May 2, 2020

Weeks before the statewide stay-at-home order was issued, Davis Health System's Incident Command Team was proactively planning for the protection of our patients, healthcare workforce, and community in the event of a coronavirus outbreak.

Our team has worked closely with community groups, public health, national healthcare resources and state and federal government officials to better understand and prepare our facilities and staff to the highest levels of safety.

As our communities, businesses, churches and organizations prepare to resume services, we felt it was important to share the valuable knowledge we acquired as we continued to care for our patients and staff.

We developed this toolkit as a practical approach to maintaining Employee and Environmental Safety. You will find "best practice" tools and information that can be adapted to fit the needs of your business. And, if you have questions, we encourage you to reach out to us.

We have received an outpouring of community support through donations of handsewn masks, lunches for essential staff, cards and other expressions of love and gratitude. This toolkit is our way of continuing to pay it forward to our community.

We appreciate the opportunity to Bring Better Health to Communities.

Employee Safety

Inside we have included Davis Health System "best practices" used at our facility during the COVID-19 pandemic.

Our processes were developed according to guidelines from the Centers for Disease Control and Prevention, The American Hospital Association, CMS and other professional healthcare resources.

Feel free to adapt these safety practices to best fit the needs of your business or organization.

QUESTIONS? Call our Infection Control Department at 304.637.3124.

Use of masks:

We follow suggestions by the CDC and WVDHHR that all people wear masks in public places. For the protection and safety of our patients, guests and staff we do the following:

- Masks for the public and patients are given at the entrances.

- Staff in non-patient areas are using cloth masks to preserve our supply of surgical and N95 masks. Cloth masks are appropriate in non-patient facing areas (ex. accounting).

- Staff in patient-facing and clinical care areas wear ear loop and N95 masks depending on their specific roles.

1
Clean your hands with soap and water or hand sanitizer

2
Hold the mask by the ear loops and place a loop around each ear

3
Mold or pinch the stiff edge to the shape of your nose

4
Pull the bottom of the mask over your mouth and chin

5
Avoid touching the front of the mask when wearing

IF YOU ARE WEARING A CLOTH MASK, KEEP IN MIND THAT CLOTH FACE COVERINGS SHOULD BE ROUTINELY WASHED DEPENDING ON THE FREQUENCY OF USE.

Strategies to optimize supply of facemasks

Extended use of facemasks:

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

• The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

• Healthcare Professional must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.

• Healthcare Professional should leave the patient care area if they need to remove the facemask.

Re-use of facemasks:

Limited re-use of facemask is the practice of using the same facemask by one healthcare worker for multiple patient encounters but removing it after each encounter. Care should be taken to not touch outer surface of the mask during care, and mask removal and replacement be done in a careful and deliberate manner.

Recommendations for re-use of facemasks:

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

• The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

• Facemasks with elastic ear hooks are the only type of facemask suitable for re-use.

• Healthcare Professional should leave the patient care area if they need to remove the facemask.

• When removed, facemask should be carefully folded so that the outer surface is held inward and against itself to reduce contact with outer surface during storage.

• The folded mask can be stored between use in a clean paper bag.

• Staff must perform careful hand hygiene when donning and doffing facemask.

• Re-use is best suited for encounters with a single patient.

Use of Gloves:

Thoroughly washing your hands for at least 20 seconds remains the best defense against COVID-19. When you are out, hand sanitizer is also effective. Be sure to cover all surfaces of your hands and fingers.

Gloves can give you a false sense of security. The virus actually adheres to the gloves, and if you are not careful, you could contaminate yourself. If you contaminate yourself, by accidentally touching your skin/face or objects in your environment or by improper glove removal, then you've done more harm than good.

Gloves should be reserved for use when caring for someone who is ill or when cleaning up an area in your home where someone has been ill. **You should ALWAYS wash your hands after you remove your gloves!**

If you have to go out in public, wipe your cart or gas pump with a disinfecting wipe and thoroughly clean your hands when you're done. Don't touch your face!
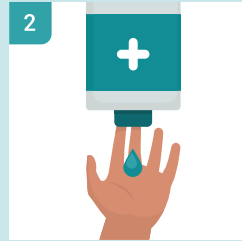
HOW TO WASH YOUR HANDS
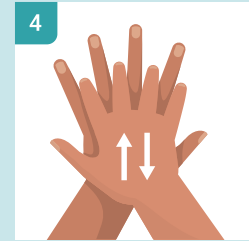
PROTECT YOURSELF AND OTHERS AGAINST INFECTIONS
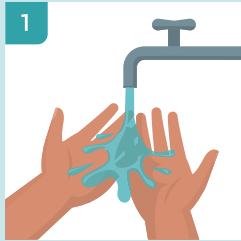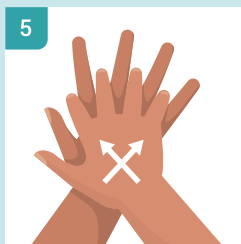
1
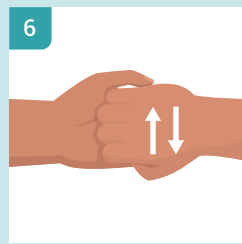WET HANDS

2
APPLY SOAP

3
RUB HANDS
PALM TO PALM

4
LATHER THE BACKS
OF YOUR HANDS

5
SCRUB
BETWEEN YOUR FINGERS

6
RUB THE BACKS
OF FINGERS ON
THE OPPOSING PALMS
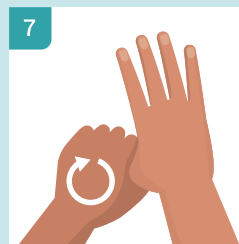
7
CLEAN THUMBS
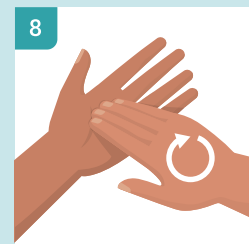
8
WASH FINGERNAILS
AND FINGERTIPS

9
RINSE HANDS

10
DRY WITH
A SINGLE USE TOWEL

11
USE THE TOWEL
TO TURN OFF THE FAUCET

12
YOUR HANDS ARE CLEAN

APPLICATION OF
HAND SANITIZER

1
APPLY THE PRODUCT ON
THE PALM OF ONE HAND

2
RUB HANDS TOGETHER

3
20 S
COVER ALL SURFACES
UNTIL HANDS FEEL DRY
(20 SEC)

Employee Health

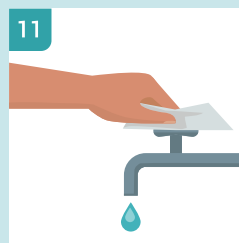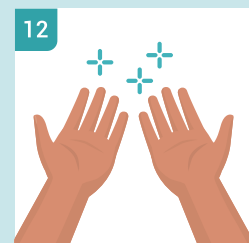On the following pages are samples of Davis Health System tools used for Employee Health & Wellness. Feel free to adapt these resources for your business or call Davis Health System Infection Control for information.

Employee Symptom Self-Monitoring Log (page 7) – for staff members who must self-quarantine due to possible exposure to the COVID-19 virus.

Self-Monitoring Symptom Log   Name: _____

Monitoring Start Date (Day 0): ____/____/____   Monitoring End Date (Day 14): ____/____/____

Symptoms	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Oral Temperature	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F	AM _____ °F PM _____ °F
Cough	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Sore Throat	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Runny Nose	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Body Aches	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Daily Employee Screening Log (page 8) – signed by each employee at the beginning of work shift. Helps ensure that staff do not report to work with symptoms of coronavirus.

All employees of DHS are required to "symptom report"at the beginning of their shift. This is a CMS requirement for re-opening services.

Managers are responsible for ensuring these logs are maintained.

If a staff member has these symptoms, they do not report for duty. They are to let their manager know, and report to the DMC COVID-19 screening site for testing. If the employee develops symptoms during their shift, they must immediately let their manager know and proceed to the alternate screening site for testing.

Flow Chart: Staff Exposure to COVID-19 (page 9) – flow chart illustrates process for staff exposure of COVID-19.

Self-Monitoring Symptom Log Name: _____/_____/_____ D.O.B ____/____/____ Dept.: _____

Monitoring Start Date (Day 0): ____/____/____ **Monitoring End Date (Day 14):** ____/____/____

Symptoms	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Oral Temperature	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F	AM ___°F PM ___°F
Cough	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Sore Throat	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Runny Nose	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Body Aches	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Red/Watery Eyes	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Eye Infection	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Shortness of Breath	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Nausea	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Vomiting	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Fatigue	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Other:															

IF you have fever or any symptom listed above, immediately call Manger, if not available call Employee Health at 3124 or 3450. Managers: Report any symptoms to EH immediately! Once 14 day log is complete, turn into your manager. Mangers will need to forward to Employee Health for filing.

(7)

PLEASE PRINT ONLY!

Daily Employee Screening Log   Unit/Department: _____   Date: _____   Shift: _____

Instructions: **Employee- please print your name on this screening log at the beginning of your shift only if: YOU HAVE NO FEVER, NO COUGH, NO SHORTNESS OF BREATH. Remember to wear your mask and other necessary PPE! If your physical status changes anytime during the shift, please alert your manager immediately.**

If you are reporting to work today and you have had a fever in the last 72 hours over 99°F, a cough, or shortness of breath then do not sign this screening log and IMMEDIATELY report to your manager/supervisor. You will not be permitted to work. You will be asked to be tested for COVID-19 and to go home and quarantine until results available.

Employee Name	Date	Employee Name	Date	Employee Name	Date

Managers, if your employee presents with symptoms, send them home immediately. If they can be sent to ATC or DCE for COVID-19 testing, then please instruct them to get tested immediately. If not, they can go home to quarantine and report to ATC or DCE the following day. Please alert Employee Health. Managers, please keep these logs filed in your department.

(8)

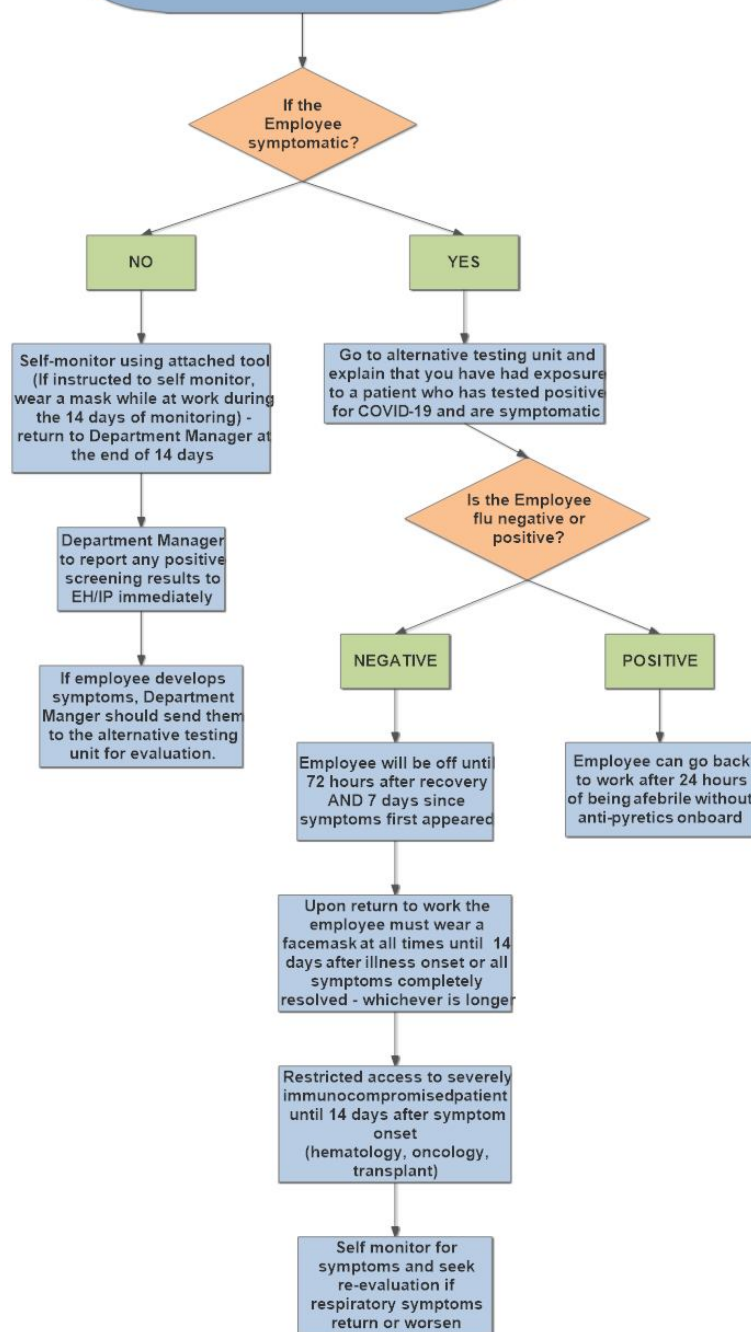| Covid-19 Staff Issues	PM
v2	3.27.2020
Created By	Elizabeth Teets

How to Handle Staff Issues Surrounding COVID-19

STAFF EXPOSURE OUTSIDE OF THE HEALTHCARE SETTING

Employee with exposure to a person who has been tested for COVID-19 OR has had close contact with a sick person with confirmed COVID-19, defined as
- living in the same household as a sick person with COVID-19
- Caring for a sick person with COVID-19
- Being within 6 feet of a sick person with COVID-19 for about 10 minutes   OR
- Being in direct contact with secretions from a sick person with COVID-19 (e.g. being coughed on, kissing, sharing utensils, etc.)

If the Employee symptomatic?

NO → Self-monitor using attached tool (If instructed to self monitor, wear a mask while at work during the 14 days of monitoring) - return to Department Manager at the end of 14 days → Department Manager to report any positive screening results to EH/IP immediately → If employee develops symptoms, Department Manger should send them to the alternative testing unit for evaluation.

YES → Go to alternative testing unit and explain that you have had exposure to a patient who has tested positive for COVID-19 and are symptomatic → Is the Employee flu negative or positive?

NEGATIVE → Employee will be off until 72 hours after recovery AND 7 days since symptoms first appeared → Upon return to work the employee must wear a facemask at all times until 14 days after illness onset or all symptoms completely resolved - whichever is longer → Restricted access to severely immunocompromised patient until 14 days after symptom onset (hematology, oncology, transplant) → Self monitor for symptoms and seek re-evaluation if respiratory symptoms return or worsen

POSITIVE → Employee can go back to work after 24 hours of being afebrile without anti-pyretics onboard

STAFF EXPOSURE INSIDE THE HEALTHCARE SETTING

Employee with known close contact exposure to COVID-19 patient

Is the Employee symptomatic?

NO → Use chart (below) based on patient and employee PPE

YES → Go to alternative testing unit and explain that you have had exposure to a patient who has tested positive for COVID-19 and are symptomatic → Employee will be off until 72 hours after recovery AND 7 days since symptoms first appeared → Upon return to work the employee must wear a facemask at all times until 14 days after illness onset or all symptoms completely resolved - whichever is longer → Restricted access to severely immunocompromised patient until 14 days after symptom onset (hematology, oncology, transplant) → Self monitor for symptoms and seek re-evaluation if respiratory symptoms return or worsen

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

HCP=healthcare personnel; PPE=personal protective equipment

Self-monitor using attached tool (If instructed to self monitor, wear a mask while at work during the 14 days of monitoring) - return to Department Manager at the end of 14 days → Department Manager to report any positive screening results to EH/IP immediately → If employee develops symptoms, Department Manger should send them to the alternative testing unit for evaluation.

Employee without known exposure to COVID-19, with fever and symptoms of a respiratory infection → Proceed to the alternative screening unit off of Gorman Ave. → Is the Employee flu negative or positive?

NEGATIVE → Employee will be off until 72 hours after recovery AND 7 days since symptoms first appeared → Upon return to work the employee must wear a facemask at all times until 14 days after illness onset or all symptoms completely resolved - whichever is longer → Restricted access to severely immunocompromised patient until 14 days after symptom onset (hematology, oncology, transplant) → Self monitor for symptoms and seek re-evaluation if respiratory symptoms return or worsen

POSITIVE → Employee can go back to work after 24 hours of being afebrile without anti-pyretics onboard

If patient has been tested for COVID-19 and is awaiting results

Return to work when
Test results come back negative AND your symptoms have resolved
OR
At least 7 days have passed since symptoms first appeared; AND
At least 3 days (72 hours) have passed since you recovered which is defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath).

Employee travel: See attached memo.
Travel to areas of widespread transmission will be updated daily.

How do I get an employee tested for COVID-19?

Davis Medical Center's drive-thru screening site for coronavirus is located on their campus in Elkins. Pre-screening drive-thru hours are 10 a.m. until 4 p.m., Monday - Saturday.

⚠️ **ATTENTION!**

COVID-19 Drive Thru Screening
Open Monday – Saturday • 10am – 4pm

For weekend and after-hours COVID testing call the
NURSE HOTLINE 304.630.3088

Suggestions for those visiting the COVID-19 Drive-Thru:

• Bring documentation or be prepared to provide information for patient registration including photo id, insurance information, and travel history.

• Travel alone if person is symptomatic, and if possible.

• Individual screening can take up to 10-15 minutes per patient.

• This screening is billable to insurance when applicable, but there is no out of pocket charge.

• COVID-19 tests will be generally be processed through Davis Medical Center's in-house laboratory – results are typically available in 4-6 hours. If an outside laboratory is used, results can take 24-48 hours.

Entrance to the alternative screening site is along Gorman Avenue across from the Main Entrance of the hospital. Look for signs to help guide you.

Employee Health

Healthcare workers are strong and resilient in times of disaster or need.

They push forward, at great personal risk, to keep our communities safe. But we too, are human. We feel anxious and afraid. The Human Element of our healthcare workforce has been a priority throughout the pandemic. Our core practices have involved:

• Established two staff respite rooms, with guided self-compassion meditation.
• Developed a Staff Care Web page with material and resources including you tube videos, links to professional organizations, meditation activities and information to help with stress reduction.
• Shared daily communication from Chief Medical Officer Catherine Chua, DO, FAAFP, FMNM, CPE
• Established a COVID-19 Intranet page with resources, forms and links to CDC and WHO sites.
• Designed fun stress relieving and appreciation activities like free ice cream, internal signage and banners, social media posts and other.
• Utilized our Spiritual Care Coordinator to lead higher levels of compassion, listening and kindness

On the following pages are samples of tools for Employee Mental Health & Wellness. Feel free to adapt these resources for your business or call Dina Andrews, Lead Chaplain and Spiritual Care Coordinator 304.637.3557.

DHS Staff Care Webpage (below) – Welcome letter from CMO Catherine Chua, DO, FAAFP, FMNM
Top 5 Daily Routine Tips (page 12)– Body, Mind & Spirit Exercises by Erin Browning
Understanding the Stress Cycle (page 13) – Tips to recognize and alleviate stress from Senior Life Solutions

Healthcare employees – whether they are clinical or working behind the scenes – have incredibly stressful jobs. It is often difficult for non-healthcare providers to understand the unique stressors that occur on a daily basis. This stress is only amplified during times of insecurity.

This is why we at Davis Health System have provided this site to all of our employees as a place to find resources to help our employees cope with stress and reset.

We have included stress relief videos, guidance, and meditations from a range of different approaches because we realize that one size does not fit all when it comes to finding peace in your work. If you prefer a religious or spiritual approach, a mindfulness approach, or a traditional therapy approach, we have you covered.

If you have a direct request, please fill out the contact form below or email directly to staffcare@davishealthsystem.org. Also, for a specified prayer or a need for one on one consultation, an online request can be made by clicking here.

Thank you for visiting, and be well!

Dr. Chua

Top 5 Daily Routine Tips

BODY, MIND, SPIRIT NOURISHING YOURSELF THROUGH AYURVEDA

1- Oral care then drink water before anything else in the morning.

When you wake brush your teeth, TONGUE, lips, cheeks, & gums then rinse the mouth.

Drink some warm water with lemon, with water the temperature of tea.

You can add 1/2 tsp turmeric and/or ginger to the water

2- Walk outside every single day

Find the time to get in nature.

Shorter more frequent bursts are better. So walk 15 minutes two or three times a day rather than 30-45 minutes at once.

Take your time. This is not a power walk, but a nature stroll.

3- Eat warm cooked vegetables

Salads are great, but cooked vegetables are going to digest a bit easier and will serve to keep you more nourished without the after effects of a giant heavy meal.

Spice the vegetables generously, with any natural spice & cut back on salt.

4-At the end of each shift journal "today's work made me think or feel"

Set a timer and write for 7 minutes non stop, it may not make sense, don't reread it, and burn the paper in a safe manner.

This gets some stress out of your mind & prevents overthinking.

Burning also destroys any written information.

5-Turn off screens (news, facebook, all the screens) one to two hours before bed

If you simply can't break this habit blue light blocking glasses are a decent second.

Especially right now, there is so much information coming at you all the time. This is one way to manage the impact of that on your sleep.

Ayurveda...

teaches us that EVERYTHING WE EXPERIENCE WE MUST DIGEST

A person only has so much capacity & yours is being challenged during this pandemic.

You're already a hero on the front lines & it is important to allow yourself to ask for help.

www.erin-browning.com

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Understanding the Stress Cycle

Stress elevates arousal or readiness. With manageable levels, stress can help sharpen your attention and help you cope with threatening situations. When stress arousal reaches maximum effect, however the gain in performance is lost and your performance and health begins to deteriorate. The following list of common reactions is offered to help you monitor your stress level during the **COVID 19 pandemic**.

Normal Reactions to a Prolonged Disaster Response

- You may not want to leave the scene when the work is finished- regardless of whether your replacement has arrived
- You will likely try to override stress and fatigue with dedication and commitment
- You may deny the need for rest and recovery time
- You will not be untouched by the enormous gravity of the situation and may experience sadness, grief and/or anger

Physical

- Gastrointestinal problems
- Headaches, other aches and pains
- Visual disturbance
- Weight loss or gain
- Tremors or muscle twitching
- Being easily startled
- Chronic fatigue or sleep disturbances

Psychological/Emotional

- Feeling heroic, euphoric, or vulnerable
- Denial
- Anxiety or fear
- Depression
- Guilt
- Grief

Coping with Stress

- Take breaks, eat, hydrate
- Leave at the end of your shift
- Keep up your normal routine at home
- Sleep, eat, drink in moderation
- Know where your body holds stress and what works best for you to release it
- Spend time with loved ones
- Do what calms and nourishes you
- Control the TV you watch - don't overload on COVID 19 reports
- Talk with your co-workers about your experiences; get and give support to one another
- Try to maintain your sense of humor
- Draw strength from faith, family, and friends
- Ask for help if you need it

Material adapted from: "A Guide to Managing Stress in Crisis Response Professions", U.S. Department of Health and Human Services, SAMHSA, Center for Mental Health Services,

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

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 cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.

cdc.gov/coronavirus

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Sewn Cloth Face Covering

Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic
  (or rubber bands, string,
  cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine
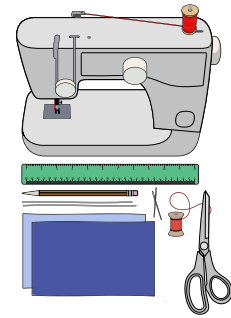
Tutorial

1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the cloth face covering as if it was a single piece of fabric.

6 inches

10 inches
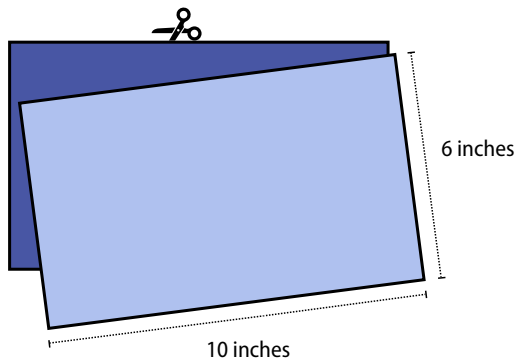
2. Fold over the long sides ¼ inch and hem. Then fold the double layer of fabric over ½ inch along the short sides and stitch down.

1/4 inch fold stitch

1/4 inch fold stitch

1/2 inch 1/2 inch

fold fold

stitch stitch
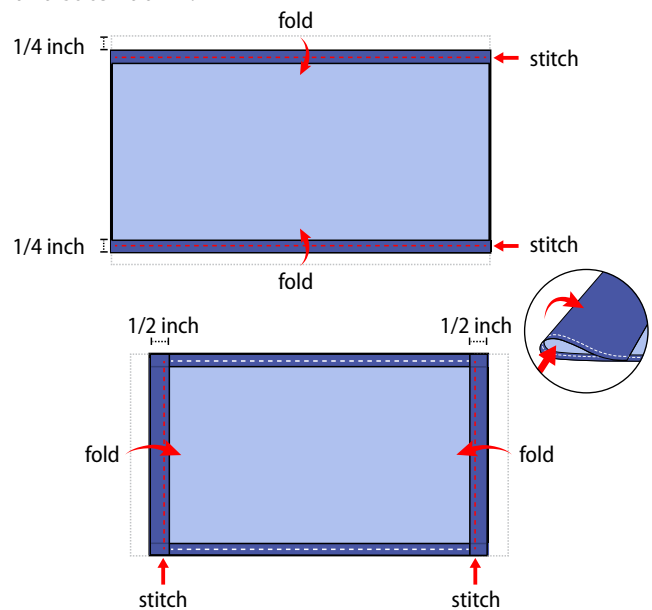
3. Run a 6-inch length of 1/8-inch wide elastic through the wider hem on each side of the cloth face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight.
   Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the cloth face covering behind your head.

thread through
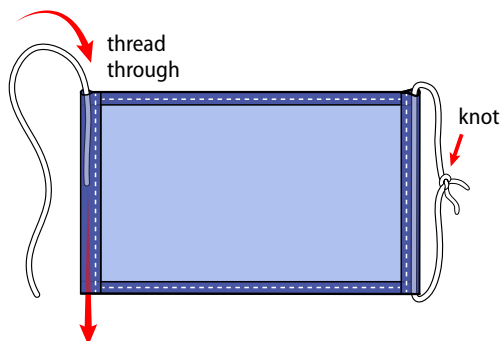
knot

4. Gently pull on the elastic so that the knots are tucked inside the hem.
   Gather the sides of the cloth face covering on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.

tuck in knot

stitch

stitch
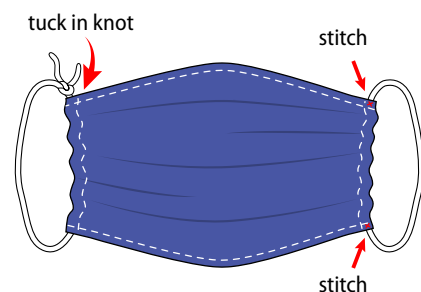
Quick Cut T-shirt Cloth Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

1.

7–8 inches

2.

6–7 inches

cut out

cut tie strings

3.

Tie strings around neck, then over top of head.
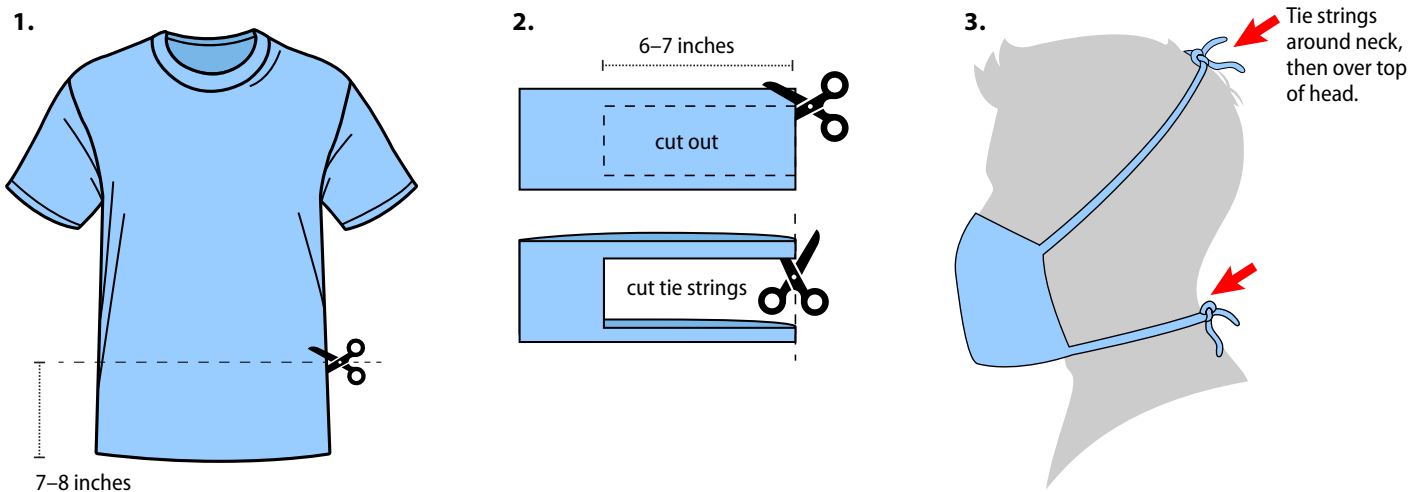
Bandana Cloth Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial

1.

Fold bandana in half.

2.

Fold top down. Fold bottom up.

3.

Place rubber bands or hair ties about 6 inches apart.

4.

Fold side to the middle and tuck.

5.

6.

Prepare your Small Business and Employees for the Effects of COVID-19

During an infectious disease outbreak, such as the current outbreak of COVID-19, small business owners must prepare for disruption in their business as well as prepare to protect their employees' health and safety in the workplace.

These steps are recommended to protect employees and prepare your business for disruption:

Coronavirus disease 2019 (COVID-) is a respiratory illness that can spread from person to person. It spreads between people who are in close contact with one another (within about 6 feet) and through respiratory droplets produced when an infected person coughs or sneezes. **Symptoms** (https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html) can include fever, cough, or difficulty breathing, which may appear 2-14 days after exposure.

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

Examine policies for leave, telework, and employee compensation.

- Leave policies should be flexible and non-punitive, and allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.

- When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining d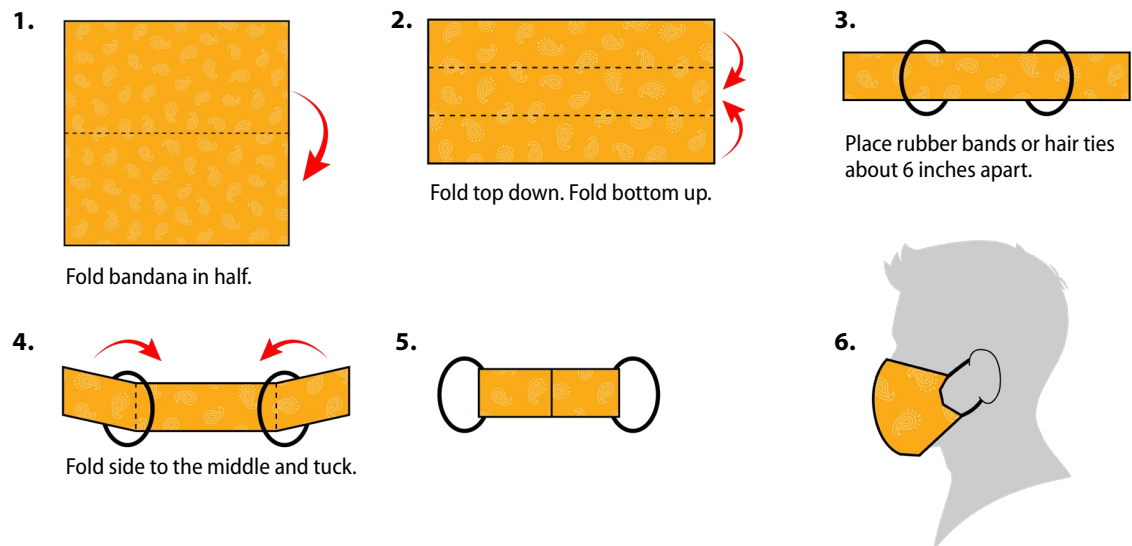istance of approximately 6 feet or 2 meters) between employees and others, especially if social distancing is recommended by state and local health authorities.

Review your leave policies with all employees and provide information about available employee assistance services. Share information on steps they can take to protect themselves at work and at home, and any available.

Identify essential employees and business functions, and other critical inputs such as raw materials, suppliers, subcontractor services/products, and logistics required to maintain business operations. Explore ways you can continue business operations if there are disruptions.

Prepare business continuity plans for significant absenteeism, supply chain disruptions, or changes in the way you need to conduct business.

Establish an emergency communications plan. Identify key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating about business and employee status.

Share your response plans with employees and clearly communicate expectations. It is important to let employees know plans and expectations if COVID-19 occurs in communities where you have a workplace.
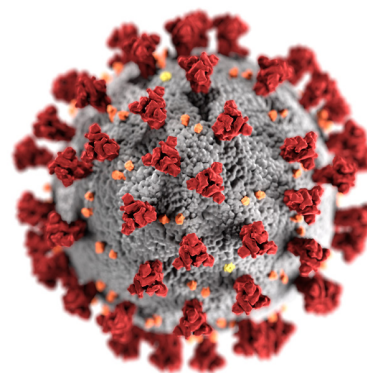
Top 10 Tips to Protect Employees' Health

Healthy employees are crucial to your business. Here are 10 ways to help them stay healthy.

- **Actively encourage sick employees to stay home.** Develop policies that encourage sick employees to stay at home without fear of reprisals, and ensure employees are aware of these policies.

- **Develop other flexible policies for scheduling and telework (if feasible) and create leave policies** to allow employees to stay home to care for sick family members or care for children if schools and childcare close.

- **Promote etiquette for coughing and sneezing** (https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html) and **handwashing** (https://www.cdc.gov/handwashing/index.html). Provide tissues, no-touch trash cans, soap and water, and hand sanitizer with at least 60% alcohol.

- **Perform routine environmental cleaning.** Routinely clean and disinfect all frequently touched surfaces, such as workstations, countertops, handrails, and doorknobs. Discourage sharing of tools and equipment, if feasible.

- **Provide education and training materials** in an easy to understand format and in the appropriate language and literacy level for all employees, like **fact sheets and posters** (https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html).

- **Have conversations with employees about their concerns.** Some employees may be at higher risk for severe illness, such as **older adults** (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html) and those with chronic medical conditions.

- **Talk with companies that provide your business with contract or temporary employees about their plans.** Discuss the importance of sick employees staying home and encourage them to develop non-punitive "emergency sick leave" policies.

- **Plan to implement practices to minimize face-to-face contact between employees if social distancing is recommended by your state or local health department.** Actively encourage flexible work arrangements such as teleworking or staggered shifts.

- **Consider the need for travel and explore alternatives.** Check CDC's **Travelers' Health** (https://wwwnc.cdc.gov/travel) for the latest guidance and recommendations. Consider using teleconferencing and video conferencing for meetings, when possible.

- **If an employee becomes sick while at work,** they should be separated from other employees, customers, and visitors and sent home immediately. Follow CDC guidelines for **cleaning and disinfecting** (https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) areas the sick employee visited.

For more tips and information see the **CDC Interim Guidance for Businesses and Employers** (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) and the **OSHA Guidance for Preparing Workplaces for COVID-19** (https://www.osha.gov/Publications/OSHA3990.pdf).

cdc.gov/coronavirus

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Environmental Safety

Inside we have included Davis Health System "best practices" used at our facility during the COVID-19 pandemic.

Our processes were developed according to guidelines from the Centers for Disease Control and Prevention, The American Hospital Association, CMS and other professional healthcare resources.

Feel free to adapt these safety practices to best fit the needs of your business or organization.

QUESTIONS? Call our Infection Control Department at 304.637.3124.

Environmental Safety

To prevent the spread of respiratory diseases, like coronavirus, we have implemented intense cleaning and sanitizing practices, and have redesigned our environments.

All staff and public must wear masks upon entry.

Waiting areas, queue areas, and other public areas are arranged for social distancing of 6 feet. Floor markers instruct patients to remain 6 feet back from counter areas. Discontinue use of magazines and shared items in waiting areas.

Daily intensive sanitizing and housekeeping measures in high-touch and patient contact areas. UV lights in air handling units and terminal cleaning processes provide additional disinfection and decontamination.

Clear plastic barriers help to shield against droplets from coughs or sneezes in customer contact areas.
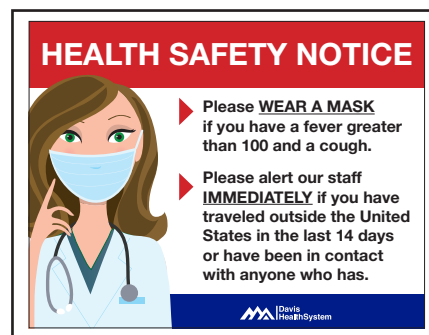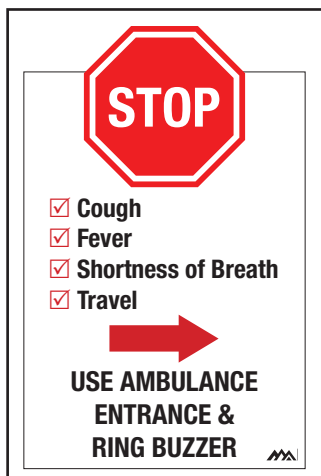
Support respiratory etiquette and hand hygiene for employees, customers, and worksite visitors.

- Provide tissues and no-touch disposal receptacles.

- Place hand sanitizers in multiple locations to encourage hand hygiene.

- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen.

Safety Communications

Communicate important social distancing and hygiene messages through effective signage placed on doors and windows. Below are samples of signage Davis Health System has implemented throughout the pandemic - feel free to use these as guides for your own business.

STOP

☑ Cough
☑ Fever
☑ Shortness of Breath
☑ Travel

USE AMBULANCE ENTRANCE & RING BUZZER

STOP

ALL PUBLIC MUST WEAR A MASK UPON ENTERING THE FACILITY!

You will be asked to return to your car if mask is refused or removed while inside.

Please Keep 6 Feet Apart AT ALL TIMES.

Thank you for your cooperation.

HEALTH SAFETY NOTICE

Please **WEAR A MASK** if you have a fever greater than 100 and a cough.

Please alert our staff **IMMEDIATELY** if you have traveled outside the United States in the last 14 days or have been in contact with anyone who has.

Davis Health System

COVID-19 Drive Thru Screening Open Monday – Saturday 10am – 4pm

For weekend and after-hours COVID testing call the **NURSE HOTLINE 304.630.3088**

Davis Health System is glad to share any of the following downloadable signs which can be placed on doors or windows. Call 304.637.3378 or email contactus@davishealthsystem.org.

Online vendors are also available for customizable or standard COVID-19 signage. Visit Vista Print for samples:
https://www.vistaprint.com/covid-19-signage?xnid=TopNav_COVID-19&xnav=TopNav

Cleaning And Disinfecting Your Facility

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

- **Recommend use of EPA-registered household disinfectant.** **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 to ensure the product is not past its expiration date. 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 1 minute**

To make a bleach solution, mix:

  - 5 tablespoons (1/3rd cup) bleach per gallon of water

    OR

  - 4 teaspoons bleach per quart of water

- **Alcohol solutions with at least 70% alcohol.**

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.
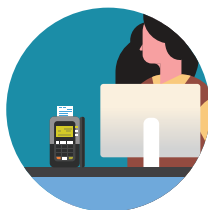
cdc.gov/coronavirus

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- **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 dinfecting.

    - 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

- **Wear disposable gloves.**

- **Wash hands with soap and water** as soon as you remove the gloves.

- **Do not shake** dirty laundry.

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.

- Dirty laundry from a sick person **can be washed with other people's items**.

- Clean and **disinfect clothes hampers** according to guidance above for surfaces.

Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the sick person.

- **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.

- Clean and disinfect **all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.

- If **more than 7 days** since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.

    - Continue routing cleaning and disinfection.

When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**

    - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.

    - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.

- **Wash your hands often** with soap and water for 20 seconds.

    - Always wash immediately after removing gloves and after contact with a sick person.
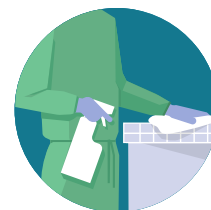
- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- **Additional key times to wash hands** include:

  - After blowing one's nose, coughing, or sneezing.

  - After using the restroom.

  - Before eating or preparing food.

  - After contact with animals or pets.

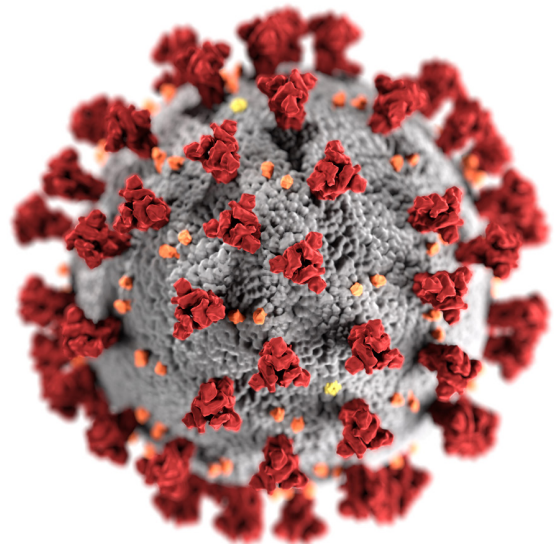 - Before and after providing routine care for another person who needs assistance (e.g., a child).

Additional Considerations for Employers

- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.

- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.

- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.

  - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.

- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200).

- **Comply** with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).

For facilities that house people overnight:

- Follow CDC's guidance for colleges and universities. Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.

- For guidance on cleaning and disinfecting a sick person's bedroom/bathroom, review CDC's guidance on disinfecting your home if someone is sick.

SOCIAL DISTANCING

SOCIAL DISTANCING PROTECT YOURSELF FROM COVID-19
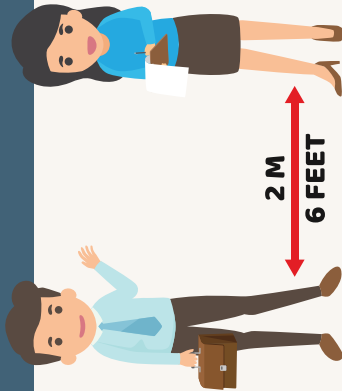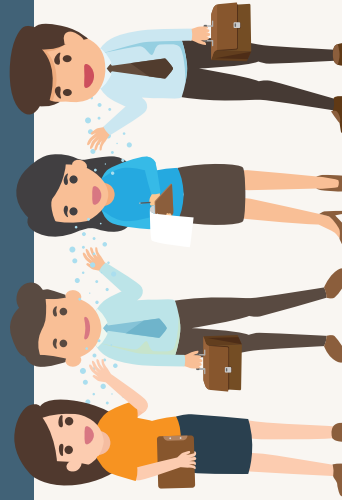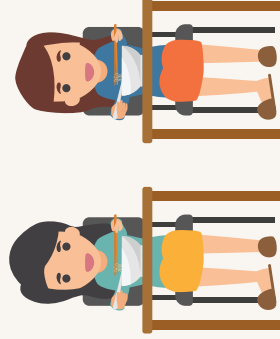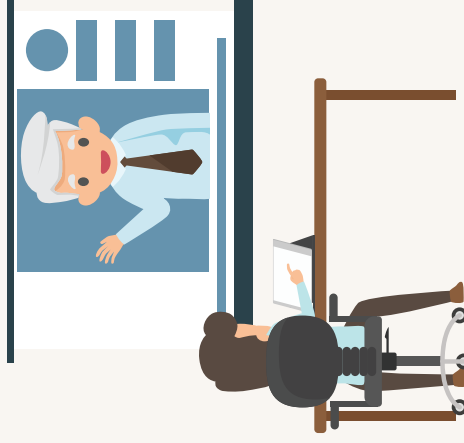
Use Video Conference

Online Learning

Set meal
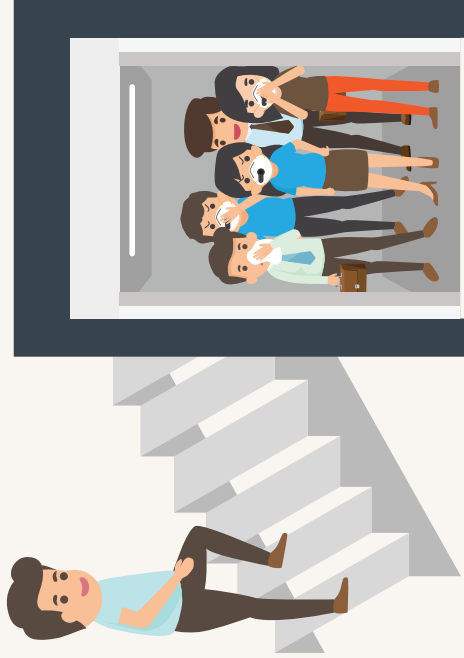
Avoid sharing with others

Avoid crowded place

Social Distancing

2 M
6 FEET
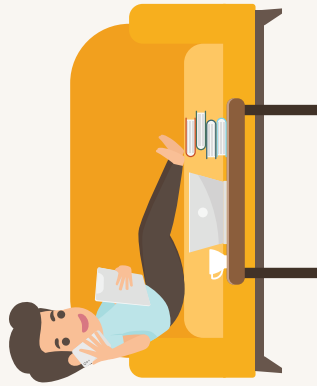
Work at home

Rest at home

Clean Hands
STOP
Germs!
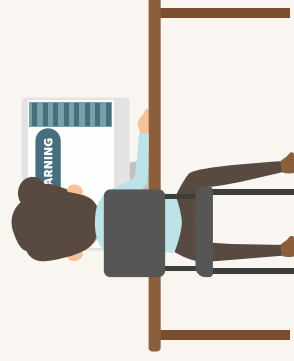
Did you wash your hands?

Davis MedicalCenter

Helpful Contacts & Resources

WV COVID-19 Hotline   1.800.887.4304

Davis Medical Center Nurse/Covid Hotline 304.630.3088

WV DHHR   304-265-6103 https://dhhr.wv.gov/COVID-19/Pages/default.aspx

Health Departments

Barbour County   304-457-1670   https://barbourhealthwv.com/

Pocahontas County 304-799-4154   https://upshurhealthwv.com/

Randolph County   304-636-0396   https://randolphhealthwv.com/

Tucker County   304-478-3572   https://tuckerhealthwv.com/

Upshur County   304-472-2810   https://upshurhealthwv.com/

Webster County   304-847-5483   http://webstercountyhealthdepartment.com/

Davis Medical Center Infection Control
Main- 304-636.3300
Julie Phillips, Director, Infection Control 304-637-3450
Kari Gibson, Infection Prevention Assistant 304-637-3124

CDC
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Guidance on Preparing Workplaces for COVID-19

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

OSHA 3990-03 2020

U.S. Department of Labor

Introduction

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

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

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

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

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

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

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

About COVID-19

Symptoms of COVID-19

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

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

How COVID-19 Spreads

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

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

- Between people who are in close contact with one another (within about 6 feet).

- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

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

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

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

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

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

How a COVID-19 Outbreak Could Affect Workplaces

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

- **Absenteeism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.

- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.

- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.
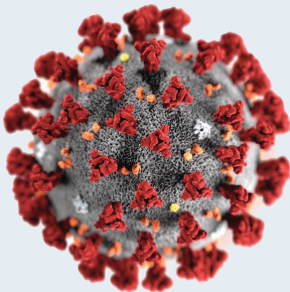
This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by the 2019 Novel Coronavirus (2019-nCoV). Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. This virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China.

Photo: CDC / Alissa Eckert & Dan Higgins

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

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

Develop an Infectious Disease Preparedness and Response Plan

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

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

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

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

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

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

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

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

Prepare to Implement Basic Infection Prevention Measures

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

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

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

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

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

- Where appropriate, employers should develop policies and procedures for immediately isolating people who have signs and/or symptoms of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite.

- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).

- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—particularly in worksites where medical screening, triage, or healthcare activities occur, using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).

- Restrict the number of personnel entering isolation areas.

- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

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

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

Implement Workplace Controls

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

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

Engineering Controls

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

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

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

Administrative Controls

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

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

Safe Work Practices

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

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

Personal Protective Equipment (PPE)

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

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

All types of PPE must be:

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

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

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

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

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

- Consider using PAPRs or SARs, which are more protective than filtering facepiece respirators, for any work operations or procedures likely to generate aerosols (e.g., cough induction procedures, some dental procedures, invasive specimen collection, blowing out pipettes, shaking or vortexing tubes, filling a syringe, centrifugation).

- Use a surgical N95 respirator when both respiratory protection and resistance to blood and body fluids is needed.

- Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield. Ensure that the face shield does not prevent airflow through the respirator.

- Consider factors such as function, fit, ability to decontaminate, disposal, and cost. OSHA's Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: www.osha.gov/SLTC/etools/respiratory. Also see NIOSH respirator guidance at: www.cdc.gov/niosh/topics/respirators.

- Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment. Learn more at: www.osha.gov/SLTC/respiratoryprotection.

- The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19. See the NIOSH "Respirator Selection Logic" at: www.cdc.gov/niosh/docs/2005-100/default.html or the OSHA "Respiratory Protection eTool" at www.osha.gov/SLTC/etools/respiratory.

Follow Existing OSHA Standards

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

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

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

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030.