



2020 Return to Work and Recovery Guide

Mitigation Plan
Post-COVID-19



Center for Industrial Services
INSTITUTE *for* PUBLIC SERVICE

Table of Contents

3	Legal disclaimer	29	Steps to Correctly Wear a Respirator at Work
3	Helpful Links	30	Eye and Face Protection
5	Returning to Work After Safer at Home Restrictions are Lifted	31	Safe Glove Removal
5	Operations Restart/ Reintegration Team	31	COVID-19 Mitigation Overview
7	Preemptive Actions: Before Work Resumes	33	Recommendations: Disinfectant and PPE Supplies
9	Preparatory Cleaning	34	Employee Responsibility: Prevention & Disinfection
10	Return to Work Cleaning Checklist	35	Social Distancing
11	Cleaning Procedures	37	COVID-19 Self-Assessment Questionnaire
14	Protecting Your At-Risk Employees	39	Workplace COVID-19 Monitoring and Detection
16	Risk Assessment Tool	41	Responding to a Confirmed COVID-19 Case in the Workplace
22	EEOC and ADA Information	44	The Importance of Supply Chain Disruption Planning
23	COVID-19 First Steps to Reopening High-Level Checklist		
27	Respiratory Protection		
28	What Type of Mask Do I need?		

Purpose and Overview

In an effort to provide extended support to a variety of public and private sector organizations and agencies, the University of Tennessee Center for Industrial Services (UT CIS) has developed this reference guide to assist you as you maintain, resume or restart operations.

UT CIS's guide is based upon COVID-19 Best Practices, as recommended by the Centers for Disease Control & Prevention (CDC), the Occupational Safety & Health Administration (OSHA), The Tennessee Department of Health, and other Governmental Regulations & Guidelines as described in this document.

This plan is available to any and all that seek direction on employees return to work and the resumption of operations. In addition, UT CIS Staff will be made available to answer any questions remotely within their areas of expertise.

Other key resources will be made available to support individual manufacturers with the development of customized plans.

Please reach out to us if you have questions or need assistance.

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Legal disclaimer

The purpose of this document is to recommend/suggest ideas that you may wish to consider as businesses, manufacturers and other organizations moves towards reopening in the aftermath of the COVID-19 pandemic.

Please keep in mind that there is no ‘one size fits all’ scenario.

Before you chose to implement any of the ideas suggested in this document you must evaluate and determine, with the assistance of your legal counsel, accounting and human resource teams, the legality and effectiveness of the potential application captured in this document.

As the overall intent of this document is to provide suggested ideas for your independent consideration only; UT CIS accepts no responsibility for any result or circumstance arising from or related to your decision to ‘use or not use’ any idea submitted herein.

This is to be considered a ‘living’ document which is subject to revision or further developments as they arise.

This document is based on a collaborative effort by sister agencies of the MEP National Network, UT CIS and other agencies and organizations

Helpful Links

Workplace/Employee Recommendations:

- CDC Environmental Cleaning and Disinfection Recommendations
- OSHA Guidance on Preparing Workplaces for COVID-19
- Key OSHA standards for COVID-19
- U.S. Chamber of Commerce Foundation: Workplace Tips for Employees
- State of Tennessee COVID-19 Jobs & Hiring Portal
- Fabricators & Manufacturers Association (FMA) COVID-19 Resources
- Employee Rights – Paid Sick Leave and Expanded Family And Medical Leave Under the Families First Coronavirus Response Act

National Association of Manufacturers:

- NAM’s Coronavirus Resources
- NAM’s COVID-19 Policy Action Plan

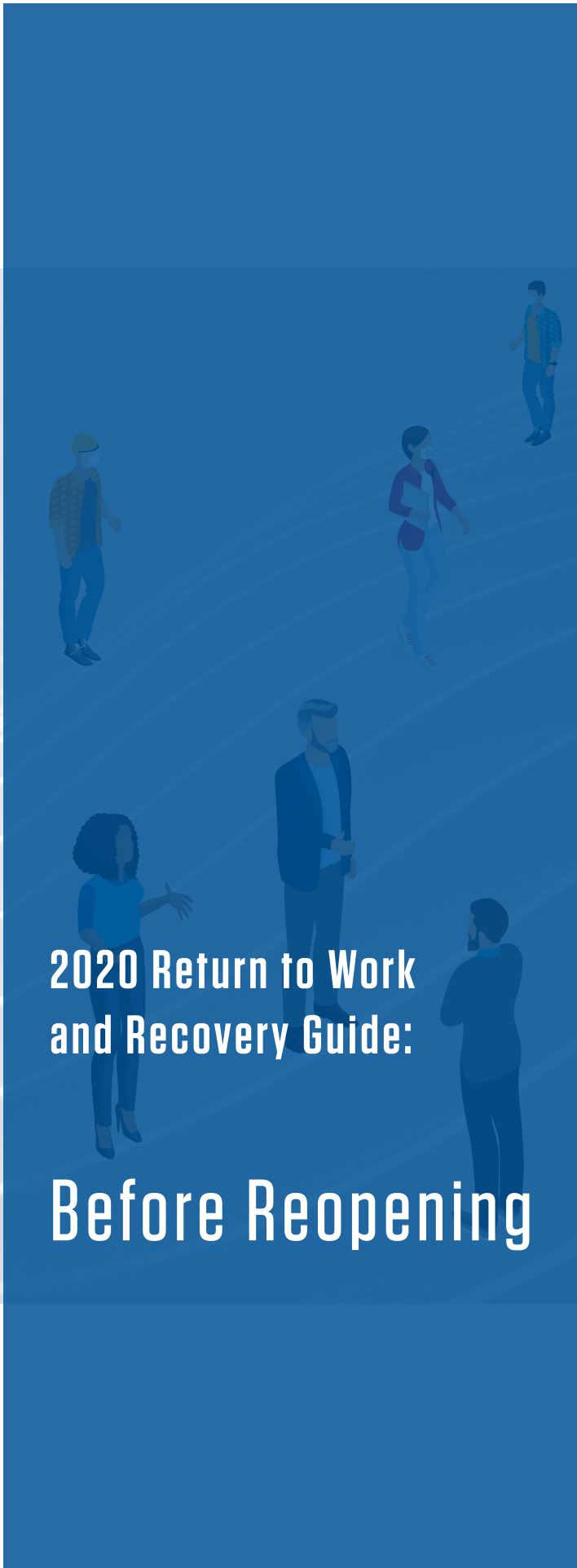
- NAM’s Response to Senate letter to business groups
- NAM’s Request for Guidance from the CDC
- NAM Member Coronavirus Survey Results

Food Manufacturing Precautions

- FDA Food Safety & COVID-19
- FDA Coronavirus (COVID-19) Supply Chain Update
- USDA Specific FAQ’s
- List of Products that Meet EPA’s Criteria for Use Against SARS-CoV-2, the cause of COVID-19
- CDC Meat and Poultry Processing Workers and Employers Interim Guidance

ESSENTIAL CRITICAL INFRASTRUCTURE

- Identification of Essential Critical Infrastructure Workers During Covid-19 Response



**2020 Return to Work
and Recovery Guide:**

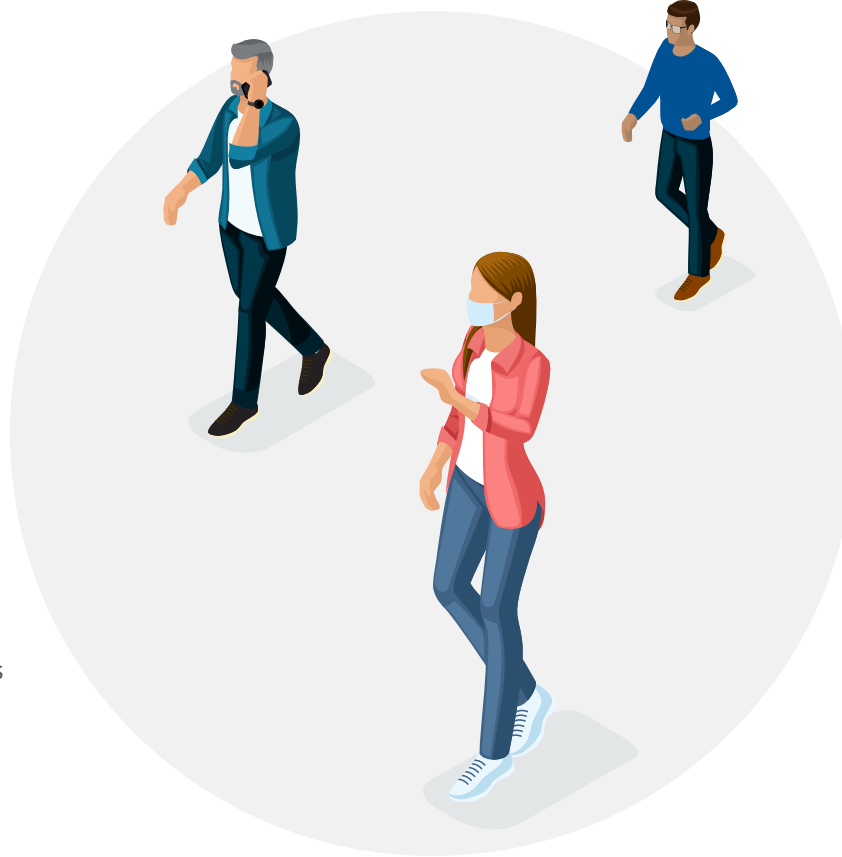
Before Reopening

Returning to Work After Safer at Home Restrictions are Lifted

Returning employees to work must be a planned process. Reintegration of the workforce will not necessarily be a simple procedure. There are a number of variables which should be considered and planned for before employees return to work. A contingency plan should be developed, and at a minimum address these potential issues:

- Plan to monitor and respond to absenteeism at the workplace, whether it is attributable to employee illness, care for sick family members, lack of childcare or in some cases fear
- 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



Operations Restart/Reintegration Team (OR/RT)

To properly execute a mitigation, recovery, and response plan, it is in the best interest of your organization to establish a team of individuals or supervisors that will be given authority to make decisions. The work of such a team is unique in that its actions will be Preemptive (Preparation of the workplace and workers for restart), Operational (ongoing procedures and practices for maintaining a healthy workplace) and Response (organizational reaction to sick workers or Persons under Investigation.)

While not essential, operation of such a team could provide your organization an opportunity to either initiate, enhance, or reinforce use of the National Incident Management System (NIMS) model of crisis management. This system is widely used in

both public and private sector organizations, and is an effective, widely used model to cope with problem solving and resource allocation issues in abnormal operating environments. Regardless of the format you choose, it is essential that the OR/RT incorporate the talents of all aspects of the workforce.

During the return to work period, focus on monitoring employees, sanitation of the facility and equipment and other essential duties described throughout this plan.

Operational Elements of the OR/RT

The **Operations Restart/Reintegration Team (OR/RT)** is a cross-functional team lead by organizational management and consisting of the following proposed functions:

Employee Access Control

Manages social distancing logistics regarding arriving and departing shifts, visitors and contractors.

Infective Agent Prevention & Protocols

Works to develop protocols to ensure the wellness of all employees, and the overall preparedness and response plan.

PPE & Materials

Works to secure all necessary supplies to implement and sustain the preparedness & response plan.

Sanitation & Disinfection

Works to manage daily and periodic disinfection logistics, including routine and deep cleaning, and disinfection processes.

Communication & Training

Works to manage all pandemic-related communications and manages the training related to COVID-19 recovery, preparedness and response.

Employee Access Control

Manages social distancing logistics regarding arriving and departing shifts, visitors and contractors.

Operational Elements of the Rapid Response Team

A Rapid Response Team responds to instances of employees testing positive for COVID-19 (or other infectious diseases) or Persons Under Investigation (PUI). The RRT also performs emergency/urgent deep cleaning and disinfection of areas used by these employees.



Preemptive Actions: Before Work Resumes | Job Hazard Analysis

In general terms, Preemptive Actions are taken to prepare the workplace (and workers) for the return to operations. Depending on the worksite and the nature of the activities performed there this may be either a reasonably straight-forward or potentially a very involved process. At the very least, employers must be able to assure returning workers that the workplace has been sanitized, and procedures have been developed to try to keep them healthy and safe. A good starting point is to perform a Job Hazard Analysis, or JHA with an Infection Prevention and Control Emphasis.

OSHA requires employers to conduct a Personal Protective Equipment hazard assessment to determine if hazards are present which necessitate the use of personal protective equipment (PPE.) This requirement may be found in the OSHA standards at 29 CFR Part 1910.132(d)(1) and (d)(2). The standard also requires you to document or certify that you have done this assessment. The respiratory protection standard at 29 CFR Part 1910.134(c)

(1) requires employers to establish a respiratory protection program whenever respirators are necessary to protect the health of the employee OR whenever respirators are required by the employer.

Another type of assessment or analysis is the Job Hazard Analysis (JHA) which is the process of taking a close, critical look at each step of a process or operation with an eye toward identifying and correcting the hazards or potential accidents in each step. OSHA does not require a JHA, but it is a simple technique which creates a “buy-in” on the part of people doing the job and ensures that they will do the job the same way....and safely.... each time.

OSHA defines a hazard as “the potential for harm.” They define a JHA as “a technique that focuses on job tasks as a way to identify hazards before they occur. It focuses on the relationship between the worker, the task, the tools, and the work environment. Ideally, after you identify uncontrolled hazards, you will take steps to eliminate or reduce them to an acceptable risk level.”

In assessing potential hazards, employers should consider if and when their workers may encounter someone infected with SARS-CoV-2 in the course of their duties. Employers should also determine if workers could be exposed to environments (e.g., work sites) or materials (e.g., laboratory samples, waste) contaminated with the virus.

Depending on the work setting, employers may also rely on the identification of sick individuals who have signs, symptoms, and/or a history of travel to COVID-19-affected areas, to help identify exposure risks for workers and implement appropriate control measures. It is also possible that someone may have been in close contact (within about 6 feet) with someone with COVID-19 in their community and, thus, may have had exposure. The Control and Prevention page provides guidance for controlling risks for worker exposures.

Where Do I Start?

1. **Involve your employees.** OSHA says, “Involving employees will help minimize oversights, ensure a quality analysis, and get workers to “buy in” to the solutions because they will share ownership in their safety and health program.”
2. **Review your accident history.** Have you had anyone contract this virus? If so, where, how, when?
3. **Conduct a preliminary job review.** OSHA says, “Discuss with your employees the hazards they know exist in their current work and surroundings. Brainstorm with them for ideas to eliminate or control those hazards.”
4. **List, rank, and set priorities for hazardous jobs.** OSHA has prepared this document to help you identify worker exposure risk to covid-19. <https://www.osha.gov/Publications/OSHA3993.pdf> We have also copied the information below in the section “Hazard Recognition.” OSHA publication 3990 goes into more detail about what you need to do to protect your workers, based on the risk exposure classification. The guidance begins on page 20 of this OSHA document: <https://www.osha.gov/Publications/OSHA3990.pdf>
5. **Outline the steps or tasks.** OSHA says, “When beginning a job hazard analysis, watch the employee perform the job and list each step as the worker takes it. Be sure to record enough information to describe each job action without getting overly detailed. Avoid making the breakdown of steps so detailed that it becomes unnecessarily long or so broad that it does not include basic steps. You may find it valuable to get input from other workers who have performed the same job. Later, review the job steps with the employee to make sure you have not omitted something. Point out that you are evaluating the job itself, not the employee’s job performance. Include the employee in all phases of the analysis—from reviewing the job steps and procedures to discussing uncontrolled hazards and recommended solutions.”

As you perform the JHA, ask:

- What can go wrong?
- What are the consequences?
- How could it happen?
- What are other contributing factors?
- How likely is it that the hazard will occur?

OSHA says once you have performed the JHA for a job then, “consider what control methods will eliminate or reduce them. The most effective controls are engineering controls that physically change a machine or work environment to prevent employee exposure to the hazard. The more reliable or less likely a hazard control can be circumvented, the better. If this is not feasible, administrative

controls may be appropriate. This may involve changing how employees do their jobs. Discuss your recommendations with all employees who perform the job and consider their responses carefully. If you plan to introduce new or modified job procedures, be sure they understand what they are required to do and the reasons for the changes.”

Source: OSHA Publication 3071 “Job Hazard Analysis.” 2002.
Retrieved from: <https://www.osha.gov/Publications/osha3071.pdf>

Preparatory Cleaning

If a facility has been vacant for over 7-days, the need for a deep clean is minimized. The longest the COVID-19 virus can live on a hard or soft surface is 5-days. If a facility has not been closed and/or vacant for 7-days, the company or an external professional service must perform an extensive deep cleaning.

A “regular cleaning,” is going to include the things you would do on a weekly basis. A regular clean is designed to help maintain a certain level of cleanliness around your facility. Deep cleaning is generally a more involved, detailed process. For the purpose of this document, a “deep clean” is a more

comprehensive cleaning process using equipment and more aggressive cleaning solutions than are seen in routine cleaning.

Regardless of the level of cleaning you select, remember there is value in being able to assure returning employees that their workplace is starting clean. This not only helps to establish your baseline of how cleanliness must be addressed, but may also help reduce anxieties workers may have about returning to public settings following protracted periods of limited social contact. **The chart below demonstrates how long the virus can live on different types of surfaces.**



Return to Work Simple Cleaning Checklist



Cleaning crew received training about the disinfection method and frequency



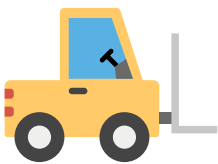
10% chlorine bleach solution (sodium hypochlorite solution) made daily or other EPA-approved disinfectant, used when appropriate



Cleaning conducted on all common work surfaces, offices, and conference rooms



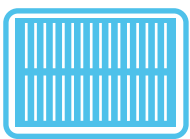
Cleaning conducted in break areas (dispensers, vending machines, etc.)



Cleaning conducted in all company vehicles and equipment



Cleaning conducted on floors, walls, multi-use areas, and restrooms



Clean, disinfect or replace HVAC filters



Social distancing protocol in place to prevent close proximity of employees including one-way paths

Cleaning Procedures

In broad terms, the sanitizing process consists of two phases: cleaning and disinfection.

- Cleaning and Disinfection measures need to be put in place and implemented (either) as part of the new routine – or scheduled to disinfect workplace surfaces, chairs, tables, etc. to protect employees.
- Schedule complete sanitization and disinfection of facilities
- Deep cleaning and disinfection will be automatically triggered when/if an active employee tests positive for COVID-19 by a medical doctor or if a Person Under Investigation (PUI) for COVID-19 is identified.

Deep cleaning may be carried out by either internal resources or an external, service. The CDC document “Cleaning and Disinfecting Your Facility” provides useful guidance on how this important task can be accomplished. The following procedures are adapted from that guide.

Cleaning

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- Practice routine cleaning of frequently touched surfaces.
 - More frequent cleaning and disinfection may be required based on level of use.
 - Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- High touch surfaces include:
 - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfection

- Recommend use of EPA Registered Disinfectants: follow the instructions on the label to ensure safe and effective use of the product.
- Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- Diluted household bleach solutions may also be used if appropriate for the surface.
 - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
 - Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Follow manufacturer’s instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
- Leave solution on the surface for at least one minute.
- Alcohol solutions with at least 70% alcohol may also be used.

**To make a bleach solution, mix
5 tablespoons (1/3rd cup) bleach
per gallon of water
- OR -
4 teaspoons bleach per quart of water**

**Bleach solutions will be effective for
disinfection up to 24 hours.**

Soft surfaces

For soft surfaces such as carpeted floor, rugs, and drapes

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely - OR-
- Disinfect with an EPA-registered household

disinfectant. These disinfectants meet EPA's criteria for use against COVID-19.

Electronics

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- Consider putting a wipeable cover on electronics.
- Follow manufacturer's instruction for cleaning and disinfecting.
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Do not shake dirty laundry.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

Vehicles

- Vehicles should be routinely and thoroughly cleaned before work resumes, placed on a cleaning schedule, and disinfected immediately following transport of a worker who is a Person Under Investigation (PUI) or has been confirmed to be COVID-19 positive
- Don appropriate PPE including respiratory protection, eye/splash protection, impervious bodywear (gown or coverall) and gloves
- Move vehicle to outdoors or other ventilated area
- Remove portable equipment to clean and sanitize separately
- Use an EPA approved disinfectant to clean all visible interior surfaces:
 - Control panels
 - Seats
 - Steering wheel
 - Seatbelts
 - Interior door handles
 - Keyboards
 - Cell phones, radios



- Headsets
- Sweep the vehicle floor to remove debris, mop and clean with approved disinfectant
- Wipe down exterior door and compartment handles
- Clean any other potentially contaminated areas with disinfectant
- Doff PPE, wash hands thoroughly

HVAC Systems

- HVAC filters must be cleaned and disinfected or replaced
- Pay particular attention to cleaning and disinfection of grills, registers, outlets and air intakes

After the cleaning and disinfection process is complete, document and implement the new "Clean Baseline"

Before operations resume, each employee shall be informed of the following:

- How the initial cleaning was completed
- How to protect oneself on a daily basis
- How to clean each workspace throughout the day
- Protocol for an employee testing positive for COVID-19

Training for Cleaning Operations

Whether internal or external, cleaning personnel must be properly trained and equipped to execute the process of cleaning, disinfection and disposal of hazardous waste. At a minimum, they must have:

- Proper equipment and PPE to perform the task
- All necessary procedures and local authorizations or permits to perform disinfection services and manage any wastes generated.
- Training in safe use of approved COVID-19 disinfectant chemicals
- Training in the proper selection and use of PPE and related cleaning equipment

While cleaning, employees or professional cleaning service must wear:

- Respiratory Protection, N95 or alternative classes of NIOSH approved respirators (OSHA N95 Guidance)
- Eye Protection such as safety glasses or face splash shields
- Disposable gloves made out of latex, nitrile or vinyl
- Disposable gowns

Personal Protective Equipment (PPE)

Conducting operations in a pandemic environment may necessitate use of PPE beyond the scope of what has been historically (pre-pandemic) used. OSHA has specific requirements for Employers and Employees regarding the use of PPE. OSHA requirements 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 when job hazards warrant it.
 - When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard [\(29 CFR 1910.134\)](#)

The table below details what PPE is needed according to the employee's role.

	N95 or Alternative NIOSH-Approved Respirator	Face Splash Shield or Goggles	Gloves (Latex, Nitrile, Vinyl)	Disposable Gowns
Deep Cleaning Staff	X		X	X
On-Site Screening Team	X	X	X	X
First Responders	X	X	X	X
Broad Exposure Employees*	X			
Employees Working Closer Than Six Feet	X		X	

Protecting Your At-Risk Employees

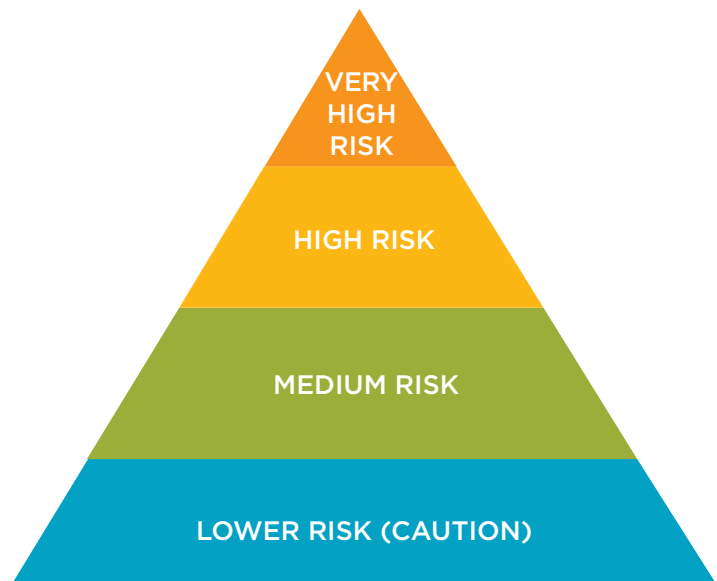
Many workers, even those who do not encounter infectious people in the course of their job duties, have similar exposure risks as the general American public during a pandemic. Other workers are at increased risk of exposure to SARS-CoV-2 while on the job.

What is the risk to workers in the United States? The risks from SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), for workers depends on how extensively the virus spreads between people; the severity of resulting illness; pre-existing medical conditions workers may have; and the medical or other measures available to control the impact of the virus and the relative success of these measures. The U.S. Centers for Disease Control and Prevention (CDC) provides detailed information about this topic.

According to the CDC, certain people, including older adults and those with underlying conditions such as heart or lung disease or diabetes, are at higher risk for developing more serious complications from COVID-19.

Classifying Risk of Worker Exposure to SARS-CoV-2
Worker risk of occupational exposure to SARS-CoV-2 during a pandemic may depend in part on the industry type and the need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2. Other factors, such as conditions in communities where employees live and work, their activities outside of work (including travel to COVID-19-affected areas), and individual health conditions, may also affect workers' risk of getting COVID-19 and/or developing complications from the illness.

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk, as shown in the occupational risk pyramid, below. The four exposure risk levels represent the probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.



Lower Exposure Risk (Caution)

Jobs that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.
- Manufacturing and industrial facility workers who do not have frequent close contact with coworkers, customers, or the public.
- Healthcare workers providing only telemedicine services.
- Long-distance truck drivers.

Medium Exposure Risk

Jobs that require frequent/close contact with people who may be infected, but who are not known to have or suspected of having COVID-19. Workers in this category include:

- Those who may have frequent contact with travelers who return from international locations with widespread COVID-19 transmission.
- Those who may have contact with the general public (e.g., in schools, high population density work environments, and some high-volume retail settings).

High Exposure Risk

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Workers in this category include:

- Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.

Very High Exposure Risk

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 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 are suspected of having, COVID-19 at the time of their death.

Job Duties Affect Workers' Exposure Risk Levels

As workers' job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Additional examples of workers who may have increased risk of exposure to SARS-CoV-2 include those in:

- Other types of healthcare positions (including pre-hospital and medical transport workers, allied

- medical care professionals, and support staff)
- Emergency response (e.g., emergency medical services workers, firefighters, and law enforcement officers)
- Other postmortem care positions (e.g., funeral directors)
- Research or production laboratory workers
- Airline operations
- Retail operations, particularly those in critical and/or high-customer-volume environments
- Border protection and transportation security
- Correctional facility operations
- Solid waste and wastewater management
- Environmental (i.e., janitorial) services
- In-home repair services
- Travel to areas where the virus is spreading
- Pastoral, social, or public health workers in jobs requiring contact with community members who may spread the virus
- Transit and delivery drivers, depending on their degree of close contacts with the public

This list is not intended to be comprehensive, and employers should always rely on thorough hazard assessments to identify if and when their workers are at increased risk of exposure to the virus on the job (Source: OSHA SLTC).



The risk assessment tool is to be used by employers and businesses when making decisions about operations and employee and customer safety during the COVID-19 outbreak.

The purpose of the assessment is to provide a framework for businesses/employers to make risk-informed decisions about the operations of their businesses.

For the purposes of this document, “importance consideration” refers to a scenario that may occur in a business and “risk mitigation strategy” refers to steps that employers/business owners should take to reduce the risk of exposure and protect the health of employees, customers, and visitors.

Risk Consideration	Risk Mitigation Strategy	Importance Level
<p>What % of your employees are at a higher risk for serious illness, such as older adults (65 and older) or people with chronic medical conditions?</p>	<ul style="list-style-type: none"> • Employees with COVID-19 symptoms (i.e., fever, cough, or shortness of breath) should be advised to stay home; • Emphasize and post communication about risk to staff/clients. • Encourage the use of individual measures such as frequent hand hygiene, social distancing, respiratory etiquette and staying home when ill. • Consider minimizing face-to-face contact between these employees or assign work tasks that allow them to maintain a distance of six feet from other workers, customers and visitors, or to telework if possible. 	<p>HIGH</p>
<p>Have employees recently traveled or attended an identified risk setting (e.g., conference where cases were known to be present)?</p>	<ul style="list-style-type: none"> • The United States Department of State has initiated a Level 4 Global Travel Advisory. This advisory discourages United States citizens from all international travel. International business travel should be suspended until further notice. • Domestic travel should be limited and destinations where COVID-19 is spreading rapidly should be avoided. Non-essential business travel should be avoided. • If an employee has had close contact with another person who has been diagnosed with COVID-19 while traveling, the exposed employee should quarantine at home for 14 days. 	<p>HIGH</p>

Risk Consideration	Risk Mitigation Strategy	Importance Level
<p>Has an employee tested positive for COVID-19?</p>	<ul style="list-style-type: none"> • If an employee tests positive for COVID-19, close contacts of the employee should be notified, but the identity of the person who may have exposed them should not be shared. • Return to work guidance for an employee diagnosed with COVID-19 that does not work in a healthcare setting: • Stay home for at least seven days after you are tested AND wait until the employee is fever free for 72 hours • After encouraging the employee to follow the isolation guidelines and consulting with your employee about their condition, the employee may go back to work. • If an employee has had close contact with another employee who has been diagnosed with COVID-19, the exposed employee should quarantine at home for 14 days. • If an employee did not have close contact with their coworker, they do not need to be sent home but should continue to closely monitor for symptoms. • Employers should practice proper cleaning and sanitizing, especially if an employee has tested positive for COVID-19. 	<p>HIGH</p>
<p>Has a household member or close contact of an employee tested positive for COVID-19?</p>	<ul style="list-style-type: none"> • Because exposure is considered to be ongoing within the house, household contacts of persons with COVID-19 must be quarantined for 14 days after the case has been released from isolation. This means that household contacts will need to remain at home longer than the initial case. The symptoms may appear in as few as two days or as long as 14 days after exposure. • Employers should be practicing proper cleaning and sanitizing, especially if a customer or close contact of an employee has tested positive for COVID-19 	<p>HIGH</p>

Risk Consideration	Risk Mitigation Strategy	Importance Level
<p>Are clients/customers at greater risk of spreading the disease?</p>	<ul style="list-style-type: none"> • Consideration should be given to modifying service delivery (e.g., reducing number of clients using services at the same time, providing services outdoors) and promoting use of individual measures such as frequent hand hygiene, social distancing, respiratory etiquette. • Perform routine environmental cleaning and disinfection. 	<p>MEDIUM</p>
<p>Does your business/workplace provide life-sustaining services?</p>	<p>If your business is life sustaining:</p> <ul style="list-style-type: none"> • Adjust workplace policies and procedures to reduce social contact, such as teleworking arrangements, flexible hours, staggering start times, use of email and teleconferencing. • Review and revise, as needed, your business continuity plans to prioritize key functions in the event of high workplace absenteeism. 	<p>HIGH</p>
<p>Will employees/clients be participating in activities that promote virus transmission?</p>	<ul style="list-style-type: none"> • Encourage employees to practice social distancing. This means maintaining at least 6 feet between employees during all interactions, including lunch, employee trainings, and other workplace events. • Use videoconferencing or teleconferencing for work-related meetings and gatherings when possible. Large in-person meetings and gatherings should be canceled or postponed if videoconferencing or teleconferencing is not available. 	<p>HIGH</p>

Risk Consideration	Risk Mitigation Strategy	Importance Level
<p>Is your workplace/business in a geographically remote area or a densely populated area?</p>	<ul style="list-style-type: none"> Life sustaining businesses that operate in public spaces and/or urban centers can consider modifying service delivery/hours. Encourage employees/clients to take public transit at non-peak times or to use a personal vehicle if possible 	<p>MEDIUM</p>
<p>How do employees, customers and visitors primarily access your workplace/business (e.g., public transit, personal car)?</p>	<ul style="list-style-type: none"> Encourage employees/customers to take public transit at non-peak times or to use a personal vehicle if possible. 	<p>MEDIUM</p>
<p>Does your workplace have a continuity plan for times of emergencies?</p>	<ul style="list-style-type: none"> Create a workplace continuity plan for emergencies, continually review and revise as needed. Plan for high rates of absenteeism and disruptions in key functions of operations. Update emergency contact information of employees and contractors 	<p>HIGH</p>
<p>Does your workplace have existing environmental cleaning procedures? Do they align with the Centers for Disease Control guidance?</p>	<ul style="list-style-type: none"> Enhance your environmental cleaning procedures and protocols with special attention to high touch services and objects (elevator buttons, counters, door handles, etc.) Ensure that proper sanitizing is taking place. The CDC guidance can be found here. 	<p>HIGH</p>
<p>How will staff absenteeism impact your operations?</p>	<ul style="list-style-type: none"> Prepare and have a plan to institute flexible workplace and leave policies for employees who are sick, in self-isolation, or caring for family members. 	<p>HIGH</p>

Risk Consideration	Risk Mitigation Strategy	Importance Level
<p>Will employees or customers be participating in activities that could lead to potential exposure?</p>	<ul style="list-style-type: none"> Reinforce social distancing measures (avoid handshakes, maintain 6 feet distance between others) Avoid sharing communal office supplies and equipment (tables, electronic devices, pens) Avoid potlucks, buffets, staff lunches, and other instances where serving utensils, plats, trays, and other objects may be handled by multiple people. Employees should wash their hands between each client interaction. 	<p>HIGH</p>
<p>Does your workplace employ a large number of people?</p>	<ul style="list-style-type: none"> Consider varying work hours to reduce the number of employees in a space at one time. Consider having employees with critical functions report to work to minimize potential for close contact. 	<p>HIGH</p>
<p>Does your organization conduct frequent domestic or international travel?</p>	<ul style="list-style-type: none"> Actively monitor travel advisories Cancel all non-essential travel Assess the need for business travel based on the risks and benefits Consider alternative approaches such as virtually attending meetings. 	<p>HIGH</p>
<p>Can your workplace or facility infrastructure be easily altered to implement recommended health and prevention control measures?</p>	<ul style="list-style-type: none"> Provide access to handwashing facilities and place hand sanitizing dispensers in locations throughout the workplace. Provide additional supplies such as tissues, lined waste container, and hand hygiene products/supplies. Consider increasing the spatial separation between desks and workstations as well as individuals (employees, customers) from each other, ideally a 6-foot separation or use a physical barrier (e.g., cubicle, Plexiglas window), if possible. Enhance your environmental cleaning procedures and protocols with a special attention to high-touch surfaces and objects 	<p>HIGH</p>

Risk Consideration	Risk Mitigation Strategy	Importance Level
<p>Do you have a method of communication that ensures timely and effective messages are sent to employees and customers?</p>	<ul style="list-style-type: none"> Develop a risk communication plan to ensure effective and efficient communication with employees, contractors, and clients. 	<p>MEDIUM</p>
<p>Does your workplace offer mental health support to employees?</p>	<ul style="list-style-type: none"> Provide mental health support services and tailor plans for minimizing employee or client stress. 	<p>MEDIUM</p>

In March 2020, the EEOC updated the 2009 “Pandemic Preparedness in the Workplace and the Americans with Disabilities Act” response to include COVID-19 guidelines.

UT CIS advises all customers and users of this playbook to read the full guidelines provided at the link above. For simplicity, we have provided EEOC/ADA response to most commonly asked questions we receive.

1. Does my employer have the right to take my temperature at work?

“The CDC states that employees who become ill with symptoms of influenza-like illness at work during a pandemic should leave the workplace. Advising such workers to go home is not a disability-related action if the illness is akin to seasonal influenza or the 2009 spring/summer H1N1 virus. Additionally, the action would be permitted under the ADA if the illness were serious enough to pose a direct threat. Applying this principle to current CDC guidance on COVID-19, this means an employer can send home an employee with COVID-19 or symptoms associated with it.”

2. Does my employer have the right to send me home if I show COVID-19 symptoms?

“Because the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions as of March 2020, employers may measure employees’ body temperature. As with all medical information, the fact that an employee had a fever or other symptoms would be subject to ADA confidentiality requirements.”

3. During a pandemic, may an employer require its employees to adopt infection-control practices, such as regular hand washing, at the workplace?

Yes. Requiring infection control practices, such as regular hand washing, coughing and sneezing etiquette, and proper tissue usage and disposal, does not implicate the ADA.

4. During a pandemic, may an employer require its employees to wear personal protective equipment (e.g., face masks, gloves, or gowns)

designed to reduce the transmission of pandemic infection?

Yes. An employer may require employees to wear personal protective equipment during a pandemic. However, where an employee with a disability needs a related reasonable accommodation under the ADA (e.g., non-latex gloves, or gowns designed for individuals who use wheelchairs), the employer should provide these, absent undue hardship.

5. May an employer encourage employees to telework (i.e., work from an alternative location such as home) as an infection-control strategy during a pandemic?

Yes. Telework is an effective infection-control strategy that is also familiar to ADA-covered employers as a reasonable accommodation.

In addition, employees with disabilities that put them at high risk for complications of pandemic influenza may request telework as a reasonable accommodation to reduce their chances of infection during a pandemic.

The risk assessment tool is to be used by employers and businesses when making decisions about operations and employee and customer safety during the COVID-19 outbreak.

The purpose of the assessment is to provide a framework for businesses/employers to make risk-informed decisions about the operations of their businesses.

For the purposes of this document, “risk consideration” refers to a scenario that may occur in a business and “risk mitigation strategy” refers to steps that employers/business owners should take to reduce the risk of exposure and protect the health of employees, customers, and visitors.

Issue	Critical	Addressed	Needs Addressing
General			
Plan to return to work covering essential activities			
Any legal requirements addressed with company attorneys			
Re-organizing workspaces to allow social distancing for early essentials			
Tracking visitors			
Hygiene			
Common areas cleaned			
5S cleaning plans updated for COVID-19 guidelines			
Break room equipment cleaned or turned off (vending machines, microwaves, refrigerators, etc.)			
Bathrooms cleaned and new guidelines posted			
Adequate supplies of PPE available			
Office desks cleaned and disinfected			
Work areas cleaned and disinfected			
Areas accessed by outsiders cleaned			
Timeclocks cleaned			
Computer terminals/telephones cleaned			
Clean uniforms delivered			
Item normally touched frequently cleaned (doorknobs, counters, etc.)			
Cleaning and disinfecting guidelines posted			
Adequate cleaning and disinfecting supplies available			

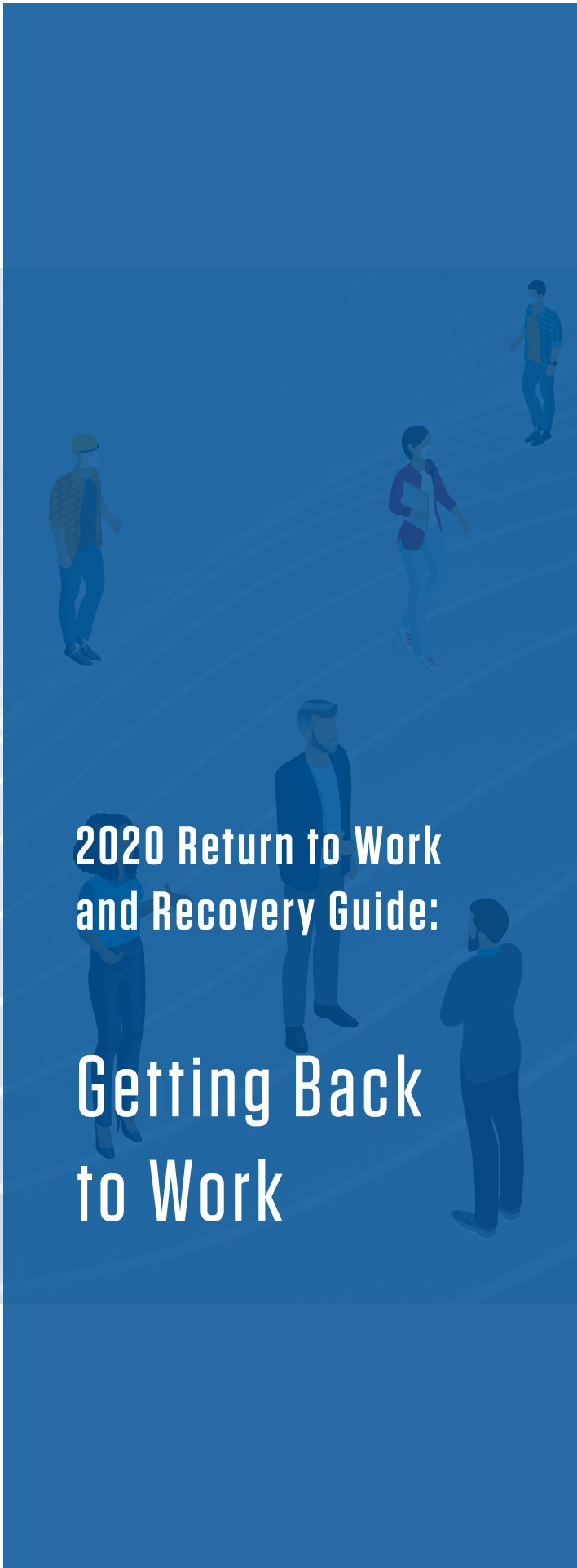
Issue	Critical	Addressed	Needs Addressing
People			
Communication with employees - dispel rumors			
Welcome back meeting/training arranged			
Employee questionnaire before returning to work <ul style="list-style-type: none"> • Traveled to any hot spots int he last 14 days • You or anyone in your family showing signs • Exposure to anyone showing signs of illness 			
Any skills shortages			
Security/Access/Parking restrictions			
Any family/children issues/day care			
HR training updated			
Social-distancing rules posted			
Any improvements collected and documented			
Restarting Production			
All work centers manned			
All machines maintained			
Tooling and consumables available			
'Wet' the lines to allow start-up without undue delay			
Check Inventory			
Check WIP Inventory			
Utilities working			

Issue	Critical	Addressed	Needs Addressing
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Restarting Production			
Plan to handle “surge”			
Sales & Operations Plan updated			
Master Production Schedule current for start-up			
Logistics network for receiving and shipping			
Temporary labor requirements established			

Customer Communication			
Customers informed of planned start-up			
Plans for demand surges			
Logistics network intact for delivery			
Price and delivery negotiations needed			

Supplier Communication			
Suppliers informed of planned start up			
Awareness of Supplier Scouting Program			
Discussion with key suppliers re: Bull-Whip Effect			
Advance notice of shortages			
Review of blanket orders			
Review of costs			
Support of suppliers - people, money, facilities			



**2020 Return to Work
and Recovery Guide:**

Getting Back to Work

N95 respirators are not for use by the general public. These should be reserved for health care workers and first responders as they are critical supplies. The CDC recommends that members of the public use a simple cloth face covering when in public to slow the spread of the virus.

Respiratory Protection

N95 respirators and surgical masks (face masks) are examples of personal protective equipment that are used to protect the wearer from airborne particles and from liquid contaminating the face. Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health (NIOSH) and Occupational Safety and Health Administration (OSHA) also regulate N95 respirators.

It is important to recognize that the optimal way to prevent airborne transmission is to use a combination of interventions from across the hierarchy of controls, not just PPE alone.

Surgical Masks (Face Masks)

A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Surgical masks are regulated under 21 CFR 878.4040. Surgical masks are not to be shared and may be labeled as surgical, isolation, dental, or medical procedure masks. They may come with or without a face shield. These are often referred to as face masks, although not all face masks are regulated as surgical masks.

Surgical masks are made in different thicknesses and with different ability to protect you from contact with liquids. These properties may also affect how easily you can breathe through the face mask and how well the surgical mask protects you.

If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure

of your saliva and respiratory secretions to others.

While a surgical mask may be effective in blocking splashes and large-particle droplets, a face mask, by design, does not filter or block very small particles in the air that may be transmitted by coughs, sneezes, or certain medical procedures. Surgical masks also do not provide complete protection from germs and other contaminants because of the loose fit between the surface of the face mask and your face.

Surgical masks are not intended to be used more than once. If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one. To safely discard your mask, place it in a plastic bag and put it in the trash. Wash your hands after handling the used mask.

N95 Respirators

An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles.

The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. If properly fitted, the filtration capabilities of N95 respirators exceed those of face masks. However, even a properly fitted N95 respirator does not completely eliminate the risk of illness or death.

What Type of Mask Do I Need?

MASK TYPE

FOR WHOM

WHEN WORN

LIMITATIONS

Homemade or Cloth Mask



General public, non-clinical and clinical personnel*

*Homemade or cloth masks may be worn when not interacting with patients.

When a person can't maintain proper distancing. Scarves and bandanas can also be worn. May be worn for a shift at work.

Must be washed in hot water after each wearing. Do not wear if damp or if wet from spit or mucus.

Procedure Mask



Health care workers and patients under care.

When interacting with patients for direct patient care. Can be worn for an entire shift if performing direct patient care. Worn when N95 mask isn't required as defined below.

If used as personal protective equipment (PPE), mask should be discarded after use in an isolation room or if soiled or damp. Does not protect against blood splash.

N95 Respirator



Health care workers.

When performing aerosol-generating procedures and caring for COVID-19 patients.

May be sanitized and worn for an extended time.

Remember to wash your hands after removing your mask!

Source: Knox County Health Department



Steps to Correctly Wear a Respirator at Work

Following these simple steps will help you properly put on and take off your respirator, and keep you and everyone else safe.*

1. Wash your hands with soap and water or alcohol-based hand rubs containing at least 60% alcohol.
2. Inspect the respirator for damage. If it appears damaged or damp, do not use it.
3. Put on the respirator. Cup the respirator in your hand with the nosepiece at your fingertips and the straps hanging below your hand.
4. Cover your mouth and nose with the respirator and make sure there are no gaps (e.g. facial hair, hair and glasses) between your face and the respirator.
5. Place the strap over your head and rest at the top back of your head. If you have a second strap, place the bottom strap around your neck and below your ears. Do not crisscross straps.
6. If your respirator has a metal nose clip, use your fingertips from both hands to mold the nose area to the shape of your nose.
7. Adjust the respirator. Place both hands over the respirator. Inhale quickly and then exhale. If you feel leakage from the nose, readjust the nosepiece, if leakage from the respirator edges, readjust the straps.
8. Repeat until you get a proper seal. If you can't get a proper seal, try another respirator.
9. Avoid touching the respirator while using it. If you do, wash your hands.
10. When you are done, remove the respirator from behind after washing your hands. Do not touch the front.
11. If the respirator does not need to be reused because of supply shortages, discard it in a closed-bin waste receptacle. Wash your hands.

Note: If you reuse your respirator, wear gloves when inspecting and putting on the respirator. Avoid touching your face (including your eyes, nose and mouth) during the process.

* Source: "Seven Steps" poster from OSHA: <https://www.osha.gov/Publications/OSHA4015.pdf>

Eye and Face Protection

Goggles

Goggles are designed to fit snugly, but not necessarily seal around the wearer's eyes. CDC/NIOSH has stated: "appropriately fitted, indirectly-vented goggles* with a manufacturer's anti-fog coating provide the most reliable practical eye protection from splashes, sprays and respiratory droplets. However, to be effective, goggles must fit snugly, particularly from the corners of the eye across the brow. While highly effective as eye protection, goggles do not provide splash or spray protection for other parts of the face. "

* Directly-vented goggles may allow penetration by splashes or sprays; therefore, indirectly-vented or non-vented goggles are preferred for infection control.

Face Shields

Face shields are designed to help protect portions of the wearer's face to certain exposures. While goggles help protect a wearer's eyes from splashes, sprays and droplets, a face shield can help reduce exposure to both the eyes and other facial areas**. Face shields, whether disposable or reusable, should cover the front of and sides of the face. This will help reduce the possibility of splash, sprays and droplets from going around the edges of the shield and reaching the eyes or the other facial areas.

**Per CDC/NIOSH - Disposable face shields for medical personnel made of light weight films that are attached to a surgical mask that are relatively flat or fit loosely around the face should not be relied upon as optimal protection.

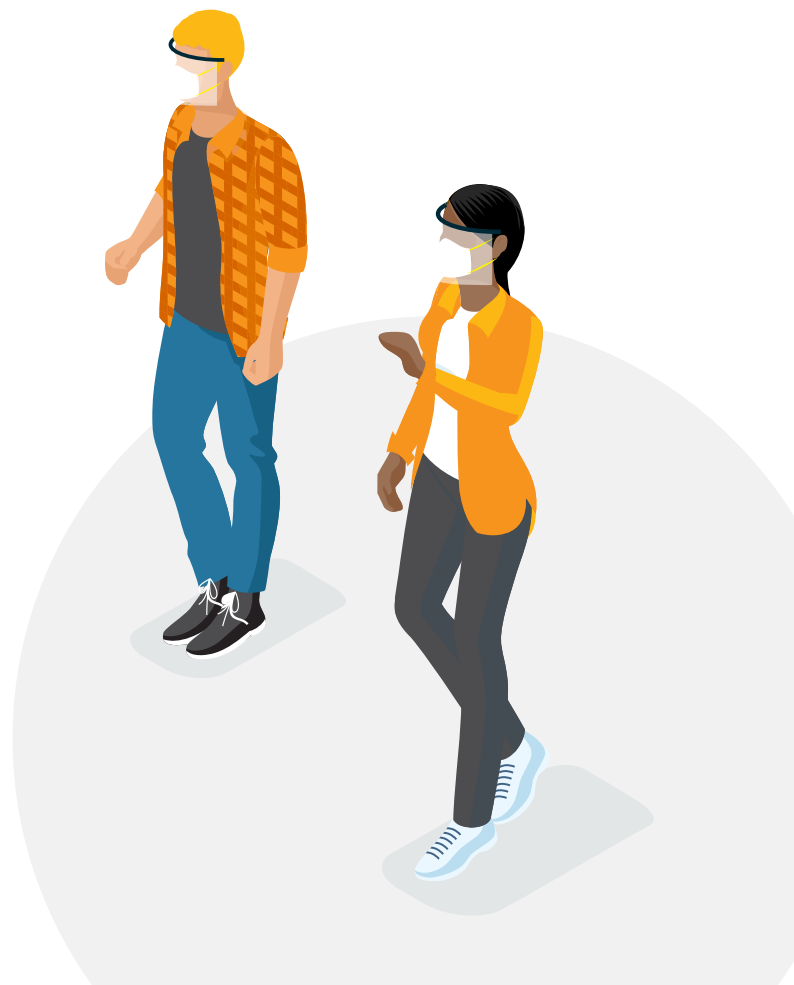
Safety Glasses

Safety glasses provide impact protection, but do not provide the same level of splash or droplet protection as goggles and generally should not be used for infection control purposes.

Source: 3M Corporation

Gloves

- Use only gloves that are appropriate for the intended task
- Use a glove size that is comfortable and conducive to performing work
- If using protective gown or coveralls, assure that connection areas between PPE are adequately covered, and no skin is exposed. In some cases taping may be necessary
- Once task is completed use proper glove doffing procedure



Safe Glove Removal

If your lab coat or glove cuffs are contaminated, the “Beaking” method is the safety glove removal method.

1. Working over an appropriate waste receptacle, hold your right hand palm-side up in front of you. Form an “L” with your thumb and index finger of your left hand.
2. Using your “L”, grasp the cuff at the wrist and scoop under with your middle finger.
3. Pull the end of the glove over the thumb over the top of your fingers forming a “beak”.
4. Hold your left hand palm-side up in front of you. Using your “beak” grasp the top of the cuff of your glove and pull the glove down and away from your while turning it inside out.
5. Continue removing the glove and dispose of it in the appropriate waste receptacle. Hold your “beaked” hand palm-side up in front of you.
6. Using the index finger of your left (ungloved) hand, complete the glove removal of the beaked hand by running your finger down the center of the palm. Avoid touching the cuff of your sleeve.
7. Never reuse disposable gloves. Wash your hands after removing gloves.
8. To watch the video, visit <https://www.youtube.com/watch?v=YfGivTv3wbc>

Source: Texas Tech University

COVID-19 Mitigation Overview

Implementation of Mitigation Measures

- Install additional sanitizing dispensers and guidelines (signage) for frequent cleaning on overly used surfaces and common areas.
- Manage shift changes and stagger lunch breaks to allow time to thoroughly disinfect common areas and to promote ‘Social Distancing.’
- Place signage throughout the facility to remind employees of proper preventative measures

Establish Disinfection Protocols

- Disinfection measures need to be put in place and implemented (either) as part of the routine – or scheduled to disinfect workplace surfaces, chairs, tables, etc. – to protect employees.
- Schedule complete sanitization and disinfection of facilities
- Deep cleaning and disinfection will be automatically triggered when an active employee

tests positive for COVID-19 by a medical doctor.

- Deep cleaning may be carried out by either internal resources or an external, professional service.

Establishing Social Distancing Procedures

- Social Distancing is an effective method to help prevent COVID-19 spread
- Remain (at least) 6-feet from others
- Eliminating select contact with others– handshakes, embracing co-workers, non-essential visitors or friends.
- Avoid touching commonly used surfaces.
- Avoid individuals that appear ill.

Hazard Analysis for Cleaning Tasks & Wellness

- General Disinfection Measures
- On-site Health Screening

- Daily Self Screening Protocol
- Self-quarantining and Return to Work Protocol
- Visitors and Contractors Self Screening
- Return to Work Checklist

The CDC recommends wearing cloth or disposable face coverings in public settings where other social distancing measures are difficult to maintain.

It is crucial to use masks the correct way to avoid touching the virus particles filtered on the surface when you take them off. A publication based on a lab experiment found that the coronavirus COVID-19 could remain infectious on the outer layer of surgical masks for at least 7 days, making responsible disposal of masks crucial in keeping the virus away.

- Masks should be worn in proper position at all times (i.e., covering the nose and mouth, not hanging around the neck or resting on chin) and stored properly in between uses.
- Avoid touching or adjusting the face mask.

When donning cloth, paper, or surgical masks follow these 5 steps:

1. Wash your hands with soap or sanitizer.
2. Check that the mask is clean and not damaged.
3. Check that the nose strip is facing upwards and the outer layer of the mask is facing outward.
4. Put on the mask with ear loops or bands, to covering mouth, nose and chin.
5. Adjust the nose strip to fit your nose shape.

When Removing disposable masks:

- Wash your hands with soap or sanitizer.
- Remove the mask without touching the eyes, nose or mouth. Hold ONLY the ear loops/ties/

bands, avoid touching inner or outer surface of the mask.

- Lift the mask away from your face.
- Fold the mask so the outer surface is held inward and against itself (like a taco). Dispose of the mask in a proper container.
- Immediately wash your hands with soap or sanitizer.
- The mask is dirty and must be changed when it is saturated from condensation build-up from breathing, or after it gets contaminated.

Gloves put employees at higher risk of exposure and are not recommended for general protective use:

- The COVID-19 virus does not harm your hands, so gloves provide no protection, and touching your face with contaminated hands, whether gloved or not, poses a significant risk of infection.
- Gloves create a false sense of security for the individuals wearing them; people are more likely to touch contaminated surfaces because they feel they are protected from the virus when in reality, they are not.
- When wearing gloves, people are less inclined to wash their hands; this is counterproductive and puts others at higher risk .
- Proper removal of gloves takes training; if contaminated gloves are not removed properly, our employees are exposed to greater risk.

Hand sanitizer containing a minimum 60% alcohol solutions is allowable for personal hygiene; a 70% solution is needed for surfaces, equipment and tools.

Washing your hands for at least 20 seconds is the number one defense against any virus!

Recommendations: Disinfectant and PPE Supplies

Disinfectant Supplies

- Confirm operations has an adequate supply of soap, disinfection spray, hand gel, paper towels and tissue.
- Plants should keep a minimum quantity of 30-day supply of disinfectant supplies.
- Portable disinfection stations are recommended for each manufacturing line except for restricted/sensitive areas

PPE

- Confirm stock of face masks, gloves, and glasses on-site and on-order with proper lead time.
- Plants should keep a minimum quantity of 30-day supply of PPE.
- Medical employees, screeners, and cleaning crew are required to wear gloves, masks, and glasses.

Item	Specification	Quantity
Mask (Surgical)	Disposable surgical masks (1-day)	Min. 30-day supply
Nitrile Gloves	Surgical Nitrile Gloves	Min. 30-day supply
Infrared Thermometer	Medical Infrared thermometer. Measures ranges 32° to 42.5°C. Meets ASTM E965-1998 (2003)	1 per 100 employees/shift
Disinfectant Spray/Wipes	10% bleach (sodium hypochlorite) solution made fresh daily, or a hospital-grade disinfectant (refer to approved disinfectant listing)	Min. 30-day supply
Spray Bottles	1-liter plastic spray containers	Min. 5 bottles
Sanitation Floor Stand	Hand sanitizer dispenser floor stand	1 available in work area per 50 employees
Hand sanitizer (refills)	Sanitizer with Alcohol 70%/ Local Brand "Sanitizer"	Min. 30-day supply
Hand soap	Hand soap	Min. 30-day supply
Paper towels	Paper towels	Min. 30-day supply
Glasses/face shields	Safety glasses / Polycarbonate	Min. 30-day supply
Bio-hazard container	Bags that can be sealed and tagged as contaminated material	Min. 30-day supply
Bleach	Bleach	Min. 30-day supply

Employee Responsibility: Prevention & Disinfection

- Understand and follow disinfection protocols and processes.
- Exercise sanitary practices – limit direct touching of objects, equipment and surfaces in common areas.
- Stagger handwashing to ensure 6-feet of social distancing is maintained during this activity to mitigate the spread of COVID-19.
- Practice good personal hygiene:
 - Self-clean your work area before breaks, lunch, and end of shift.
- Wash hands multiple times per day with warm water and soap for (at least) 20-seconds.
- Cover coughs, maintain social distancing and clean all areas after visiting.
- Ensure proper cGMPs are being followed by all employees (not touching face, nose, mouth, hair, changing gloves when soiled, etc.) to help mitigate the spread of germs.

Area/Place	Disinfection Content	Disinfectant	Disinfection Method	Frequency
Work cell common surfaces	Including control buttons, tools, and other common surfaces	Hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution), as appropriate	Spray with handheld sprayer or wipe	Minimum at the end of each shift
Offices, desks, conference rooms	Table and chair surfaces		Spray with handheld sprayer/wipe	Minimum at the end of each shift
Conveyor belts	Areas of common employee interaction		Spray with sprayer	At least once respectively in the morning and afternoon
Moveable trays or containers	Handles, other commonly touched areas		Spray with sprayer	Once per shift if contacted by 1 person only; otherwise, between users
Frequently used or touched objects	Doors, windows, handles, faucets, sinks, bathrooms		Spray with handheld sprayer/wipe	At least 4 times per day
Vending Machines	Interface surfaces		Spray with sprayer	Daily
Forklifts	Areas of common human interaction		Spray with sprayer	After each use
Multi-user safety vest and other PPE	All surfaces		Spray with sprayer	Between use
Transport vehicles	Common surfaces (e.g. seat surfaces rails, belts, door and window controls)		Spray with sprayer	After each use
All floors and walls	All general floors and walls at site		Mop	Periodic where frequently touched; mop hard surfaces daily

Social Distancing

Social distancing, also known as Physical Distancing, is one of the primary ways to avoid contracting a virus or contamination. It is imperative that employees maintain proper social distancing as recommended by the CDC and other health organizations.

This means that a minimum of 6-feet must be maintained between employees. This procedure should be continued even when workers are wearing PPE.

Avoid gathering in groups of more than 10 people, entering crowded areas, carpooling with others outside of your home, hugging, shaking hands, eating face-to-face and similar activities that would put you and/or others in close proximity and increase the risk of contamination.

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs.

Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects - and then touching their eyes, nose or mouth.

Employees must be reminded to avoid touching their face and must wash thoroughly with soap and water several times during the work hours to reduce risk and prevent person to person potential infections. Prior to resuming operations, duties that require employees to work within 6-feet of each other must be evaluated using your company Hazard Analysis for potential health and wellness risks. This is to ensure protection for each employee.

Desks

- Maintain 6 feet of separation between desks.
- Desks should not face one another unless separated by a cubicle wall or similar barrier.
- Employees must properly disinfect desks, computer, keyboards, pointing devices, etc at the end of each shift.
- Do not allow employees to “congregate” around desks.

Production Workstations

- Utilize inclined shelves, conveyors, and other transfer aids to maintain social distancing requirements.
- Provide clear signage or taped lines indicating employee positioning at the workstation and along production lines.
- Avoid sharing equipment and tools.
- Operators must properly disinfect workstations, tools, and equipment multiple times during the shift and particularly at the end of each shift.

Break Rooms

- Consider staggering break times.
- Reduce capacity to appropriate size to maintain social distancing.
- Mark floors to indicate “wait here” spaces in front of vending machines (or turn vending machines off).
- Disinfect vending machines, microwaves, tables, refrigerator doors, cabinets, etc multiple times during the shift.
- Designate one entry and one exit.
- Provide hand washing or sanitizing stations at entry and exit doors and on tables.

Designate one-way walking paths in offices, warehouses, storage areas or similar locations where traffic is common and other safety protocols will not be impacted.

Social Distancing - Restrooms

- Social distancing guidelines must be maintained in restrooms, including while waiting in lines.
- Establish and post maximum restroom capacity
- Consider limiting use of urinals to prevent employees from being in close contact
- Place “Wait Here” floor markings to designate 6-foot social distancing guidelines
- If possible, leave restroom doors open to avoid repeated contact
- Restroom doors, sinks, garbage cans, toilet paper holders, feminine hygiene disposal containers, etc. should be disinfected multiple times and particularly after breaks and lunches when restroom usage is higher.

Shift Change Recommendations

- Establish one-way entry and exits for the facility. Designate additional entries and exits that would not normally be used in order to mitigate larger groups of people during shift changes.
- Post a security member or other team member near entries and exits to help maintain social distancing during shift change.
- Leave entry and exit doors propped open during shift change to reduce amount of surface contact.
- Prohibit employees from congregating in break rooms or outside the facility before and after shift change.
- Door handles and time clocks should be disinfected immediately after the shift starts.
- Consider if it is practical to stop time clock use for a few weeks - pay employees an automatic 40 hours and have the Team Leader or Supervisor reconcile time for payroll.
- Determine ways to mitigate potential crowding in the case of inclement weather during shift changes (minimize crowding while protecting employees).

Activities that require employees to work within 6 feet of each other or for workstations that do not allow proper social distancing, require the following:

- Use barriers between employees or workstations – plexiglass, cardboard, plywood or other similar materials are appropriate considerations.
- Redesign jobs to allow duties to be completed by one person
- Consider implementing new tools or processes to assist with activities that do not currently allow work to be completed while maintaining the proper distance.
- If work cannot be redesigned, employees must be provided with the proper PPE deemed essential to protecting the health of the employee.



COVID-19 Self-Assessment Questionnaire

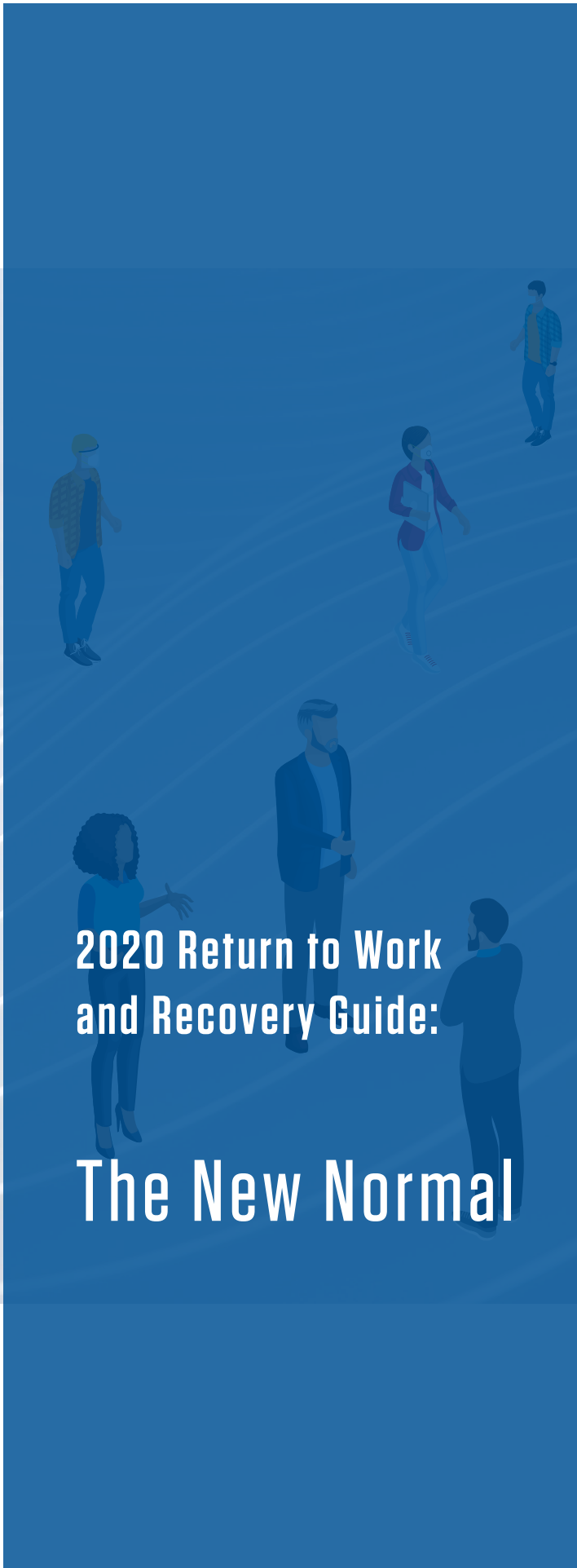


The purpose of this questionnaire is for you to self-observe your daily health prior to coming to work. Once you begin your workday, continue to observe yourself for any changes. This questionnaire was developed with criteria from the CDC.

Please answer the following questions once you begin your workday. You should also take your temperature every day before reporting to work and write it down. **If your temperature is greater than 100° F, or if you answer YES to any of the following questions, please stay home and call your supervisor.**

1	Have you been tested for the coronavirus (awaiting results)? If yes, stay home until results are received	YES	NO
2	Have you tested POSITIVE for the coronavirus? If yes, stay home for 14 days after symptoms are gone.	YES	NO
3	Have you had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if no symptoms.	YES	NO
4	Has a member of your household been tested for the coronavirus (awaiting results)? If Yes, stay home until results are received.	YES	NO
5	Has a member of your household been asked by a medical professional to isolate for potential coronavirus? If Yes, stay home pending results.	YES	NO
6	Has a household member had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if there are NO symptoms.	YES	NO
7	Have you traveled out of the country within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.	YES	NO
8	Have you taken a cruise within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.	YES	NO
9	Are you experiencing or have you experienced any of the following symptoms in the past 14 days? If you answer YES to at least one of these questions, please stay home and call your healthcare provider.	YES	NO
10	Cough (not related to allergies)	YES	NO
11	Shortness of breath	YES	NO
12	Difficulty breathing	YES	NO
13	Fever	YES	NO
14	Chills	YES	NO
15	Repeated shaking with chills	YES	NO
16	Muscle pain	YES	NO
17	New loss of taste or smell	YES	NO
18	Sore throat or headache	YES	NO

Temperature: _____



**2020 Return to Work
and Recovery Guide:**

The New Normal

Workplace COVID-19 Monitoring and Detection

One of the key difficulties about COVID-19 is the long incubation period. This is the period between initial infection and the onset of visible symptoms. One can be harboring the virus inside his/her body and not know it. During this time, it is possible to spread the virus to others.

Employee Self-Screening at Home

One of the most vital aspects of detection involves self-screening. In order to adequately communicate these procedures to employees, the employer should issue a self-screening checklist for all employees to conduct voluntary, home self-screening prior to returning to work. [Click here for a sample self-screening questionnaire](#)

As a minimum, the screening should consist of the following questions:

- Do you have a temperature of 100.4 Fahrenheit or greater?
- Do you have a cough not related to known allergies or sinusitis?
- Are you experiencing shortness of breath or difficulty breathing?

If the answer to any of these questions is 'YES', employees should be advised to stay at home until ALL THREE of the following are true:

- Employee has had no fever for at least 72-hours without taking medication such as acetaminophen or aspirin to reduce fever.
- Other symptoms (cough or shortness of breath) are gone.
- At least 7-days have passed since symptoms first appeared, or they have tested negative for COVID-19.

Primary Symptoms

Dry Cough
Shortness of Breath
Sustained Fever

Secondary Symptoms

Chills
Repeated Shaking from Chills
Muscle Pain
Headache
Sore Throat
Loss of Taste or Smell

The CDC has identified the following people as being at high risk for severe COVID-19 illness:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Monitoring by Employer

- Employers have the authority to set up a temperature monitoring station in the workplace and to monitor employees for COVID-19 symptoms.
- Any screening process must apply to all employees or visitors entering the facility.
- Station a monitoring team at each entrance to ensure all employees pass through the monitoring system
- Use no-touch thermometers to evaluate temperature.
- If an employee exhibits a fever upon entrance, he/she should be advised to return home for continued self-monitoring and/or to pursue medical attention.

Observation of Symptoms at Work

Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated (isolated) from other employees, customers, and visitors and advised to return home or seek medical attention.

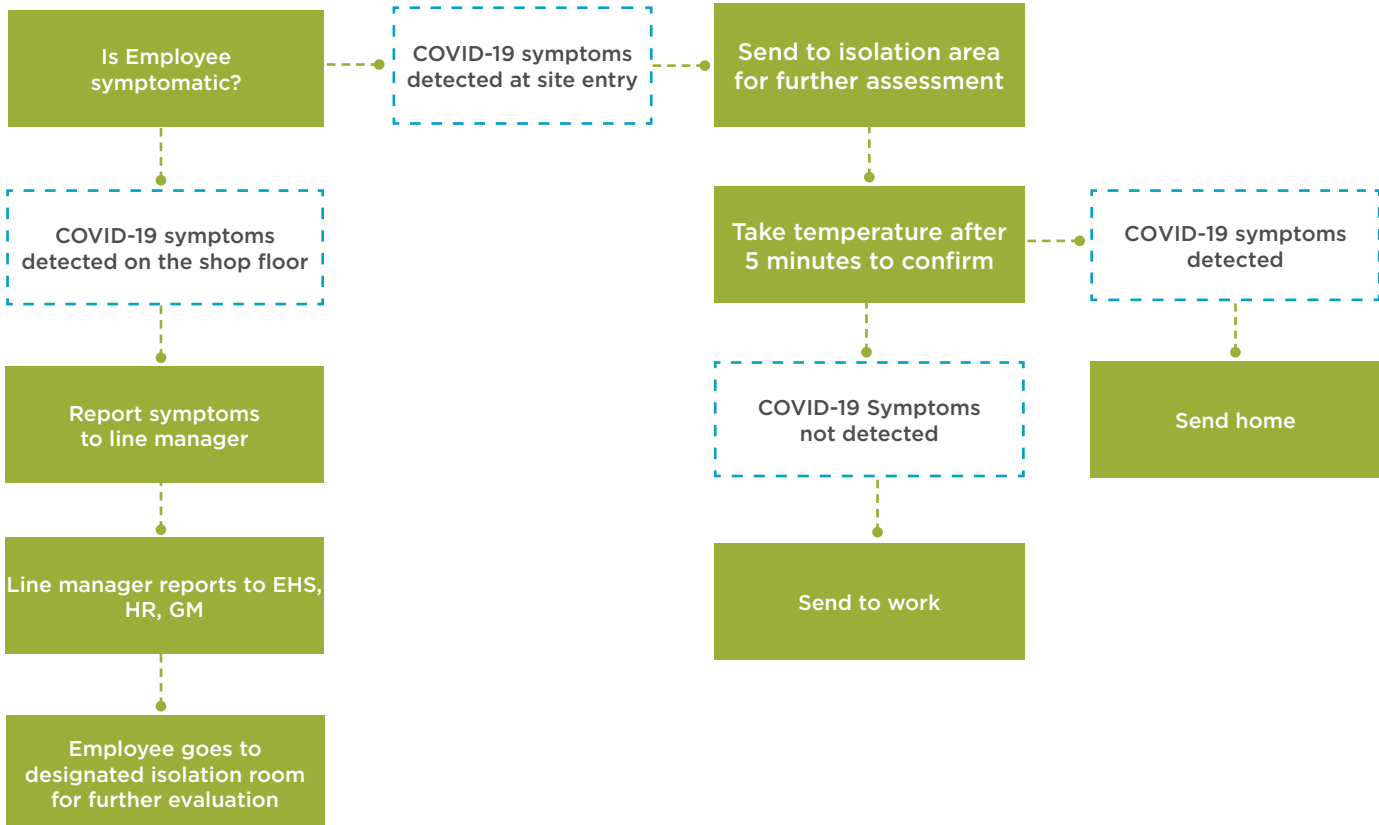
- Surfaces in their workspace should be cleaned

and disinfected.

- Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.
- Use the flowchart below to respond appropriately to symptomatic employees.

A temperature check is only one element of a comprehensive program.

Employee education about COVID-19 symptoms, employee and visitor screening questionnaires, limitations on non-essential travel, encouragement to work from home, emphasis on good hygiene, and social distancing are also recommended.



Responding to a Confirmed COVID-19 Case in the Workplace

Recommendations for Workplace Infection

1. Create an isolation room or area

- Any employee exhibiting COVID-19 symptoms should be taken to an isolation room if they cannot immediately leave the facility.
- Designate an isolation room in your facility.
- Access to the isolation room must be strictly limited to Rapid Response team members and symptomatic employee (s)
- The isolation room must be stocked with adequate levels of PPE (surgical masks, gloves, gowns) and hand washing soap or sanitizer.
- The isolation room must be cleaned and disinfected immediately after the employee leaves
- NOTE: An N95 respirator is recommended for rapid response team members that are caring for an employee while in isolation. Cloth face covers are not appropriate PPE when caring for a sick employee. Reusable respirators must be cleaned and disinfected according to the manufacturer's reprocessing instructions prior to reuse.

2. **Ensure that the employee's workstation or office is thoroughly cleaned and disinfected**, in addition to all other common surfaces recently touched by the infected employee (follow previously listed cleaning and disinfecting protocols). If decontamination is not feasible, consider a 72-hour shutdown to allow the virus to naturally deactivate.

3. **Identify persons who may have been in contact with the suspected infected employee.** Unless required by the local health authority, the name of the infected employee should not be provided.

Contact tracing is the systematic identification and monitoring of all persons who might have had close contact to a person showing symptoms of or diagnosed with COVID-19. Because these persons are at risk of developing disease, contacts should self-monitor for 14 days (the maximum incubation period) from the last date they had exposure to a confirmed case.

CDC defines "close contact" as being within 6-feet of an infected employee for a prolonged period of time. Close contact also includes direct contact with infectious secretions while not wearing the proper PPE. Close contact does not generally include brief interactions like walking past someone.

Contact Tracing Recommendations

- Clearly communicate to the employee his/her options for paid or family medical leave.
- Make sure human resources is involved with all conversations and documentation.
- Ask the infected employee to identify all co-workers or support personnel that they have been in close contact within the prior two weeks.
- Alert those who have been in close contact with the employee as soon as possible.
- Employees who worked closely with the infected employee should self-monitor for symptoms and consult their own physician.
- Reassure them that the company is supportive of their situation and provide information on options for paid or family medical leave.
- Respect the confidentiality of both the positive-tested employee and anyone in the close-contact group.
- Communicate the information to others in the department or facility.

Employee Privacy Rights

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace.

Employers should not disclose to co-workers the identity of the quarantined employee due to confidentiality requirements under federal law, such as the Americans with Disabilities Act (ADA), or state law that may apply.

60% alcohol.

- Avoid sharing household items, including drinking cups, eating utensils, towels or even bedding. Wash these items thoroughly after using.
- Clean high-touch surfaces daily using a household cleaner or wipe.
- Clean surfaces that may be contaminated with blood, stool or bodily fluids.
- Shared spaces in the home should have good airflow—use an air conditioner or open windows.
- Continue monitoring for any symptoms. If they worsen, such as you if you begin to have difficulty breathing, call your health care provider.
- Arrange to have groceries and toiletries delivered by local or state health departments. Also, make sure to inform health care providers of any medications you will need, so they can arrange drop-offs of prescriptions as well. In terms of getting laundry done for those without machines at home, ask health care providers about that as well.

Symptomatic Employee Recommendations

Employees should be requested to remain off the property for 14 days if COVID-19 symptoms are present, if directly exposed to COVID-19 or if a test shows positive results. Employees should avoid leaving the home if possible, but if necessary, should practice good hygiene and social distancing.

Additional guidance for employees that must self-quarantine:

- Stay away from other people in your home as much as possible, staying in a separate room and using a separate bathroom if available.
- No visitors unless the person needs to be in your home.
- If you need medical attention, call ahead to ensure you are going to the right place and taking the necessary precautions.
- Wear a face mask if you must be around other people.
- When you cough/sneeze: cover your mouth and nose with a tissue; immediately throw tissues in garbage; wash your hands with soap and water for at least 20 seconds; if that's not available, clean with hand sanitizer that has at least

Returning to Work After Self-Quarantine

Employees who are either presumed to have or have tested positive for COVID-19 can return to work under the following conditions, consistent with CDC guidelines:

Employees who were not tested for the Coronavirus but who had symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

1. At least three days (72 hours) have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications.
2. The improvement of respiratory symptoms, such as coughing and shortness of breath.
3. At least seven days have passed since symptoms first appeared.

If the employee is tested to determine if they are still contagious, they also can leave home after these three things have happened:

1. The employee no longer has a fever (without the use of medicine that reduces fevers).
2. Other symptoms have improved (for example,

when the cough or shortness of breath have improved).

3. The employee has received two negative tests in a row, 24 hours apart, when the patient's doctor follows certain CDC guidelines.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least seven days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

Recording Workplace Exposures to COVID-19

OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log.

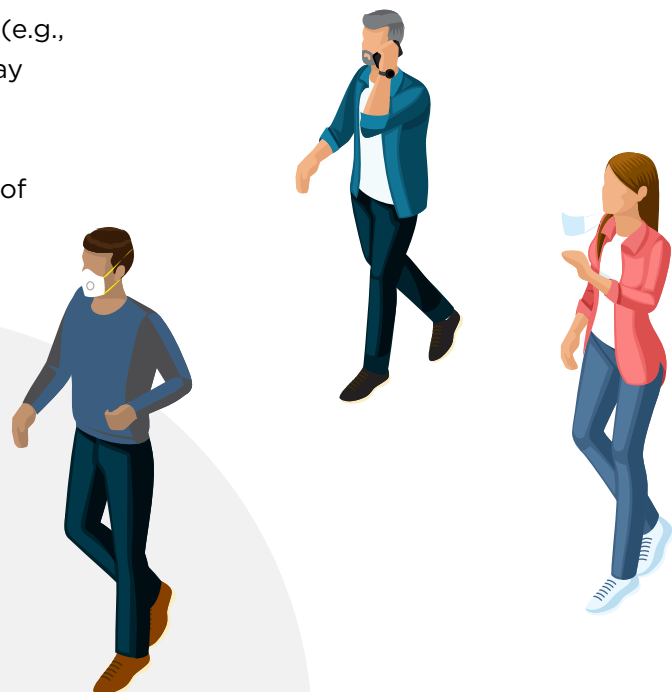
COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are true:

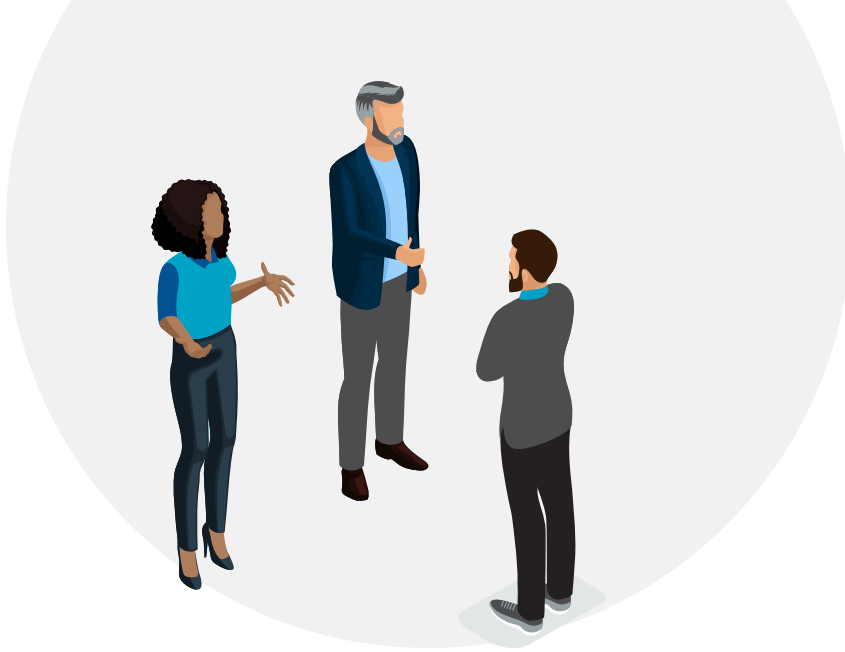
- The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
 - The case is work-related (as defined by 29 CFR 1904.5); and
 - The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid, days away from work).
- Employers should also consult OSHA's Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19).

In light of the ongoing COVID-19 pandemic, OSHA says, "Employers of workers in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting, and law enforcement services), and correctional institutions must continue to make work-relatedness determinations pursuant to 29 CFR § 1904. Until further notice, however, OSHA will not enforce 29 CFR § 1904 to require other employers to make the same work-relatedness determinations, except where:

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

Source: OSHA Enforcement Memorandum, Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19), from Lee Anne Jillings and Patrick J. Kapust, dated April 10, 2020. <https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>





The Importance of Supply Chain Disruption Planning

It is critical to have a plan in place prior to disruptions to your supply chain. The following checklist can help your company react to and prepare for disruptions.

If your supply chain is already impacted:

- Let your local UT CIS Solutions Consultant know so we can advise of available resources, support, or alternate suppliers.
- Consider short-term and long-term impacts when making decisions (your ability to make sales, impacts on production schedule, staffing, etc.).
- Realize alternative suppliers are probably getting similar requests from other companies and have capacity limits and/or higher prices.

If you suspect disruptions to your supply chain may occur:

- Contact your suppliers, carriers, forwarders and brokers immediately
- If possible, build inventories of your short raw materials and secure production and transport capacity from your supply chain partners.
- Start sourcing alternative suppliers as needed.
- Identify a resource at your company to monitor the crisis and potential impacts to your supply chain.

Preparing for the next disruption:

- Conduct a Total Cost of Ownership (TCO) analysis to revisit overseas sourcing.
- Conduct a risk assessment of your supply chain and implement changes to handle risks.
- Consider dual sourcing critical component parts (locally and overseas)
- Have a current disaster response plan in place.
- Have a process to monitor global events to identify future potential supply chain disruptions early.

Other Considerations:

- Communication is key—talk to your customers, suppliers, carriers, forwarders and brokers about potential supply chain disruptions, and how you can work together to mitigate issues.
- Remember that the impacts vary across the global supply chain, so local suppliers can also be affected based on their sources of supply.
- Travel and workforce issues overseas can impact your local supply chain. You may face competition for global product and transport resources.
- Have a process to monitor global events to identify potential supply chain disruptions early.