

COVID-19 Workplace Toolkit

This guidance assists employers in providing a safe environment for employees and customers.



COVID-19 Workplace Checklist

The Benzie-Leelanau District Health Department is providing this summary of OSHA and CDC guidance to assist employers in providing a safe and healthful workplace. This guidance covers universal screening, social distancing practices, and what to do if an employee tested positive. This is basic guidance intended to assist employers in recognizing and abating hazards likely to cause death or serious physical harm as part of their obligation to provide a safe and healthful workplace. To see recommendations for protecting workers, please see OSHA's Guidance for Workplace and CDC's Guidance for Guidance for Guidance for Guidances and Businesses.

Under the OSHA Act, employers are responsible for providing a <u>safe and healthy workplace free from recognized</u> hazards likely to cause death or serious physical harm.

All of OSHA's standards that apply to protecting workers from infection remain in place. These **mandatory OSHA standards** include: requirements for PPE (29 CFR 1910, Subpart I (e.g., 1910.132 and 133)), respiratory protection (29 CFR 1910.134), sanitation (29 CFR 1910.141), protection from bloodborne pathogens: (29 CFR 1910.1030), and OSHA's requirements for employee access to medical and exposure records (29 CFR 1910.1020).

Many healthcare workplaces will be covered by the **mandatory OSHA COVID-19 Emergency Temporary Standard**. More information on that standard is available on the OSHA website at https://www.osha.gov/coronavirus/ets.

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☐ Develop COVID-19 Preparedness and Response Plan

See the <u>example</u> COVID-19 Preparedness and Response Plan developed by MIOSHA. While this is not required, it is recommended that businesses have policies in place.

Train managers on how to implement COVID-19 policies. Communicate supportive workplace policies clearly, frequently, and via multiple methods to promote a safe and healthy workplace. The plan helps succinctly identify expectations for managers, employees, contractors, and visitors.

☐ Provide COVID-19 Training to staff

Communications should be in plain language that unvaccinated and otherwise at-risk workers understand (including non-English languages, and American Sign Language or other accessible communication methods, if applicable) and in a manner accessible to individuals with disabilities.

Training should be directed at employees, contractors, and any other individuals on site, as appropriate, and should include:



- A. Basic facts about COVID-19, including how it is spread and the importance of physical distancing (including remote work), ventilation, vaccination, use of face coverings, and hand hygiene.*
- B. Workplace policies and procedures implemented to protect workers from COVID-19 hazards.*
- C. How to report unsafe working conditions*
- D. How to contact their local health department

Review "Managing COVID-19 in the Workplace" for frequently asked questions.

☐ Develop Facility Entry and Health Screening Protocols

OSHA recommends to instruct any workers who are infected, unvaccinated workers who have had close contact with someone who tested positive for SARS-CoV-2, and all workers with COVID-19 symptoms to stay home from work to prevent or reduce the risk of transmission of the virus that causes COVID-19.

Ensure that absence policies are non-punitive. Eliminate or revise policies that encourage workers to come to work sick or when unvaccinated workers have been exposed to COVID-19.

Encourage all staff to self screen and answer these questions before they report for work for each shift:

- 1. Do you have symptoms of fever, chills, headache, cough, shortness of breath, sore throat, loss of smell or taste, runny nose or congestion, muscle aches, fatigue, abdomen pain, nausea, vomiting or diarrhea?
- 2. Have you had close contact in the last 14 days with an individual diagnosed with COVID-19?

If an employee answers YES to any of the screening questions:

The employee should isolate/quarantine at home if they are experiencing COVID-like symptoms or have had close contact with a COVID-19 positive case.

- Call a medical provider to be evaluated. If diagnosed as a probable COVID-19 or test positive they should call their local health department and make them aware of their diagnosis or testing status.
- The employee must quarantine for a minimum of 10 days if they are **unvaccinated** and had close contact with an individual diagnosed with COVID-19.

Screening Guidance

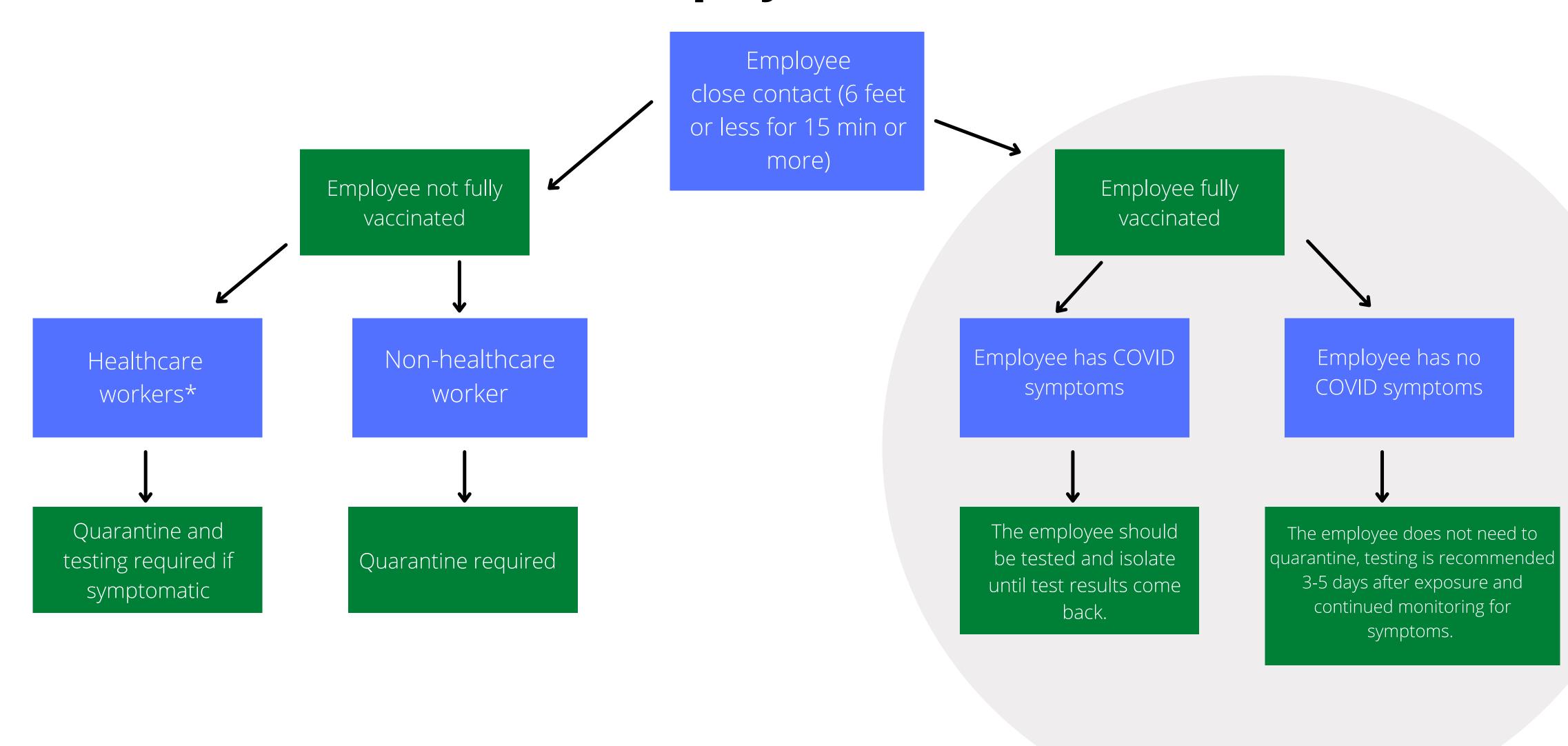
Create and implement an active screening plan that will work best for your facility. Determine where and how this screening will take place.

Items to consider:

- Stagger shift-starting times so employees do not arrive at the same time.
- Have one person asking staff these screening questions directly.
- Staff could also do a "self-check-in" by entering their information on a computer, tablet, or sheet of paper.
 - o Be sure to instruct employees on properly disinfecting equipment or writing utensils.
- Provide alcohol-based hand sanitizer at the screening station, if possible.

^{*} Identified practices in OSHA's Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

Algorithm for assessing quarantine options based on employee close contact



Close contact (exposure): being within 6 feet of a person who has tested positive for COVID-19, with or without a mask, for at least 15 minutes or for a total of 15 minutes in a 24 hour period.

Healthcare workers: Not required to quarantine or get tested unless symptomatic.

Quarantine: A 10 day waiting period for people who are known to have been exposed to COVID-19. During quarantine, individuals stay home and away from others as much as possible.

Isolation: People who are sick with COVID-19 stay home except to get medical care for at least 10 days while they recover.



- If your facility is already following other appropriate or more-stringent infection control procedures (like CDC guidelines), please continue to use those procedures.
- Certain high risk settings (i.e. manufacturing facilities) may want to consider additional safety precautions. These recommendations can be found by visiting the OSHA guidance.

☐ Determine Personal Protective Equipment (PPE) Requirements for your Facility

When an employer determines that PPE is necessary to protect unvaccinated and otherwise at-risk workers, the employer must provide PPE in accordance with <u>relevant mandatory OSHA standards</u> and should consider providing PPE in accordance with other industry-specific guidance.

Provide unvaccinated and otherwise at-risk workers with face coverings or surgical masks, unless their work task requires a respirator or other PPE. Such workers should wear a face covering that covers the nose and mouth to contain the wearer's respiratory droplets and help protect others and potentially themselves. Face coverings should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. CDC provides general guidance on masks including how to wear/wash masks.

Train employees on PPE storage and caring of face masks.

Employers should provide face coverings to unvaccinated and otherwise at-risk workers at no cost. Under federal anti-discrimination laws, employers may need to provide reasonable accommodation for any workers who are unable to wear or have difficulty wearing certain types of face coverings due to a disability or who need a religious accommodation under Title VII. In workplaces with employees who are deaf or hard of hearing, employers should consider acquiring masks with clear coverings over the mouth for unvaccinated and otherwise at-risk workers to facilitate lip-reading.

Unvaccinated workers who are outdoors may opt not to wear face coverings unless they are at-risk, for example, if they are immunocompromised. Regardless, all workers should be supported in continuing face covering use if they choose, especially in order to safely work closely with other people.

☐ Develop and Implement a Social Distancing Plan for all communal areas

A key way to protect unvaccinated or otherwise at-risk workers is to physically distance them from other unvaccinated or otherwise at-risk people (workers or customers) – generally, at least 6 feet of distance is recommended, although this is not a guarantee of safety, especially in enclosed or poorly ventilated spaces.

Consider limiting the number of unvaccinated or otherwise at-risk workers in one place at any given time.

- Examples:
 - Implementing flexible worksites (e.g., telework)
- Implementing flexible work hours (e.g., rotate or stagger shifts to limit the number of such workers in the workplace at the same time)
- Delivering services remotely (e.g., phone, video, or web)
- Implementing flexible meeting and travel options, all for such workers



At fixed workstations where unvaccinated or otherwise at-risk workers are not able to remain at least 6 feet away from other people, consider:

- Transparent shields or other solid barriers (e.g., fire resistant plastic sheeting or flexible strip curtains) can separate these workers from other people.
 - Barriers should block face-to-face pathways between individuals in order to prevent direct transmission of respiratory droplets, and any openings should be placed at the bottom and made as small as possible.
- The posture (sitting or standing) of users and the <u>safety of the work environment</u> should be considered when designing and installing barriers, as should the need for enhanced ventilation.

☐ Maintain Ventilation Systems

COVID-19 spreads between people more readily indoors than outdoors. Improving ventilation is a key engineering control that can be used as part of a layered strategy to reduce the concentration of viral particles in indoor air and the risk of virus transmission to unvaccinated workers in particular.

Review measures in <u>CDC's Ventilation in Buildings</u> and in the <u>OSHA Alert: COVID-19 Guidance on Ventilation in</u> the Workplace.

- These recommendations are based on ASHRAE <u>Guidance for Building Operations During the COVID-19</u>

 <u>Pandemic.</u> Adequate ventilation will protect all people in a closed space.
- Key measures include
 - Ensuring the HVAC system(s) is operating in accordance with the manufacturer's instructions and design specifications.
 - Conducting all regularly scheduled inspections and maintenance procedures.
 - Maximizing the amount of outside air supplied, installing air filters with a <u>Minimum Efficiency</u> <u>Reporting Value (MERV) 13</u> or higher where feasible.
 - Maximizing natural ventilation in buildings without HVAC systems by opening windows or doors, when conditions allow (if that does not pose a safety risk).
 - Considering the use of portable air cleaners with High Efficiency Particulate Air (HEPA) filters in spaces with high occupancy or limited ventilation.

☐ Develop and Implement Cleaning Protocols

Clean and disinfect high touch surfaces. This includes cafeterias, door handles, restrooms, shared spaces, keyboards, among other frequently touched surfaces. Clean surfaces at least once per day, and more often in high traffic areas.

Make cleaning supplies available to employees. Ensure supplies are frequently replenished. Have cleaning supplies be easily accessible, such as around entrances, workstations, and around the facility.

Promote frequent and thorough handwashing.

If someone who has been in the facility within 24 hours is <u>suspected of having or confirmed to have COVID-19</u>, follow the <u>CDC cleaning and disinfection recommendations</u>. Follow requirements in **mandatory OSHA standards** <u>29 CFR 1910.1200</u> and <u>1910.132</u>, <u>133</u>, and <u>138</u> for hazard communication and PPE appropriate for exposure to cleaning chemicals.



☐ Develop Case Monitoring Protocols

Establish a response plan for employees going home sick and/or confirmed cases.

This could include:

 Sending symptomatic employees home and limiting access to areas occupied by someone who has been sick.

Provide documentation of positive or probable cases to appropriate parties. This could include labor unions, health services, health insurance. Record confirmed cases using OSHA guidance.

Conduct contact tracing in partnership with the local health department to confidentially notify exposed individuals regarding their exposure.

Employers should also report outbreaks to health departments as required and support their contact tracing efforts.

 Recommend reporting cases to the Benzie-Leelanau District Health Department and the local health department where the person resides.

IMPORTANT: You must protect the confidentiality of your employee. Legally, you cannot identify the employee by name. DO NOT disclose to other staff or third persons the name or other personal or health information of the employee who tested positive for COVID-19 except to the local health department under Michigan Public Health Code Act 368 of 1978.

This is also addressed in section **§164.512(b)** of the HIPAA regulations. The relevant sections of the Michigan Public Health Code and Administrative Rules are:

Sec. 333.5111 (1) b - Requirements for reporting communicable and serious communicable diseases

R 325.173 - Administrative rules detailing the reporting of communicable and serious communicable

☐ Travel Guidance and Recommendations

Advise employees, to follow CDC's latest recommendations for travel during COVID-19.

Encourage employees who become sick while traveling or on temporary assignment that they should notify their supervisor and promptly call a healthcare provider for advice if needed.

If they are outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to help them find an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services.

☐ Implement protections from retaliation and set up an anonymous process for workers to voice concerns about COVID-19-related hazards

<u>Section 11(c) of the OSH Act</u> prohibits discharging or in any other way discriminating against an employee for engaging in various occupational safety and health activities.



- Examples of violations of Section 11(c) could include
 - Discriminating against employees for raising a reasonable concern about infection control related to COVID-19 to the employer, the employer's agent, other employees, a government agency, or to the public, such as through print, online, social, or any other media.
 - O Discriminating against employees voluntarily providing and safely wearing their own PPE, such as a respirator, face shield, gloves, or surgical mask.

Ensure workers know whom to contact with questions or concerns about workplace safety and health, and that there are prohibitions against retaliation for raising workplace safety and health concerns or engaging in other protected occupational safety and health activities (see <u>educating and training workers about COVID-19 policies and procedures</u>).

Consider using a hotline or other method for workers to voice concerns anonymously.

☐ Post Requirements
Post signs at entrances, restrooms, and other high traffic areas on what you are requiring and expecting employees or customers to do.

For more information, visit www.michigan.gov/Coronavirus. Contact the Benzie-Leelanau District Health Department by calling 231-256-0200 or visit www.bldhd.org.

June 22, 2021

Metrics to Assess Risk

The more COVID-19 in the community, the greater risk the worksites may face an outbreak and employees may miss work. Therefore, the number and intensity of prevention strategies can be adjusted based on the level of COVID-19 transmission in the community. Prevention strategies can allow worksite to be stay open, even during high levels of transmission in the surrounding community.

BLDHD will look at the following data points to support school and communities in making informed and educated decisions. These metrics will be update weekly and displayed on your website.

- CDC's <u>Levels of Community Transmission</u>, defined below. The MI Start Map has different levels set up compared to CDC. Use the <u>CDC Risk Level Calculator</u> to see level of community transmission based off of data from http://mistartmap.info
 - o Risk Factors to Consider: Community transmission level is considered substantial or high.

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

- Vaccine Coverage Rate, based on census tract level coverage. BLDHD will use an internal dashboard for this data.
 - Risk Factors to Consider: Coverage in Community for the Census Tract where vaccine coverage is low.

Vaccine Coverage Rates, low to high



COVID-19 Workplace Health Screening



Company Name:			Data
Employee: _			Date:
In the last	24 hours have you experienced.		
in the last	24 hours, have you experienced:		
	Subjective fever (felt feverish):	☐ Yes	□ No
	New or worsening cough:	☐ Yes	□ No
	Shortness of breath or difficulty breathing:	☐ Yes	□ No
	Chills:	☐ Yes	□ No
	Headache*:	☐ Yes	□ No
	Sore throat:	☐ Yes	□ No
	New loss of smell or taste:	☐ Yes	□ No
	Runny nose or congestion*:	☐ Yes	□ No
	Muscle aches:	☐ Yes	□ No
	Abdominal pain:	☐ Yes	□ No
	Fatigue:	☐ Yes	□ No
	Nausea:	☐ Yes	□ No
	Vomiting:	☐ Yes	□ No
	Diarrhea*:	☐ Yes	□ No
	*New or worsening symptoms outside of what ind	ividual defines as no	ormal.
If you answe	r "yes" to any of the symptoms listed above OR your temp	perature is 100.4°F or h	nigher, please contact you
•	s. <u>Isolate</u> at home as needed and contact your primary car		- :
	t 14 days, have you:		
	contact with an individual diagnosed with COVID-19?	Yes □ Yes	□ No

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