideally through point-of-care tests and backed up by centralized testing. We emphasize testing over temperature-taking; although taking individuals' temperatures is inexpensive and easy to use, it is too insensitive to detect people who may be transmitting the virus.
- The widespread availability of personal protection equipment, including protective masks, not only for health care workers but also for returning workers, along with continued practice of social distancing. There has been rapid innovation in such equipment, and some may prove to be more effective than N-95 masks, which need to be fitted and were invented to protect people from industrial particulate pollution, not virus transmission.

## Roles and Responsibilities

### WB Parks Commission

The Commission is responsible for ensuring WB Parks has the leadership, funding and direction needed to restore operations at all facilities.

### Executive Director

The Executive Director is responsible for establishing guidelines and overseeing the daily progress of the restoration of operations and shall provide the Commission with updates as necessary.

### Superintendents

Superintendents are heads of their divisions and as such are responsible for ensuring their division continues to provide all functions necessary to serve the public. Superintendents are also responsible for ensuring their division and employees are adhering the procedures in this manual.

### Emergency Operations Center

The Emergency Operations Center (EOC) is a central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management, or disaster management functions at a strategic level during an emergency, and ensuring the continuity of operation of the township. The EOC will continue to provide the up-to-date information necessary for successfully implementing and adapting the restoration recommendations. WB Parks' Executive Director is part of this committee.

### Administration Team

The Administration Team is comprised of the Executive Director, Assistant to the Director, Park Superintendent, Recreation Superintendent, Finance Manager, Marketing Manager and Park Supervisor. The Administration Team is responsible for assessing the rate of risk exposure for employees working during the COVID-19 pandemic. This team will also provide recommendations and revisions to the Restoration of Operations Procedures manual for addressing changes in procedures in mitigating risk at WB Parks' facilities.

## Personnel Policies

WB Parks has established the following protocols to provide guidance to Supervisors in developing and implementing work plans to restore operations.

### Time Off Requests

Employees are encouraged to protect themselves and stay home if they are sick, experience symptoms of COVID-19, or have been exposed to the virus. All employees shall report to their supervisor any symptoms or exposure to the virus immediately. The use of staggered work schedules, working from home, working on weekends, or using personal/sick/vacation time (at supervisor's discretion) could be used to assist employees that must stay home for their safety and the safety of other employees.

Currently HIPAA remains in effect and all privacy rights shall be respected for employees of WB Parks Staff during this compliance period. If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality.

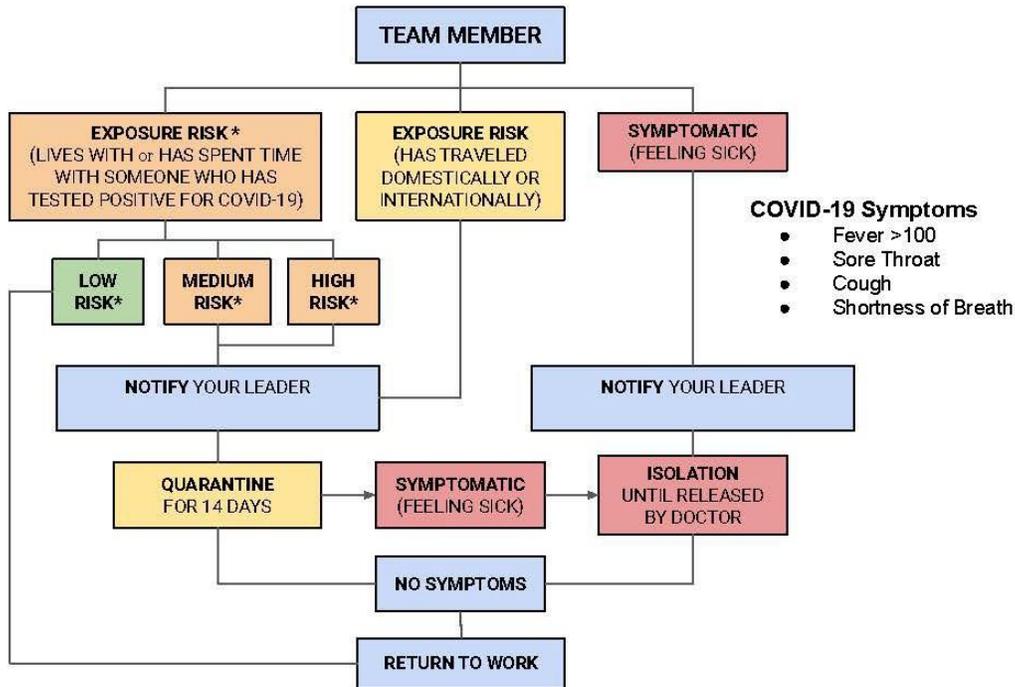
### Employees with COVID-19 Exposure or Symptoms of COVID-19

According to the CDC, symptoms of COVID-19 may appear in as few as two days or as long as 14 days after exposure and can include fever, cough, shortness of breath or difficulty breathing. Other symptoms can include: tiredness, aches, runny nose, and sore throat. Some people have experienced the loss of smell or taste. The severity of COVID-19 symptoms can range from very mild to severe. Some people may have no symptoms at all.

Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the workday should be separated from other employees and visitors and immediately inform their supervisor. The COVID-19 Decision Making Flow Chart identifies the protocol for an employee that has symptoms or has been exposed. The exposed employees should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).

Flowchart & the difference between Isolation and Quarantine

## COVID-19 Decision Making Flowchart



EXPOSURE RISK *	Infected Person Covid-19 Test	Infected Person	Non-Infected Team Member
High Risk	Positive	No protective mask	No personal protective equipment
Medium Risk	Positive	Protective Mask	No personal protective equipment
Low Risk	Positive	Protective mask	Wearing personal protective equipment

**Isolation** - The separation of a person or group of people known or reasonably believed to be infected with Covid-19 from those who are not infected. Separation will help prevent spread of Covid-19. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

**Quarantine** - The separation of a person or group of people reasonably believed to have been exposed to Covid-19 but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread.

## Returning to the Work Place Process

Although no plan can guarantee full and immediate resumption of operations given the unknown impact of COVID-19, creating a sound framework as well as implementing strong processes and controls is first priority. These processes and controls will help prepare employees to handle and manage restoration of operations while protecting staff and the public and avoiding the spread of the virus.

WB Parks has modified the below five step process (first created by the Township), for returning operations to the workplace. Each step builds upon the previous steps and are described below.

### Step 1: Identify Exposure Risk for Each Employee

Superintendents are required to evaluate and document the exposure risk for each employee in regard to the employee's exposure to the COVID-19 virus during their daily business functions. Individuals can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

This Restoration of Operations Procedures implements a multitude of work site safety measures along with personal safety measures. The measures defined in this plan are designed for mitigating exposure risks. The Administration Team will work together with Township officials for best practices that will mitigate risks while performing specific tasks. All these policies and safety measures, combined with the full cooperation from all employees, helps define the true exposure risks for each employee.

The Administration Team will assess individual employee's risk levels based upon work assignments and exposures. The risk level categories outlined below are utilizing OSHA's descriptions along with other leading organizations that specialize in the workplace safety, such as the Oakland County Health Division.

#### 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. Township employees in this category may include paramedics.

## 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. *Township employees in this category may include first responders from the Police and Fire Departments.*

## 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 COVID-19, 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). *Employees in this category may include those assisting the public at the counter and those serving out in the field.*

## 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 COVID-19 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. *Employees in this category may include those employees that typically have limited contact with the public, work from an office, and those that can safely practice social distancing.*

Although most employee duties do not qualify as high risk of exposure, there should be high risk gear readily available for emergency situations within facilities that would require employees taking on high risk exposure when providing first aid to employees or visitors, prior to emergency services arriving.

## Step 2: Identifying Appropriate Personal Protection Equipment

Personal Protection Equipment (PPE) will be supplied to employees based upon their risk level of exposure to COVID-19, as approved by the Administration Team.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable.
- Consistently and properly worn when required.
- Regularly inspected, maintained and replaced as necessary.
- Properly removed, cleaned, and stored and disposed of, as applicable.

In addition, training will be provided for employees on issued PPE and when/how to request new PPE. PPE will include but not limited to masks and gloves. PPE must be worn if within 6 feet of another person or passing through common areas.

Employees will be permitted to wear their own PPE, such as a homemade face covering device, provided the design permits the employee to perform their job duties and is made of an appropriate material for the workplace.

After Step 5 - Phase 1 has commenced, Jennifer Tucker, Executive Director, or her designee will accept and review all requests for PPE. The Executive Director or her designee will keep a log of all PPE that has been approved, ordered, and distributed to WB Parks employees. Each employee shall be assigned PPE based on their exposure risk level. Training for proper use of PPE will be provided by the EOC during Phases 1 and 2.

### Step 3. Establishing Procedures for the Workplace

WB Park staff must collectively work together to ensure the safety of our facilities and avoid the spread of the virus. The following general procedures shall be implemented for all facilities in addition to any specific procedures created for site work plans during Step 4.

### Understanding Sanitizer Products and Use

Below is an overview of WB Parks normal cleaning products and materials and additional products added to everyday routines to sanitize for COVID-19 prevention.

#### *Normal Cleaning Procedures:*

**Blue Cloths** are for window and mirror cleaning only. Use with spray bottle #18 glass cleaner.

**Green Cloths** are for counters, sinks and hard surfaces. Use with Neutral Q Disinfectant.

**Yellow Cloths** are for toilets and urinals ONLY. Use with Neutral Q Disinfectant.

#### *NABC Bottle and Red Microfiber cloth:*

NABC is a Non-Acid Bathroom Cleaner (disinfectant) and can be used on any hard surface such as: chairs, tables, counter tops, desks, door handles. Do not spray on anything electrical. Spray NABC on the surface and wipe down with red microfiber cloth or let it sit to dry. If left to dry, it may take some time. Only use the red microfiber cloths for this disinfecting procedure. Do not discard any microfiber cloth as they will be collected by custodial staff for laundering. Fresh, clean cloths will be provided as needed. Spray bottles will be refilled as needed. One bottle and cloth will be placed at the front desk and in the kitchen at Connect, Recreation Activities Center and Marshbank Garage.

#### *Sani Guard or Neutral Q Surface Spray:*

Sani Guard or Neutral Q Surface Spray is a sanitizing disinfectant which can be used on most hard or soft type of surfaces such as: chairs, tables, counter tops, desks, door handles, exercise equipment, computer keyboards, and phones. Hold 5 to 8 inches away from area to be sprayed. Once sprayed, this product takes 45 seconds to dry. Do not wipe down. Leave the area for 45 seconds or longer, to allow for the air to clear and product to take effect. Please keep in mind this product can stay in the air longer than 45 seconds and so the best time to spray is in the evening before you leave.

#### *Sani Guard Total Release Fogger:*

Sani guard foggers are a sanitizing disinfectant that fills the area with a mist to cover all surfaces and into small nooks and crevices. They will be let off once a month by a designated person at the end of the day when everyone else has left the building.

## Limiting Contact with High Touch Areas

- *Doors.* While the offices remain closed to the public, the interior security doors are permitted to remain open for employees to travel between areas without touching door handles and door surfaces. IF the public is allowed to re-enter the facility at a limited capacity, the doors leading into public areas must remain closed but doors that separate non-public areas will be permitted to be propped open.
- *Informational Materials.* Until such time as we are returned to normal operations (Phase 5 of Step 5) no periodicals, applications, brochures, etc. shall be in public areas. These materials shall be distributed only by personnel.
- *Furniture in Public Areas.* All use of lobby and other public area furniture will be monitored. Removal of the furniture may be necessary to deter congregation of people and limit surface areas that can be touched.

## Employee Health Screening

The employees physically working at a WB Parks' facility shall ensure they are health screened on a daily basis. Health screenings must be documented by emailing an employee's supervisor prior to reporting to work and include (as outlined in the Oakland County Screening Memo):

- Symptom check (fever, cough, shortness of breath, sore throat, diarrhea).
- Temperature checks from home and at the start of the workday (thermometers available at both the RAC and Marshbank).
- Identification of any close contact in the last 14 days with someone with a diagnosis of COVID-19.
- Identification of anyone who has travelled internationally or domestically in the last 14 days.

## Social Distancing

Social distance shall be observed at all WB Parks facilities and Township facilities until otherwise determined by the County, State, or Federal government. Social distancing means keeping space between yourself and other people outside of your home. Social distancing requires that each employee:

- Stay at least 6 feet from other people.
- Do not gather in groups.
- Stay in their assigned area and within individual workspaces, with the exception of entering/leaving building or the lavatories or to complete a job task.
- No attending or hosting of external meetings.
- All concerns regarding symptomatic behavior should be addressed to supervisors.

Additionally, barriers, signage and markers in common areas to help facilitate the implementation of social distancing requirements shall be installed.

In efforts to minimize the amount of areas exposed to contamination, employees will refrain from in-person visitations. Employees are encouraged to use phone and teleconferencing apps. Additionally, employees will refrain from traveling through other staff areas where applicable. Employees are asked to be mindful about social distancing throughout their entire shift and to take proactive planning steps at the beginning of their work weeks/days in order to be successful throughout their workday.

## Fleet Management

Many WB Parks employees not only have a personal workspace, but routinely use vehicles. Some employees may even share a vehicle. Therefore, it is imperative that WB Parks vehicles are included in any plan to restore operations and limit the spread COVID-19. Vehicles should have a supply of

gloves and sanitizer. Employees assigned a WB Parks vehicle shall be responsible to ensure the vehicle is cleaned and sanitized before and after they use it. Additionally, the employee will also use the electrostatic mister on the interior of their vehicle at the end of their shift. If the mister is not available, the Park Supervisor will assign a plan. Procedures for fueling vehicles will remain the same.

### SMART Transit Bus Requirements

SMART now requires all riders on our Connector service to pass a health assessment. Once a reservation is made, they will receive a phone call the day before their scheduled pick up time and asked to answer a few standard questions relative to their health and COVID-19. To ensure the safety of our drivers as well as other riders, if they do not pass this assessment, they will not be allowed to ride the bus and their trip will be rescheduled to another time. In addition, all riders are required to wear some sort of face mask and practice social distancing while on the bus. To assist with the social distancing, only 3 people will be allowed on a Connector bus at a time. No exceptions.

### Postal, Dropbox, Interoffice, and Package Mail Deliveries

Various early studies indicate the COVID-19 virus can remain viable and infectious in droplets in the air for hours and on some surfaces up to three days. The virus could be detected up to three hours later in the air, up to four hours on copper, up to 24 hours on cardboard and up to three days on plastic and stainless steel. Processing daily US post office mail, drop box mail or interoffice mail will require gloves and disinfectant. Envelopes shall be immediately disposed in a garbage can. Documents personally delivered to the department should be treated like mail and the same protocols should be applied.

### Park Maintenance and Custodial Responsibilities

Park staff assigned to custodial responsibilities shall strive to keep a safe environment and implement the following procedures.

- All WB Parks facilities, including common areas, will be properly cleaned and sanitized prior to reintroducing staff to the facility.
- All offices will be provided with cleaning and sanitizing products to use to fulfill employee responsibilities described below.
- A schedule will be determined to clean and sanitize public common areas on a regular basis. Frequency of such cleaning and sanitizing will depend on the phase of reintroduction described in Step 5. Common area cleaning and sanitizing includes, but is not limited to, the following:
  - Doorknobs, push bars, handles, and panels
  - Light switches
  - Stair rails
  - Drinking fountains
  - Restrooms
  - Conference rooms
  - Breakrooms/kitchens
  - Plexiglas barriers/sneeze guards
  - Countertops
- Modify workspace environments to reduce exposure as applicable to the facility:
  - Install Plexiglas barriers/sneeze guards for each customer service counter.
  - Remove all publications, periodicals, applications, etc. in public areas.
  - Post information and signage throughout facility re: washing hands, sneezing, social distancing, etc.
  - Gloves are required to process incoming mail.
- Modifications will be changed to some custodial tasks, including:

- Garbage will need to be tied before it is pulled from the container.
- Playgrounds, benches and picnic tables will be added to the schedule for sanitizing when needed.

## Employee Responsibilities

- Wear assigned PPE required. Employees are assigned PPE based on their risk level.
- Wash hands regularly with soap and water. When washing is not possible, hand sanitizer shall be utilized. Refer to OSHA handwashing video.
- Avoid touching eyes, nose, and mouth.
- Follow Health Screening protocol including temperature readings and communicating readings and answers to Supervisors.
- Clean personal workspaces on a regular basis. Specifically, the following shared surface areas must be cleaned throughout the day:
  - Phone
  - Keyboard + mouse
  - Desk surface and drawers
  - Chair arms and any other surface touched regularly
  - For employees with their own office - light switches and door handles
- Avoid using other employee's supplies, equipment, phones, etc. If necessary to share equipment, please clean before and after use. In regards to park equipment, employees are responsible for cleaning after use including: seats, handles, straps, controls. Additionally, the employee will also use the electrostatic mister on the interior of their vehicle at the end of their shift. If it is not available, the Park Supervisor will assign a plan.
- Clean common areas after use. For example, wipe down counter after servicing a customer or wipe down computer keyboard after using a communal keyboard.
- Eat only in designated areas. After eating, wipe down all surfaces used (chair, table, countertop, microwave button, fridge handle, etc.). Do not provide communal food/beverages. Refrain from sharing serving utensils.
- Use proper hygiene etiquette.
  - Cover mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
  - Throw used tissues in the trash 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. [https://www.cdc.gov/healthywater/hygiene/etiquette/coughing\\_sneezing.html](https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html)

## Cleaning and Disinfecting If Someone Is Symptomatic

1. If an employee has developed symptoms of COVID-19 in the workplace, the area(s) used by the employee must be properly cleaned and disinfected prior to being used again.
2. First, close off areas used by the person who is symptomatic. Next, open outside doors and windows to increase air circulation in the area. Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
3. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like keyboards, phones, etc.
4. If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

## Step 4. Develop Department Work Plans to Minimize Risk

Each Superintendent shall evaluate the needs of their division, the safety of their employees, and the needs of the public/customers. It is anticipated that the return to full staffing at all WB Parks' facilities and the introduction of staff and the public to facilities will occur in phases and follow the recommendations and orders issued from the County, State and Federal government. The goal of Step 4 is to proactively plan for resuming business and to safely reintroduce the staff into the facility.

As Superintendents are developing their Work Plan the following should be taken into consideration:

- *Identify Functions.* What functions can be administered at the employee's home and which must occur at a WB Parks facility. Which functions can be administered and how can they be administered when a facility is closed to the public, if the public has restricted access, and when the public has unrestricted access. Workflow and work plans for employee assignments must be developed that will satisfactorily provide public service under these various work conditions.
- *Evaluate Department Layout and Staffing Needs.* Can all employees be at their assigned work areas at one time and achieve social distance standards? Superintendents will need to determine if staggering employees at home and in the office would help accomplish a safe distance between employees. Consideration shall be given to alter the workday shifts (vary start/end times or extend workdays/shifts to eliminate a shift). This may require a relocation of an employee's workstation assignment.
- *Identify Department Equipment Needs.* For those functions that can occur from an individual employee's home, Superintendents shall identify their equipment needs and create employee work-at-home plans to ensure all department functions are being addressed by each employee. The work plan will include the methods of obtaining additional equipment, instructions, and work documentation for completing all responsibilities. The work plan will include defined dates/times for when employees are expected to obtain the equipment, instructions, and work documentation.
- *IT Needs.* The Executive Director shall coordinate all technological equipment needs with the Township Information Technologies Department. Personal laptops can be given secured connections into a user's desktop work computer therefore providing the user access to all network and local drives and the programs the user is accustomed to utilizing for their everyday responsibilities. Additionally, the Township IT Department has the ability to forward landline phone calls to other phone lines such as cell phones or home phones.
- *Identify Department Cleaning and Sanitization Process and Needs.* Superintendents shall be responsible for ensuring their staff are implementing the required procedures for their workspaces and department. The Park Supervisor will oversee replenishment of supplies.
- *Develop an Absenteeism Strategy.* Superintendents will evaluate operation plans 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 if dismissed from childcare programs and K-12 schools. 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.

## **Step 5. Reintroduce Employees and the Public into the Workspace**

The following phases were prepared with the goal of returning all WB Parks facilities and their functions back to “business as usual” prior to the COVID-19 pandemic. Each phase was developed by adding onto the previous phase. These phases do not need to happen in sequential order. If necessary based on the recommendations of the County, State, and Federal government, phases could be reversed to adapt to the situation.

### ***Phase 1. Preparation - Closed to the Public***

WB Parks facilities and vehicles will be cleaned prior to Phase 2. Administrative staff and other limited supervisory staff (as determined necessary by Superintendents) are to report to work to ensure all necessary preparations, procedures, and equipment is in place. Developed work plans shall adhere to strict social distancing practices. Work plans could include staggered shifts, staggered breaks, arrangements for employees to work remotely or other strategies to limit the number of employees working together. During this phase, Superintendents will receive training on all PPE that will be assigned to their staff. During this phase it is imperative that staff observe all applicable procedures identified in Step 3, above.

The expected duration of Phase 1 is 3-5 days, or until all preparations are complete. It is important that all preparation in Phase 1 is complete before moving to Phase 2.

### ***Phase 2. Implement Department Work Plans - Closed to the Public***

Following completion of Phase 1, Work Plans developed in Step 4 will be implemented. Additionally, Superintendents shall:

- Make arrangements for staff to train on how to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE.
- Educate staff about how they can reduce the spread of the virus (at work and at home) and their personal responsibilities in Step 3, above.
- Enforce the “no in-person meeting” rule with the public and at any WB Parks facility. Meetings shall be conducted via conference call or an online meeting platform.
- Ensure employees are still following the Health Screening protocol including temperature checks.

The expected duration of Phase 2 is contingent on the severity of the epidemic within the localized area. The Executive Director will utilize all available recommendations provided by the national, regional, and local authorities/experts in determining if advancing to Phase 3 of this Plan is appropriate.

### ***Phase 3. Restricted Public***

During Phase 3, WB Parks will permit restricted public access to facilities. Restricted access means:

- Public screening will occur by the employees observing for COVID-19 symptoms. All concerns regarding symptomatic visitors, or unsafe behavior, should be reported to supervisory staff.
- Limiting/regulating the number of individuals from the public permitted to enter the building. The number of individuals permitted entrance could change periodically based upon the conditions observed in the community or applying the generally accepted practices created on knowledge of the COVID-19 virus.
- Meetings with the public within a township facility are by appointment only. All in-person meetings will comply with the 6-foot rule and will provide sanitizing products and pre/post-meeting cleaning measures.
- All visitors entering an employee accessed workspace/work area or meeting area within offices will have their temperatures taken.

- Employees are still required to have their temperatures checked.

Additionally, during this phase, staff working remotely may be reintroduced to the facility provided adequate social distance and sanitation measures can still be enforced. Park staff will perform tasks deemed low risk and necessary for departmental functions, and where social distancing can be observed.

The expected duration of Phase 3 is contingent on the severity of the epidemic within the localized area. The Executive Director will utilize all available recommendations provided by the national, regional, and local authorities/ experts in determining if advancing to Phase 4 is appropriate, or a return to a previous phase is required.

#### ***Phase 4. Open to Public - Normal Operations with Continued Social Distancing/Safety Protocol***

The public will be permitted to enter the facility with minimal restrictions. Social distancing of 6-feet is still in place during this phase for visitors and remains a requirement for employees. This means our providing full service to the public with the possibility of limited on-site staffing.

- Public screening will occur by the employees observing for COVID-19 symptoms. All concerns regarding symptomatic visitors, or unsafe behavior, should be reported to supervisory staff.
- Park staff will perform job functions while maintaining social distancing.
- Employees are still required to have their temperatures checked.
- All visitors entering an employee accessed workspace/work area or meeting area within a WB Parks' facility will have their temperatures taken.
- The expected duration of Phase 4 will continue until the threat of contracting COVID-19 is considered nearly/entirely eliminated or until the risk of employee-to-employee infections is deemed minimal. In the event that the epidemic recrudesces, a previous phase may be more appropriate for re-implementation.

#### ***Phase 5. Open to Public - Normal Operations with Full Staffing***

The last phase would be the phase that we formally knew as "business as usual" before the COVID-19 epidemic. The office will return to full-time staffing during regular business hours. The necessity for safety some protocols (such as the 6-foot rule) and equipment (Plexiglas barriers, face masks/covering, or latex gloves) would be gradually phased out but the sanitizing of hands and office surfaces will remain as normal daily work procedure. In the event that the epidemic recrudesces, a previous phase should be re-implemented.

### **Whole Team Cooperation**

A successful restoration of WB Parks' operations cannot occur without the full cooperation of all its employees. Cooperation means working together to achieve a common goal, which is to provide comprehensive public service without sacrificing the health and safety of our employees and residents. In the workplace, this means a healthy environment in which employees work together to achieve both personal and organizational objectives.

This manual for restoring operations shall be followed to ensure the purpose of the document is being fulfilled, that is to protect employees and the public and reduce the spread of COVID-19. This plan shall be followed by the leadership team and employees and can only be modified by the Executive Director or his/her designee. Each time an employee modifies, makes an exception or does not enforce a procedure outlined within, it erodes the effectiveness of the plan and puts individuals at risk.



STATE OF MICHIGAN  
OFFICE OF THE GOVERNOR  
LANSING

GRETCHEN WHITMER  
GOVERNOR

GARLIN GILCHRIST II  
LT. GOVERNOR

**EXECUTIVE ORDER No.**

**2020-42**

**Temporary requirement to suspend activities that are  
not necessary to sustain or protect life**

**Rescission of Executive Order 2020-21**

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Michigan Department of Health and Human Services identified the first two presumptive-positive cases of COVID-19 in Michigan. On that same day, I issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, 1976 PA 390, as amended, MCL 30.401 et seq., and the Emergency Powers of the Governor Act of 1945, 1945 PA 302, as amended, MCL 10.31 et seq.

In the three weeks that followed, the virus spread across Michigan, bringing deaths in the hundreds, confirmed cases in the thousands, and deep disruption to this state's economy, homes, and educational, civic, social, and religious institutions. On April 1, 2020, in response to the widespread and severe health, economic, and social harms posed by the COVID-19 pandemic, I issued Executive Order 2020-33. This order expanded on Executive Order 2020-4 and declared both a state of emergency and a state of disaster across the State of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, and the Emergency Powers of the Governor Act of 1945.

The Emergency Management Act vests the governor with broad powers and duties to "cop[e] with dangers to this state or the people of this state presented by a disaster or emergency," which the governor may implement through "executive orders, proclamations, and directives having the force and effect of law." MCL 30.403(1)-(2). Similarly, the Emergency Powers of the Governor Act of 1945 provides that, after declaring a state of emergency, "the governor may promulgate reasonable orders, rules, and regulations as he or she considers necessary to protect life and property or to bring the emergency situation within the affected area under control." MCL 10.31(1).



To suppress the spread of COVID-19, to prevent the state's health care system from being overwhelmed, to allow time for the production of critical test kits, ventilators, and personal protective equipment, and to avoid needless deaths, it is reasonable and necessary to direct residents to remain at home or in their place of residence to the maximum extent feasible. To that end, on March 23, 2020, I issued Executive Order 2020-21, ordering all people in Michigan to stay home and stay safe. The order limited gatherings and travel, and required workers who are not necessary to sustain or protect life to stay home.

The measures put in place by Executive Order 2020-21 have been effective, but this virus is both aggressive and persistent: on April 8, 2020, Michigan reported 20,346 confirmed cases of COVID-19 and 959 deaths from it. To win this fight, and to protect the health and safety of our state and each other, we must be just as aggressive and persistent. Though we have all made sacrifices, we must be steadfast. Accordingly, with this order, I find it reasonable and necessary to reaffirm the measures set forth in Executive Order 2020-21, clarify them, and extend their duration to April 30, 2020. This order takes effect on April 9, 2020 at 11:59 pm. When this order takes effect, Executive Order 2020-21 is rescinded.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

1. This order must be construed broadly to prohibit in-person work that is not necessary to sustain or protect life.
2. Subject to the exceptions in section 7 of this order, all individuals currently living within the State of Michigan are ordered to stay at home or at their place of residence. Subject to the same exceptions, all public and private gatherings of any number of people occurring among persons not part of a single household are prohibited.
3. All individuals who leave their home or place of residence must adhere to social distancing measures recommended by the Centers for Disease Control and Prevention ("CDC"), including remaining at least six feet from people from outside the individual's household to the extent feasible under the circumstances.
4. No person or entity shall operate a business or conduct operations that require workers to leave their homes or places of residence except to the extent that those workers are necessary to sustain or protect life or to conduct minimum basic operations.
  - (a) For purposes of this order, workers who are necessary to sustain or protect life are defined as "critical infrastructure workers," as described in sections 8 and 9 of this order.
  - (b) For purposes of this order, workers who are necessary to conduct minimum basic operations are those whose in-person presence is strictly necessary to allow the business or operation to maintain the value of inventory and equipment, care for animals, ensure security, process transactions (including payroll and employee benefits), or facilitate the ability of other workers to work remotely.

Businesses and operations must determine which of their workers are necessary to conduct minimum basic operations and inform such workers of that designation. Businesses and operations must make such designations in writing, whether by electronic message, public website, or other appropriate means. Workers need not carry copies of their designations when they leave the home or place of residence for work.

Any in-person work necessary to conduct minimum basic operations must be performed consistently with the social distancing practices and other mitigation measures described in section 10 of this order.

5. Businesses and operations that employ critical infrastructure workers may continue in-person operations, subject to the following conditions:
  - (a) Consistent with sections 8 and 9 of this order, businesses and operations must determine which of their workers are critical infrastructure workers and inform such workers of that designation. Businesses and operations must make such designations in writing, whether by electronic message, public website, or other appropriate means. Workers need not carry copies of their designations when they leave the home or place of residence for work. Businesses and operations need not designate:
    - (1) Workers in health care and public health.
    - (2) Workers who perform necessary government activities, as described in section 6 of this order.
    - (3) Workers and volunteers described in section 9(d) of this order.
  - (b) In-person activities that are not necessary to sustain or protect life must be suspended until normal operations resume.
  - (c) Businesses and operations maintaining in-person activities must adopt social distancing practices and other mitigation measures to protect workers and patrons, as described in section 10 of this order. Stores that are open to the public must also adhere to the rules described in section 11 of this order.
6. All in-person government activities at whatever level (state, county, or local) that are not necessary to sustain or protect life, or to support those businesses and operations that are necessary to sustain or protect life, are suspended.
  - (a) For purposes of this order, necessary government activities include activities performed by critical infrastructure workers, including workers in law enforcement, public safety, and first responders.
  - (b) Such activities also include, but are not limited to, public transit, trash pick-up and disposal (including recycling and composting), activities necessary to manage and oversee elections, operations necessary to enable transactions that support the work of a business's or operation's critical infrastructure

workers, and the maintenance of safe and sanitary public parks so as to allow for outdoor activity permitted under this order.

- (c) For purposes of this order, necessary government activities include minimum basic operations, as described in section 4(b) of this order. Workers performing such activities need not be designated.
- (d) Any in-person government activities must be performed consistently with the social distancing practices and other mitigation measures to protect workers and patrons described in section 10 of this order.

7. Exceptions.

- (a) Individuals may leave their home or place of residence, and travel as necessary:
  - (1) To engage in outdoor physical activity, consistent with remaining at least six feet from people from outside the individual's household. Outdoor physical activity includes walking, hiking, running, cycling, kayaking, canoeing, or other similar physical activity, as well as any comparable activity for those with limited mobility.
  - (2) To perform their jobs as critical infrastructure workers after being so designated by their employers. (Critical infrastructure workers who need not be designated under section 5(a) of this order may leave their home for work without being designated.)
  - (3) To conduct minimum basic operations, as described in section 4(b) of this order, after being designated to perform such work by their employers.
  - (4) To perform necessary government activities, as described in section 6 of this order.
  - (5) To perform tasks that are necessary to their health and safety, or to the health and safety of their family or household members (including pets). Individuals may, for example, leave the home or place of residence to secure medication or to seek medical or dental care that is necessary to address a medical emergency or to preserve the health and safety of a household or family member (including procedures that, in accordance with a duly implemented nonessential procedures postponement plan, have not been postponed).
  - (6) To obtain necessary services or supplies for themselves, their family or household members, their pets, and their vehicles.
    - (A) Individuals must secure such services or supplies via delivery to the maximum extent possible. As needed, however, individuals may leave the home or place of residence to

purchase groceries, take-out food, gasoline, needed medical supplies, and any other products necessary to maintain the safety, sanitation, and basic operation of their residences. Individuals may also leave the home to drop off a vehicle to the extent permitted under section 9(i) of this order.

- (B) Individuals should limit, to the maximum extent that is safe and feasible, the number of household members who leave the home for any errands.
  - (7) To care for a family member or a family member's pet in another household.
  - (8) To care for minors, dependents, the elderly, persons with disabilities, or other vulnerable persons.
  - (9) To visit an individual under the care of a health care facility, residential care facility, or congregate care facility, to the extent otherwise permitted.
  - (10) To attend legal proceedings or hearings for essential or emergency purposes as ordered by a court.
  - (11) To work or volunteer for businesses or operations (including both religious and secular nonprofit organizations) that provide food, shelter, and other necessities of life for economically disadvantaged or otherwise needy individuals, individuals who need assistance as a result of this emergency, and people with disabilities.
  - (12) To attend a funeral, provided that no more than 10 people are in attendance at the funeral.
- (b) Individuals may also travel:
- (1) To return to a home or place of residence from outside this state.
  - (2) To leave this state for a home or residence elsewhere.
  - (3) Between two residences in this state, through April 10, 2020. After that date, travel between two residences is not permitted.
  - (4) As required by law enforcement or a court order, including the transportation of children pursuant to a custody agreement.
- (c) All other travel is prohibited, including all travel to vacation rentals.
8. For purposes of this order, critical infrastructure workers are those workers described by the Director of the U.S. Cybersecurity and Infrastructure Security Agency in his guidance of March 19, 2020 on the COVID-19 response (available

[here](#)). This order does *not* adopt any subsequent guidance document released by this same agency.

Consistent with the March 19, 2020 guidance document, critical infrastructure workers include some workers in each of the following sectors:

- (a) Health care and public health.
  - (b) Law enforcement, public safety, and first responders.
  - (c) Food and agriculture.
  - (d) Energy.
  - (e) Water and wastewater.
  - (f) Transportation and logistics.
  - (g) Public works.
  - (h) Communications and information technology, including news media.
  - (i) Other community-based government operations and essential functions.
  - (j) Critical manufacturing.
  - (k) Hazardous materials.
  - (l) Financial services.
  - (m) Chemical supply chains and safety.
  - (n) Defense industrial base.
9. For purposes of this order, critical infrastructure workers also include:
- (a) Child care workers (including workers at disaster relief child care centers), but only to the extent necessary to serve the children or dependents of workers required to perform in-person work as permitted under this order. This category includes individuals (whether licensed or not) who have arranged to care for the children or dependents of such workers.
  - (b) Workers at suppliers, distribution centers, or service providers, as described below.
    - (1) Any suppliers, distribution centers, or service providers whose continued operation is necessary to enable, support, or facilitate another business's or operation's critical infrastructure work may designate their workers as critical infrastructure workers, provided

that only those workers whose in-person presence is necessary to enable, support, or facilitate such work may be so designated.

- (2) Any suppliers, distribution centers, or service providers whose continued operation is necessary to enable, support, or facilitate the necessary work of suppliers, distribution centers, or service providers described in subprovision (1) of this subsection may designate their workers as critical infrastructure workers, provided that only those workers whose in-person presence is necessary to enable, support, or facilitate such work may be so designated.
  - (3) Consistent with the scope of work permitted under subprovision (2) of this subsection, any suppliers, distribution centers, or service providers further down the supply chain whose continued operation is necessary to enable, support, or facilitate the necessary work of other suppliers, distribution centers, or service providers may likewise designate their workers as critical infrastructure workers, provided that only those workers whose in-person presence is necessary to enable, support, or facilitate such work may be so designated.
  - (4) Suppliers, distribution centers, and service providers that abuse their designation authority under this subsection shall be subject to sanctions to the fullest extent of the law.
- (c) Workers in the insurance industry, but only to the extent that their work cannot be done by telephone or remotely.
  - (d) Workers and volunteers for businesses or operations (including both religious and secular nonprofit organizations) that provide food, shelter, and other necessities of life for economically disadvantaged or otherwise needy individuals, individuals who need assistance as a result of this emergency, and people with disabilities.
  - (e) Workers who perform critical labor union functions, including those who administer health and welfare funds and those who monitor the well-being and safety of union members who are critical infrastructure workers, provided that any administration or monitoring should be done by telephone or remotely where possible.
  - (f) Workers at retail stores who sell groceries, medical supplies, and products necessary to maintain the safety, sanitation, and basic operation of residences, including convenience stores, pet supply stores, auto supplies and repair stores, hardware and home maintenance stores, and home appliance retailers.
  - (g) Workers at laundromats, coin laundries, and dry cleaners.

- (h) Workers at hotels and motels, provided that the hotels or motels do not offer additional in-house amenities such as gyms, pools, spas, dining, entertainment facilities, meeting rooms, or like facilities.
  - (i) Workers at motor vehicle dealerships who are necessary to facilitate remote and electronic sales or leases, or to deliver motor vehicles to customers, provided that showrooms remain closed to in-person traffic.
10. Businesses, operations, and government agencies that continue in-person work must adhere to sound social distancing practices and measures, which include but are not limited to:
- (a) Developing a COVID-19 preparedness and response plan, consistent with recommendations in Guidance on Preparing Workplaces for COVID-19, developed by the Occupational Health and Safety Administration and available [here](#). Such plan must be available at company headquarters or the worksite.
  - (b) Restricting the number of workers present on premises to no more than is strictly necessary to perform the business's, operation's, or government agency's critical infrastructure functions or its minimum basic operations.
  - (c) Promoting remote work to the fullest extent possible.
  - (d) Keeping workers and patrons who are on premises at least six feet from one another to the maximum extent possible.
  - (e) Increasing standards of facility cleaning and disinfection to limit worker and patron exposure to COVID-19, as well as adopting protocols to clean and disinfect in the event of a positive COVID-19 case in the workplace.
  - (f) Adopting policies to prevent workers from entering the premises if they display respiratory symptoms or have had contact with a person with a confirmed diagnosis of COVID-19.
  - (g) Any other social distancing practices and mitigation measures recommended by the CDC.
11. Any store that remains open for in-person sales under section 5 or 9(f) of this order must:
- (a) Establish lines to regulate entry in accordance with subsections (c) and (d) of this section, with markings for patrons to enable them to stand at least six feet apart from one another while waiting. Stores should also explore alternatives to lines, including by allowing customers to wait in their cars for a text message or phone call, to enable social distancing and to accommodate seniors and those with disabilities.

- (b) Consider establishing curbside pick-up to reduce in-store traffic and mitigate outdoor lines.
  - (c) For stores of less than 50,000 square feet of customer floor space, limit the number of people in the store (including employees) to 25% of the total occupancy limits established by the State Fire Marshal or a local fire marshal.
  - (d) For stores of more than 50,000 square feet:
    - (1) Limit the number of customers in the store at one time (excluding employees) to 4 people per 1,000 square feet of customer floor space. The amount of customer floor space must be calculated to exclude store areas that are closed under subprovision (2) of this subsection.
    - (2) Close areas of the store—by cordoning them off, placing signs in aisles, posting prominent signs, removing goods from shelves, or other appropriate means—that are dedicated to the following classes of goods:
      - (A) Carpet or flooring.
      - (B) Furniture.
      - (C) Garden centers and plant nurseries.
      - (D) Paint.
    - (3) By April 13, 2020, refrain from the advertising or promotion of goods that are not groceries, medical supplies, or items that are necessary to maintain the safety, sanitation, and basic operation of residences.
    - (4) Create at least two hours per week of dedicated shopping time for vulnerable populations, which for purposes of this order are people over 60, pregnant women, and those with chronic conditions like heart disease, diabetes, and lung disease.
  - (e) The director of the Department of Health and Human Services is authorized to issue an emergency order varying the capacity limits described in subsections (c) and (d) of this section as necessary to protect the public health.
12. No one shall advertise or rent a short-term vacation property except as necessary to assist in housing a health care professional or volunteer aiding in the response to the COVID-19 crisis.
13. Nothing in this order should be taken to supersede another executive order or directive that is in effect, except to the extent this order imposes more stringent limitations on in-person work, activities, and interactions. Consistent with prior

guidance, a place of religious worship, when used for religious worship, is not subject to penalty under section 17 of this order.

14. Nothing in this order should be taken to interfere with or infringe on the powers of the legislative and judicial branches to perform their constitutional duties or exercise their authority.
15. This order takes effect on April 9, 2020 at 11:59 pm and continues through April 30, 2020 at 11:59 pm. When this order takes effect, Executive Order 2020-21 is rescinded. All references to that order in other executive orders, agency rules, letters of understanding, or other legal authorities shall be taken to refer to this order.
16. I will evaluate the continuing need for this order prior to its expiration. In determining whether to maintain, intensify, or relax its restrictions, I will consider, among other things, (1) data on COVID-19 infections and the disease's rate of spread; (2) whether sufficient medical personnel, hospital beds, and ventilators exist to meet anticipated medical need; (3) the availability of personal protective equipment for the health-care workforce; (4) the state's capacity to test for COVID-19 cases and isolate infected people; and (5) economic conditions in the state.
17. Consistent with MCL 10.33 and MCL 30.405(3), a willful violation of this order is a misdemeanor.

Given under my hand and the Great Seal of the State of Michigan.



Date: April 9, 2020

Time: 2:07 pm

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GRETCHEN WHITMER  
GOVERNOR

By the Governor:

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SECRETARY OF STATE

# How to Protect Yourself and Others

## Know how it spreads



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

## Everyone should

### Clean your hands often

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

### Avoid close contact

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



CS 316291A 04/11/2020

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

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

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

## Cover coughs and sneezes

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

## Clean and disinfect

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- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.



# Guidance on Preparing Workplaces for COVID-19



## **Occupational Safety and Health Act of 1970**

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist

employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act’s General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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

# Guidance on Preparing Workplaces for COVID-19

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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](http://www.cdc.gov/coronavirus/2019-ncov).

The OSHA COVID-19 webpage offers information specifically for workers and employers: [www.osha.gov/covid-19](http://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. 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/](https://www.cdc.gov/coronavirus/2019-ncov/)

*Medium exposure risk*

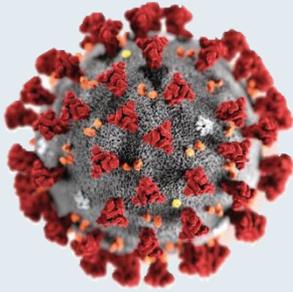
*jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) other*

[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](http://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](https://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](https://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](http://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](https://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](http://www.osha.gov/SLTC/etools/respiratory). Also see NIOSH respirator guidance at: [www.cdc.gov/niosh/topics/respirators](http://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](http://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](http://www.cdc.gov/niosh/docs/2005-100/default.html) or the OSHA “Respiratory Protection

eTool” at [www.osha.gov/ SLTC/etools/respiratory](http://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](http://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](http://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](http://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](https://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](https://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](http://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](https://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

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](http://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](http://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](https://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](https://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](http://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](http://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](http://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](http://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](http://www.osha.gov/covid-19)), which also provides links to the latest:

- CDC travel warnings:  
[www.cdc.gov/coronavirus/2019-ncov/travelers](http://www.cdc.gov/coronavirus/2019-ncov/travelers)
  - U.S. Department of State (DOS) travel advisories: [travel.state.gov](http://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](http://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](http://www.osha.gov)
- Centers for Disease Control and Prevention  
website: [www.cdc.gov](http://www.cdc.gov)
- National Institute for Occupational Safety and  
Health website: [www.cdc.gov/niosh](http://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](http://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](http://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](https://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](http://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](http://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](http://www.osha.gov/publications) and [www.osha.gov/ebooks](http://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](http://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](http://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](http://www.osha.gov) or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

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





U.S. Department of Labor

For more information:



[www.osha.gov](http://www.osha.gov) (800) 321-OSHA (6742)