OMEP COVID 19-Workplace Preparedness Guidebook

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NOTICE FROM OMEP

The Oregon Extension Manufacturing Partnership, Inc. (OMEP) is one of (51 w/ Puerto Rico) State-Based Centers in the MEP National Network. Our mission is to work side by side with Oregon manufacturers to help build successful businesses.

We draw on our team's significant depth and breadth of real-world manufacturing experience, bringing a thoughtful problem-solving approach to eliminating obstacles companies face. With our roots in lean as a business operating philosophy, we leverage these methodologies to provide solutions in Manufacturing Operations, Business Financials & Strategy and Workforce Solutions to be Oregon manufacturers' source for growth and prosperity.

MEP NATIONAL NETWORK

OMEP is the official representative of the MEP National Network in Oregon. The MEP National Network is a unique public-private partnership that delivers comprehensive, proven solutions to U.S. manufacturers, fueling growth and advancing U.S. manufacturing.

In an effort to provide support to Small & Mid-Sized Manufacturers, this guide has been developed to help guide manufacturers to return to work and recover - as you maintain, resume all, or restart operations.

LEGAL DISCLAIMER

The purpose of this document is to recommend/suggest ideas that you may wish to consider as our Industry and your Business moves towards 100% reopening in the aftermath of the COVID-19 pandemic. Keep in mind that there is no 'one size fits all' scenario.

Before you choose 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; OMEP 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.

PURPOSE

This guide has been created to assist you in preparing your workplace to operate in the COVID-19 environment and help you develop an Infectious Disease Preparedness and Response Plan. This guidebook attempts to consolidate applicable guidance from the Centers for Disease Control and Prevention, Occupational Safety and Health Administration including the Oregon Division, Oregon Health Authority Bureau and United States Environmental Protection Agency and the Bureau of Labor and Industries.

Develop an Infectious Disease Preparedness and Response Plan

All employers in Oregon are required by the Oregon Safe Employment Act (OSEA) to provide a safe and healthful workplace for their employees. In order to do so, it is important to develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19. During this process, stay abreast of guidance from federal, state, and local health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

The plan should contain information that is specific to your workplace, identifies all areas and job tasks with potential exposures to COVID-19, and includes control measures to eliminate or reduce such exposures.

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

- **Prevent and reduce transmission among employees**
- **Maintain healthy business operations, and**
- **Maintain a healthy work environment.**

Prevent and Reduce Transmission among Employees

Actively encourage sick employees to stay home:

- Employees who have symptoms should notify their supervisor and stay home. Symptoms include the following:
    - Shortness of breath or difficulty breathing
    - Fever
    - Chills
    - Muscle pain
    - Sore throat
    - New loss of taste or smell
    - Cough

This list is not exhaustive and other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

- Employees who are sick with COVID-19 should isolate at home and stay in contact with their doctor. Employees should not return to work until the following is met:
- At least 3 days (72 hours) have passed *since recovery,* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms **and** at least 10 days have passed *since symptoms first appeared*.

OR

- Two negative COVID-19 test results > 24 hours apart **and** improvement in respiratory symptoms **and** resolution of fever.
- Employees who are sick with COVID-19 should isolate at home and stay in contact with their doctor. Employees should not return to work until the following is met:
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and stay at home and monitor their health. CDC recommends a 14-day quarantine.

In-person health checks (Temperature Checks)

Employers in Oregon have the authority to set up monitoring stations at their facility to perform health checks of staff and visitors. In circumstances where on-site temperature measurement is being implemented, temporal scanners

(touch forehead), and no-touch methods might be used in order to reduce contact between screeners and potentially ill individuals.

- If implementing in-person health checks, conduct them safely and respectfully. Employers may use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the screener.
- Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building.
- Maintain confidentiality of medical records from the health checks. **As with all medical information, the fact that an employee had a fever or other symptoms would be subject to ADA confidentiality requirements.**
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible.

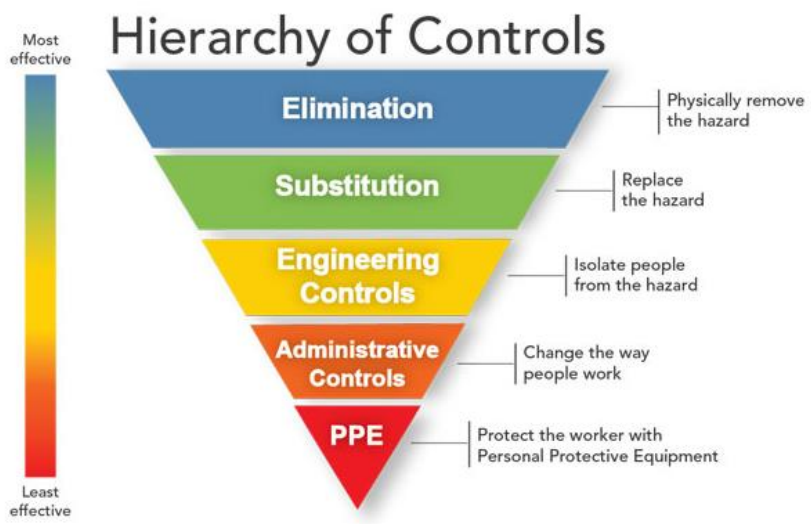
Hazard Assessment, Hierarchy of Controls and PPE

OSHA requires employers to assess occupational hazards to which their workers may be exposed. This can be done by conducting a hazard assessment of the workplace including specific jobs to identify potential workplace hazards related to COVID-19.

In assessing potential hazards, employers should consider if and when their employees may encounter someone infected with COVID-19 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.

After the workplace hazards have been identified in the workplace and on specific jobs, occupational safety and health professionals use a framework called the "hierarchy of controls" to select ways of controlling for them.

Below is a graphical representation of the hierarchy:



The idea behind this hierarchy is that the control methods at the top of graphic are potentially more effective and protective than those at the bottom. The best way to control a hazard is to eliminate it from the workplace. However, during a COVID-19 outbreak, it may not be possible to entirely eliminate the hazard. Therefore, the most effective protective measures (listed from most effective to least effective) are as follows:

Engineering Controls:

Engineering controls involve isolating employees from work-related hazards. 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 (the virus that causes COVID-19) include:

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

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. Administrative controls for SARS-CoV-2 (the virus that causes COVID-19) 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.
- Training workers who need to use protective clothing and equipment on how to put it on, use/wear it, and take it off correctly.
- Requiring regular hand washing or using of alcohol-based hand rubs.

PPE:

When engineering and administrative controls cannot be implemented or are not fully protective, 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.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- 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 employees with PPE needed to keep them safe while performing their jobs at no cost. They must also train their employees on the correct usage.

Use appropriate combinations of controls from the hierarchy of controls to

limit the spread of COVID-19, including engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards.

Below is a short, non-comprehensive list of Oregon-based manufacturers where PPE can be sourced. More domestic sources can be found at www.supplierconnect.org :

Company	**Item**	**Contact**
RP Advanced Mobile Systems	Face shields and CCV Masks	Terry Wymath – terry@rpams.com
Miles Fiberglass and Composites	Face Shields	Jill Rundle - jrundle@milesfiberglass.com
ACME Scenic	Face Shields	Carol Lambert - clambert@acmescenic.com
Rainier	Face shields, Indoor Signs, Posters, Outdoor Signage	Rainier.com- 425-800-5349
D6	Face Shields, N95 Masks, Masks	Ed Dominion- covidsales@d6inc.com
USiA	Gowns	Tripp Haenn-tripp@usia.com
NW Alpine	Masks	https://www.nwalpine.com/products/mask
North Street Bags	Masks	https://northstbags.com/
Novus Labs	Masks	https://www.bfe99s.com

Oregon Guidance on Face Coverings

Consistent with the Centers for Disease Control and Prevention (CDC) recommendations, the Oregon Health Authority recognizes the use of face coverings may reduce the spread of COVID-19 among Oregonians.

This includes viral spread from people who have the infection, but no symptoms. As businesses and public spaces reopen in Oregon, it may be difficult to always keep 6 feet between people. Therefore, OHA recommends that the public use face coverings in businesses and public settings.

However, per Oregon OSHA there are two general circumstances where employers should not permit the use of cloth face coverings:

- There is a medical concern that using such equipment could create a greater health risk to the employee user (e.g. asphyxiation, loss of consciousness, suffocation, lung failure).
- The use of such respiratory equipment creates a severe hazard in and of itself (i.e., greater hazards that may be immediately injurious to life or health).
- Examples of greater hazards may include, but are not limited to:
  - Electrocution
  - Fire, burns, explosions, flame engulfment

Identification and Isolation of Sick People

Employees who appear to have COVID-19 symptoms upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors, and sent home.

For employees that become sick while at work, 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. Also, ensure a plan for safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.

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

- Work with your local public health department to determine which co-workers had close, prolonged contact with the ill employee that might put them at risk of exposure to COVID-19.
  - Consider gathering information on persons who the sick individual has had contact with while symptomatic and two days prior.
- Maintain confidentiality as required by the Americans with Disabilities Act (ADA).

See Cleaning and Disinfection for Active/Suspected Covid-19 for guidance on how to clean and disinfect your facility after identification of a sick person.

Employee Education

Educate employees about steps they can take to protect themselves at work and at home. Encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, and work meetings and travel.

Advise employees to:

- Stay home if they are sick, except to get medical care
- Inform their supervisor if they have a sick family member at home with COVID-19
  - This generally requires that the employee stays home until 14 days after their last exposure.
- Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees that if their hands are visibly dirty, they should use soap and water over hand sanitizer. Key times for employees to clean their hands include:
  - Before and after work shifts
  - Before and after work breaks
  - After blowing their nose, coughing, or sneezing
  - After using the restroom
  - Before eating or preparing food

  - After putting on, touching, or removing cloth face coverings
- Avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover their mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
- Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs.

- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
- Practice social distancing by avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible.

Maintain Healthy Business Operations

Flexible sick leave and supportive policies

Implement flexible sick leave and supportive policies and practices.

- Review and comply with any applicable requirements for maintaining employee health insurance coverage.
- Review and comply with any applicable required federal and state leave law protections for employees who are unable to work due to COVID-19 related circumstances.
- Prepare to institute flexible workplace and leave policies that abide by Federal and Oregon law for sick time and FMLA.
  - Oregon Law regarding sick time (Bureau of Labor and Industries)
  - Oregon law gives all employees sick time – including part-time workers. If you have 10 or more employees or 6 or more with operations in Portland, **employees get PAID sick time.**
  - Employees can use sick time if they or their family member is sick, injured, experiencing mental illness, or need to visit the doctor.
  - Employees can use sick time if their child's school is closed by order

of a public official for a public health emergency.

  - Employees get at least one hour of sick time for every 30 hours they work OR their employer can front-load 40 hours.
  - Employees are eligible to use sick time on their 91st day of employment, but their employer can let them take leave sooner.

- New federal protections for COVID-19 under **the Families First Coronavirus Response Act** require employers to provide **Paid Emergency Sick Leave and Extended FMLA.**
  - Two weeks at full pay because of the employee is quarantined and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; **OR**
  - Two weeks at two-thirds pay to care for an individual subject to quarantine or care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.
  - Expanded FMLA for employees employed for at least 30 days = Up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee's pay as leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.
- Determine whether your business can extend paid or unpaid leave and if feasible adopt a temporary flexible time off policy to accommodate circumstances where federal or state law does not provide for protected or paid leave.
- The CDC recommends employers not require a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
  - It is, however permitted under the American's with Disabilities Act to require employees to provide a doctor's note to verify that they are healthy and able to return to work.
- Review human resource policies to make sure that your policies and practices are consistent with public health recommendations and with existing state and federal workplace laws.
- Connect employees to employee assistance program (EAP) resources, if available, and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to help them manage stress and cope.

Communication Plan

Communicate supportive workplace policies clearly, frequently, and via multiple methods.

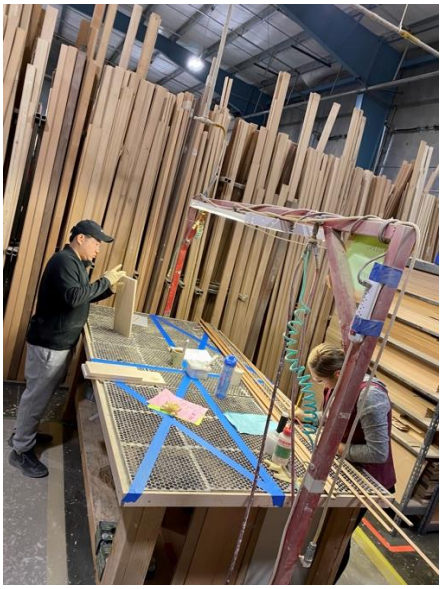
- Train workers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.
- Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and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

Essential Functions

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

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

- When resuming onsite business operations, identify and prioritize job functions for continuous operations. Minimize the number of workers present at worksites by resuming business operations in phases, balancing the need to protect workers with support for continuing operations.



Absenteeism

There may be an increase in absenteeism due to employees becoming ill, employees who need to stay home to care for sick family members, and those who must stay home to watch their children until childcare programs and K-12 schools resume. **Determine how you will operate if absenteeism spikes**

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

Social Distancing

Establish policies and practices for social distancing.

Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home. The recommend distance to maintain is six feet or about two arm's length from other people.

Your workspace may need to be altered to help workers and customers maintain social distancing and physically separate

employees from each other and from customers, when possible. The CDC provides the following strategies:

- Implement flexible worksites (e.g., telework).
- Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
- Increase physical space between employees and customers (e.g., drive-through service, physical barriers such as partitions).
- Increase physical space between workers. This may include modifications such as markings on the floor demonstrating appropriate spacing or installing plexiglass shields, tables or other barriers to block airborne particles and maintain distances.
- Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).
- Limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms and break rooms by limiting occupancy or staggering use.
- Prohibit handshaking.
- Deliver services remotely (e.g., phone, video, or web).
- Adjust your business practices to reduce close contact with customers — for example, by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options, where feasible.
- Restrict use of any shared items or equipment and require disinfection of equipment between uses.

Below are some workplace areas to consider:

<u>Workstations:</u>

- Remain isolated when possible.
- Maintain 6 feet of separation between yourself and the nearest co-worker at all times.

- Companies should prevent desks from facing each other unless guarded by a cubicle wall of similar barriers.
- Walking paths should be designated as **one way** including in offices, warehouses, and storage areas or similar where traffic is common and other safety protocols will not be impacted.

Breakrooms:

- Employees must maintain proper self-distancing
- Employees shall not sit directly next to or across from one another
- Minimize touching objects such as vending machines, coolers, refrigerators and other commonly shared breakroom items
  - When breakroom items are touched, employees must wash hands
  - Prior to exiting the breakroom, properly disinfect all items encountered
  - When possible, use separate doors to enter and exit the breakroom to avoid close proximity with others

Lunch Area/Cafeterias:

- All breakroom guidelines apply
- Encourage employees to bring their own lunch so no more communal sharing- such as hot buffet/ cafeteria lunch program etc. and discourage drop-off food deliveries to maintain social distancing and spread of COVID-19
- The use of disposables such as plates, cups and utensils are deemed a 'Best Practice
- Self-service should not be allowed at this time

Restrooms:

- Social distancing guidelines must be maintained, including waiting in lines
- All employees must properly disinfect hands when finished
- Restrooms must stay sanitary – dispose of paper products and completely flush toilets
- If possible, doors shall remain open to avoid repeated contact by employees
- If possible, restroom require pathways that avoid close proximity of

employees

Shift Changes:

- Do **not** congregate in parking lots or other areas prior to or after shifts
- Maintain 6 feet of distance while entering or exiting facility
- If possible, one-way entry and exits should be established
- If possible, entry & exit doors should remain open during shift changes
- Avoid touching the time clock bare-handed, use gloves

Maintain a Healthy Work Environment

Building Ventilation Systems

Consider improving the engineering controls, isolating people from the hazard, using the building ventilation system. The below recommendations are from the CDC and the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE):

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

Resuming Operations after Prolonged Shutdown

If your workplace or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time. See Cleaning and Disinfection. However, there is a risk of microbial hazards and a review of the **Building Water Systems** and **Mold Awareness** should be conducted.

Building Water Systems

The Oregon Health Authority advises building owners to take precautions prior to resuming normal building use to ensure safe water and protect public health. Water quality within buildings that have been vacant or have seen little use during the pandemic restrictions may be impacted by other infectious agents and contaminants as a result of low flow or stagnant water in pipes. Stagnant water in pipes can create conditions that favor the growth and spread of Legionella and other harmful bacteria, result in lower chlorine levels in buildings supplied by a public water system that uses a disinfectant, and/or result in increased lead and copper levels that can leach out of pipes and fixtures.

Building owners should flush water pipes weekly while the building is vacant and prior to resuming normal building use. Following are considerations for flushing:

- In general, flush one area and fixture at a time, starting in the basement and working upward to other floors.
- Remove aerators and flush cold water first, then hot water.
- Be sure the hot water heater is set to at least 120 degrees Fahrenheit.
- Consider collecting and analyzing one or more coliform bacteria samples after flushing.

Owners and facility managers of large buildings should develop a specific flushing plan for their building that avoids stagnation zones, is consistent with their building water management plan and complies with state and local building codes. The services of a licensed plumber may be helpful.

Center for Disease Control and Prevention (CDC) has developed "Guidance for Building Water Systems" that includes 8 steps to take prior to reopening buildings to ensure the safety of water:
https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html

Mold Awareness

Mold will grow on building materials where there is moisture, produced from leaks or condensation from roofs, windows, or pipes, or from a flood. Mold can grow on a variety of surfaces, such as ceiling tiles, wallpaper, insulation, drywall, carpet, and fabric. People with asthma and other respiratory conditions and those with mold allergy or weakened immune systems should avoid buildings suspected or confirmed to have mold contamination.

Ensure that your building does not have mold after a prolonged shutdown to maintain a safe working environment for returning occupants.

5 steps to minimize mold risk during and after a prolonged shutdown

See CDC Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation for more details.

1. Maintain indoor humidity as low as possible, not exceeding 50%, as measured with a humidity meter.

2. After a prolonged shutdown and before occupants return, buildings should be assessed for mold and excess moisture.

3. After an assessment has confirmed that mold and moisture are not detected OR after remediation has been completed), a building HVAC system that has not been active during a prolonged shutdown should be operated for at least 48 to 72 hours known as a "flush out" period before occupants return.

4. After a building is reopened and occupied, routine (e.g., weekly) checks of the HVAC system are recommended to ensure operating efficiency

Hand Hygiene

It is important to provide employees, customers, and visitors what they need to clean their hands and cover their coughs and sneezes. Be sure to enforce that meticulous hand hygiene (frequent and proper handwashing) is of utmost importance for all employees. The CDC recommends the following measures:

- Provide tissues and no-touch trash cans.

- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.
- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Posters can be found here on the CDC website to print: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html
- Posters can also be can be ordered for free via CDC-Info on Demand.
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.

Cleaning and Disinfection

It is important to **develop, implement, and maintain** a plan to perform regular cleanings and disinfection to reduce the risk of exposure to COVID-19. In this section we will also discuss CDC reopening guidance for cleaning and disinfecting businesses.

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

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

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

2 IMPLEMENT

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

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

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

3 MAINTAIN AND REVISE

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

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

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

Develop Your Plan

It is critical that your plan addresses reopening and includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff, adjusting the plan as federal and state, guidance is updated

and if your specific circumstances change.

Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. This includes ensuring that workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard. Training should also include when to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE.

Evaluate your business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an EPA Approved Disinfectants
    - If an EPA-approved disinfectant is unavailable, the following may be used:
        - 1/3 cup of bleach added to 1 gallon of water
        - 70% alcohol solutions to disinfect
        - Do not mix bleach or other cleaning and disinfection products together
        - Bleach solutions will be effective for disinfection up to 24 hours

Determine What Needs to be Cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection.

- If the area is **outdoors** it generally requires routine cleaning and doesnot require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public.
- If your workplace, school, or business has been **unoccupied for 7 days** or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

Determine What Needs to be Disinfected

Following the normal routine cleaning, disinfect frequently touched surfaces and objects using an EPA Approved Disinfectants. Below are examples of frequently touched surfaces. Each business or facility will have different surfaces and objects that are frequently touched by multiple people. **Determine which surfaces in your facility are frequently touched surfaces and establish the frequency in which they will be disinfected.** At a minimum these should be cleaned and disinfected daily. More frequent cleaning and disinfection may be required based on level of use.

Frequently Touched Services	
• Tables • Door Knobs • Light Switches • Countertops • Handles • Desks	• Keyboards, • Toilets • Faucets • Sinks • Touch screens • Phones

The type of surface, hard and non-porous or soft and porous, will dictate the disinfectant regime.

Hard and non-porous material

Examples of hard and non-porous material include glass, metal and plastic. Use an EPA approved product for use against COVID-19. Alternatively, diluted household bleach solutions may be used if appropriate for the surface. Check the label to see if the 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.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water **OR**
- 4 teaspoons bleach per quart of water

Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for **at least one minute.**

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

Soft and porous material

Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. If they cannot be removed and are frequently touched they should be disinfected using EPA-registered household disinfectant. Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting and dried completely. In the case of carpet, vacuum as usual.

Store and use disinfectants in a responsible and appropriate manner according to the label.

Resources and Equipment

Determine the equipment that is needed to perform cleaning and disinfection as well which **PPE** is needed in order to reduce the risk exposure to cleaning staff. The CDC recommends that cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash. Directions on the disinfectant label should be consulted to determine if additional PPE is needed.

If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing should be laundered afterwards.

In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs.

Implement

Once a plan has been established, it's time to implement. Ensure that employees are wearing gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting. Also, it is important that employees read and understand all manufacturer's instructions for the cleaning and disinfection products that they will be using.

Clean visibly dirty surfaces with soap and water

Surfaces and objects should be cleaned using soap and water prior to

disinfection. Appropriate gloves for the chemicals being used should be worn for routine cleaning and disinfecting. Directions on the disinfectant label should be reviewed to determine the need for additional PPE. When cleaning is complete, employees should be reminded to wash hands thoroughly with soap and water.

Use the appropriate cleaning or disinfectant product
When applied according to the manufacturer's label, EPA Approved Disinfectants are effective for use against COVID-19.

Always follow the directions on the label
Ensure that employees follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Maintain and Revise

Monitor public health, federal and state communications about COVID-19 recommendations for the workplace and continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting
Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as workstations, keyboards, door handles, handrails, desks, telephones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Safe behavioral practices
Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands

with soap and water for 20 seconds. 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.

Practices that reduce the potential for exposure

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.
- Employees should be advised to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

Cleaning and Disinfection Procedure for Active/Suspected COVID-19

In the event that an employee is suspected/confirmed to have COVID-19, a review should be conducted to determine the areas that were used by the person. The guidance below provided by the CDC is aimed at limiting the survival of SARS-CoV-2 (the virus that causes COVID-19) in key environments.

- Close off areas used by the person who is sick.
    - Companies do not necessarily need to close operations if they can close off affected areas.
- If possible, wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.
- Clean and disinfect all areas and surfaces used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines. See Cleaning and Disinfection
- Ensure that employees wear gloves and gowns appropriate for the chemicals being used when they are cleaning and disinfecting.

- Additional PPE may be required depending on the setting and disinfectant that is being used. For each product used, consult and follow the manufacturer's instructions for use.
- To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2 (the virus that causes COVID-19) and are appropriate for the surface.
- Vacuum the space if needed. Use vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
    - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
    - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been appropriately disinfected, it can be opened for use.
    - Workers without close contact with the person who is sick can return to work immediately after disinfection.
- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Continue routing cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

Meetings and Gatherings

Minimize risk to employees when planning meetings and gatherings:

- Restrict non-essential meetings and conduct meetings virtually as much as possible. If in-person meetings are necessary, follow physical distancing requirements.
- Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.

OSHA Guidance Related to COVID-19

Interim Enforcement Guidance for Recording Cases of COVID-19

Per guidance issued on May 19, 2020 from the Occupational Safety and Health Administration (OSHA), COVID-19 is a recordable illness, and thus employers are responsible for recording cases if:

1) The case is a confirmed case of COVID-19 as defined by the CDC

A confirmed case of COVID-19 means an individual with at least one respiratory specimen that tested positive for SARS-CoV-2, the virus that causes COVID-19

2) The case is work-related as defined by 29 CFR § 1904.5

Under 29 CFR § 1904.5, an employer must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.

3. The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7

Under 29 CFR § 1904.7, an employer must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. An employer must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

Recording a COVID-19 illness does not, of itself, mean that the employer has violated any OSHA standard. And pursuant to existing regulations, employers with 10 or fewer employees and certain employers in low hazard industries have no recording obligations; they need only report work-related COVID-19 illnesses that result in a fatality or an employee's in-patient hospitalization, amputation, or loss of an eye.

Given the nature of the disease and ubiquity of community spread, however, in many instances it remains difficult to determine whether a COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace.

Because of the difficulty with determining work-relatedness, OSHA is exercising enforcement discretion to assess employers' efforts in making work-related determinations. In determining whether an employer has complied with this obligation and made a reasonable determination of work-relatedness, employers should apply the following considerations:

The reasonableness of the employer's investigation into work-relatedness

Employers, especially small employers, should not be expected to undertake extensive medical inquiries, given employee privacy concerns and most employers' lack of expertise in this area. It is sufficient in most circumstances for the employer, when it learns of an employee's COVID-19 illness, (1) to ask the employee how he believes he contracted the COVID-19 illness; (2) discuss with the employee his work and out-of-work activities that may have led to the COVID-19 illness; and (3) review the employee's work environment for potential SARS-CoV-2 exposure.

The evidence available to the employer

The evidence that a COVID-19 illness was work-related should be considered based on the information reasonably available to the employer at the time it made its work-relatedness determination.

The evidence that a COVID-19 illness was contracted at work

- Evidence of work relatedness
  - Several cases develop among workers who work closely together
  - Contraction shortly after lengthy and close exposure to a particular customer or coworker who has a confirmed case of COVID-19
  - Job duties involve frequent, close exposure to the general public in a locality with ongoing community transmission.

- Likely not work related
    - Only one worker contracts COVID-19 in her vicinity and her job duties do not include having frequent contact with the general public
    - Employee frequently associates with someone outside of the workplace that has COVID-19.

If, after the reasonable and good faith inquiry described above, the employer cannot determine whether it is more likely than not that exposure in the workplace played a causal role with respect to a particular case of COVID-19, the employer does not need to record that COVID-19 illness.

In all events, it is important as a matter of worker health and safety, as well as public health, for an employer to examine COVID-19 cases among workers and respond appropriately to protect workers, regardless of whether a case is ultimately determined to be work-related.

Interim Enforcement Response Plan for COVID-19

Per guidance issued on May 19, 2020, OSHA will return to their inspection planning policy that they relied on prior to the start of the COVID-19 health crises in geographic areas where community spread of COVID-19 has significantly decreased. Except that:

- OSHA will continue to prioritize COVID-19 cases;
- OSHA will utilize non-formal phone/fax investigations or rapid response investigations in circumstances where OSHA has historically performed such inspections (e.g., to address formal complaints) when necessary to assure effective and efficient use of resources to address COVID-19-related events

In geographic areas experiencing either sustained elevated community transmission or a resurgence in community transmission of COVID-19, OSHA will continue prioritizing COVID-19 fatalities and imminent danger exposures for inspection. Particular attention for on-site inspections will be given to high-risk workplaces, such as hospitals and other healthcare providers treating patients with COVID-19, as well as workplaces, with high numbers of complaints or known COVID-19 cases.

Safety Meetings and Committee Meetings

Per guidance issued on May 8, 2020, Oregon OSHA expects that employers continue to hold safety committee meetings. They, however recommend that employers look at alternatives to meeting in person (such as teleconferencing, web-based meetings, etc.). In regard, to safety meetings that often involve all employees, employers should evaluate the utility of electronic meetings in lieu of in-person meetings.

In both cases, if the employer determines (after due diligence evaluations) that alternatives to in-person meetings simply don't work, Oregon OSHA allows, for a suspension of those meetings from March 1 through June 30, 2020, as long as all of the following are met:

- The employer has a reliable method for employees to report hazards
- Those reported hazards are evaluated by members of the safety committee, or the employer evaluates the reported hazards when there is no safety committee.
- The employer ensures that the findings of the reported hazard are clearly communicated to all affected employees, including safety committee members.
- When operations return to normal, the safety committee compiles all issues and hazards reported during this time period to evaluate if any further action is necessary
- When there is no safety committee, the employer will perform this evaluation.

At this time, Oregon OSHA will also not be enforcing the requirement for quarterly inspections under the safety committee/safety meeting requirements from March 1 through June 30, as long as the employer has systems in place for employees to report hazards and a mechanism to evaluate and follow-up on those reports.

Certifications, Monitoring, and Training

Guidance issued on March 23, 2020 provides the following guidelines:

- For initial training requirements, those that the employer would ordinarily do in-house (such as hazard communication or silica), Oregon OSHA expects the employer to continue as normal while keeping in mind social distancing and making use of teleconferencing techniques.
    - For annual training requirements or operator certifications that become due between March 1 and June 30, Oregon OSHA will

be accepting the employer's declaration that such training is not feasible at the present time.

- For re-certifications and annual testing (such as forklifts and cranes) that expire between March 1 through June 30 and that require outside expertise or other outside providers, Oregon OSHA will be accepting the employer's declaration that such training is not feasible at the present time. Those that the employer can perform in-house must still be done.
- For annual/periodic medical monitoring (such as audiograms or blood lead level testing) and annual respirator fit testing that the employer chooses not to conduct for the safety of workers relating to COVID-19 or because medical services are not able to be conducted due to COVID-19 restrictions, rescheduling this testing after June 30 would be acceptable.

For initial medical monitoring and fit testing, Oregon OSHA will address genuine feasibility and "greater hazard" issues related to such training addressed on a case-by-case basis.

References (Alphabetical Order)

Bureau of Labor and Industries-Sick Time and Oregon Family Leave

Center for Disease Control-Quarantine and Isolation

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

Center for Disease Control-Guidance Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation

Center for Disease Control-Cleaning and Disinfection for Community Facilities

Center for Disease Control-Cleaning and Disinfecting Your Facility

Center for Disease Control-Interim Guidance for Businesses and Employers Responding

to Coronavirus Disease 2019 (COVID-19), May 2020

EEOC-Pandemic Preparedness in the Workplace and the Americans with Disabilities Act

EPA-List N: Disinfectants for Use Against SARS-CoV-2

Oregon Health Authority–Frequently Asked Questions

Oregon Health Authority-Oregon General Guidance for Employers on COVID-19

Oregon Health Authority-Oregon Guidance on Face Covering Use by the Public* to Prevent Spread of COVID-19

Oregon Health Authority-Guidance for Reopening Building Water Systems after Prolonged Shutdown

OSHA-Guidance on Preparing Workplaces for COVID-19

OSHA-Hazard Recognition

OSHA-Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

OSHA- Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)

Office of the Governor of Oregon-Executive Order No. 20-24

Oregon Occupational Safety and Health-Interim Guidance for Oregon OSHA Related to COVID-19

For a personalized assessment, and more resources, visit https://www.omep.org/reopening-and-recovery/