

Protocol for NEC Operations Staff

This is intended to provide NEC Group and all Subcontractors staff with guidance to mitigate the risks associated with the exposure to coronavirus disease. There is a lower exposure risk from COVID-19 to the NEC Team as detailed in OSHA 3990, Guidance on Preparing Workplaces for COVID-19, page 20 “Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.” However, all staff must follow the safety procedures developed to further minimize exposure risks.

This Protocol as updated on July 27, 2020, incorporates recommendations by all concerned health and worker safety agencies both on the Local, State and Federal Levels.

This is still an evolving situation and information will be continually monitored, to revise this Advisory as needed. Consequently, NEC and all Subcontractors will follow the most stringent Federal, State, and Local guidelines issued and will update the Advisory as guidelines are issued.

Field Cleanup Crews

Based on the NEC Emergency Response Plan and all subsequent updates/amendments shall:

- Hold a Mandatory 30-minute COVID-19 training for cleanup crews to cover CDC and CalEPA instructions
- Hold a Mandatory COVID-19 reminder briefing at the beginning of each workday.
- All field staff shall wear a suitable cloth face cover covering their nose and mouth continuously during the workday and when car pooling from and to work. Masks equipped with an exhaust valve shall not be used by any team member.
- Field crew will be supplied with a disinfectant listed in EPA’s List N for Use Against SARS-CoV-2 (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>). Field crew will utilize the supplied disinfectant to wipe down all surfaces they may touch including equipment and tools prior to starting work and Routinely throughout the day, including shared vehicles as appropriate.
- Clearly marked hand wash stations are provided on all work sites.
- Wash hands frequently.
 - Wash with soap and water for at least 20 seconds,
 - On every work break,
 - Always before eating, drinking, or touching one’s face and
 - Always when departing the site.
- Stay hydrated drink water during work breaks.
- Avoid touching your face with unwashed hands.

Training and Reminders can be conducted remotely via a “video” on each crew member’s phone while the crew is standing a minimum 6 feet apart from each other.

- Field Crews shall be divided in Work Cells. A field “Work Cell” shall consist of a field work leader (Forman, Crew Leader or Superintendent) and the field work technicians/laborers/operators. The Work Cell is the only group of workers who will work together closely in the field while maintaining the 6 feet physical distance separation to the extent possible.
- All other support team members shall maintain a minimum 6 feet physical distance from the Work Cell members at all times. Support team members shall include, but not be limited to, work progress monitors, environmental perimeter monitors, QA/QC monitors and multi crews’ superintendents/Leaders. Support team members shall also include professional technical staff such as Engineers, Geologists, Scientists and other support professionals.
- Work Cell members shall leave the work area and maintain the 6 feet social distancing, when the work area is being inspected by the client and/or regulatory agencies representatives or inspectors. Work Cell members will not return to the work area until all other persons have left the work area.
- Any Work Cell Member who discloses attending a high-risk event or gatherings outside of work hours shall not be allowed to continue working with the remaining Work Cell members for 10 calendar days from the date of attending the event/gathering. The CDC defines a high-risk event as a Large in-person gatherings where it is difficult for individuals to remain spaced at least 6 feet apart,
- do not wear cloth face coverings and travel from outside the local area.
- If a Work Cell member tests positive for COVID-19, the member will only be allowed back into the Work Cell after isolating for 14 days and testing negative for the COVID-19 virus. No new workers shall be added to a Crew Cell where a member tested positive for the COVID-19 virus and all remaining Work Cell members shall be closely monitored for the COVID-19 symptoms.

All Staff – Field Cleanup Crews and Field Operations Monitors

Comply with the following:

- Field operations members must maintain a minimum 6 feet physical distance from the Work Cell members at all times.
- Read, review and implement the practices described in the “STOP THE SPREAD OF GERMS” COVID-19 advisory posted in NEC offices and all field work sites.
- When monitoring work crews observe cleanup operations from a distance of 6 feet with PPE Level D required.
- Wear a suitable cloth face cover covering your nose and mouth continuously during the workday and when carpooling from and to work. Masks equipped with an exhaust valve shall not be used by any team member.
- Practice Social Distancing – distance of no less than 6 feet away from other people.
- Nitrile surgical gloves are mandatory for all.
- Gloves should be removed every hour and replaced with fresh gloves.
- Wash hands frequently
 - Wash with soap and water for at least 20 seconds

- Always before eating, drinking, or touching one’s face and
- Always when departing the site.
- Avoid touching your face with unwashed hands.
- **If soap and running water are not available, utilize other available cleaning methods, such as**
 - An alcohol-based hand rub that contains at least 60% alcohol
 - Bottled water, soap, and paper towels carried in your vehicle
 - Always use a company provided disinfectant as listed in EPA’s List N for Use Against SARS-CoV-2 (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) to:
 - Wipe down surfaces you touch prior to starting work and
 - Routinely throughout the day, including shared vehicles as appropriate.
- Using the disinfectants described above, clean and disinfect at the beginning and end of each day
 - All supplies (pens, clipboards, etc.), tablets, cellphones, reusable equipment and
 - Non-disposable PPE (hardhats, safety glasses, earmuffs),
 - Avoid using other employee’s phones and personal work items, when possible.
- Avoid placing items on other surfaces, if possible. Instead, carry a satchel or bag for items you need in the field.
- If you must place items on hard surfaces, such as tables or chairs, place them on clean barriers, such as clean paper towels, first.
- Inspections and other Interactions
 - Avoid handshakes,
 - **No interactions with anybody outside the project,**
 - If inspectors are on-site, make sure distance is maintained with gloves.
- If staff is sick – send them home and ask them to seek medical attention
- If you feel sick – go home and seek medical attention.
- Remain vigilant, be ready to adjust as and when needed, and update safety protocols as needed.
- Maintain a minimum 6 feet physical distance from the Work Cell members at all times.

NEC will isolate and compartmentalize staff to the extent possible. The same people will remain in the same crew. This will allow the protection of others if one crew member gets sick and it will reduce the number of people exposed. Having the same teams work together and travel together can limit the spread of a potential outbreak.” (Based on American Industrial Hygiene Association Returning to Work Construction Environment page 3).

Additional resources

- Centers for Disease Control - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- California Department of Public Health: <https://www.cdph.ca.gov/>
- California Governor's Office of Emergency Services: <https://www.caloes.ca.gov/>
- Surgeon General Face Covering Video: <https://twitter.com/i/status/1247900137982058496>

- American Industrial Hygiene Association: https://www.aiha.org/public-resources/consumer-resources/coronavirus_outbreak_resources

Refer to Attachment A, Required Reading and Training Material for **all staff and workers**

Refer to Attachment B, Required Reading and Training Material for all **supervisory staff and lead workers/superintendents**

Attachment A include the following material:

- STOP THE SPREAD OF GERMS. CDC
- DETENGA LA PROPAGACIÓN DE LOS MICROBIOS, CDC
- WHAT YOU NEED TO KNOW ABOUT CORONAVIRUS DISEASE 2019, CDC
- LO QUE NECESITA SABER SOBRE LA ENFERMEDAD DEL CORONAVIRUS 2019, CDC
- WHAT YOU SHOULD KNOW ABOUT COVID-19 TO PROTECT YOURSELF AND OTHERS, CDC
- LO QUE USTED DEBE SABER ACERCA DEL COVID-19 PARA PROTEGERSE Y PROTEGER A LOS DEMÁS, CDC
- SYMPTOMS OF CORONAVIRUS (COVID-19), CDC
- SÍNTOMAS DEL CORONAVIRUS (COVID-19), CDC
- PREVENT WORKER EXPOSURE TO CORONAVIRUS (COVID-19)
- TOME MEDIDAS PARA PREVENIR LA EXPOSICIÓN DE LOS TRABAJADORES AL CORONAVIRUS (COVID-19)
- FACE COVERINGS GUIDANCE, CDPH
- ORIENTACIÓN DE REVESTIMIENTOS FACIALES, CDPH
- 10 THINGS YOU CAN DO TO MANAGE YOUR COVID-19 SYMPTOMS AT HOME, CDC
- 10 MANERAS DE MANEJAR LOS SÍNTOMAS RESPIRATORIOS EN CASA, CDC
- IMPLEMENTING SAFETY PRACTICES FOR CRITICAL INFRASTRUCTURE WORKERS WHO MAY HAVE HAD EXPOSURE TO A PERSON WITH SUSPECTED OR CONFIRMED COVID-19, CDC
- IMPLEMENTAR PRÁCTICAS DE SEGURIDAD PARA TRABAJADORES DE INFRAESTRUCTURAS CRÍTICAS QUE PUEDEN HABER ESTADO EXPUESTOS A UNA PERSONA CON COVID-19 PRESUNTO O CON, CDC

Attachment B include the following material:

- Guidance on Preparing Workplaces for COVID-19, CDC
- COVID-19 INDUSTRY GUIDANCE: Construction, CDPH
- Guidance for Construction Sites, LA County DPH
- REOPENING SAFER AT WORK AND IN THE COMMUNITY, LA County DPH
- Returning to Work: Construction Environment Guidance Document, AIHA

*COVID-19 Training Material
All Staff*

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: www.cdc.gov/COVID19

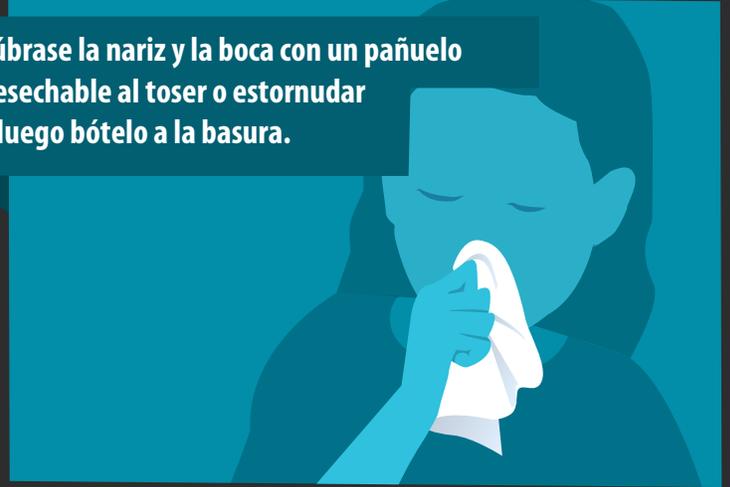
DETENGA LA PROPAGACIÓN DE LOS MICROBIOS

Ayude a prevenir la propagación de virus respiratorios como el nuevo COVID-19.

Evite el contacto cercano con las personas enfermas.



Cúbrase la nariz y la boca con un pañuelo desechable al toser o estornudar y luego bótelos a la basura.



Limpie y desinfecte los objetos y las superficies que se tocan frecuentemente.



Evite tocarse los ojos, la nariz y la boca.



Quédese en casa si está enfermo, excepto para buscar atención médica.



Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos.



What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



If you have questions about Coronavirus:
Call the Illinois Novel Coronavirus Hotline **1(800) 889-3931**
or email: **DPH.SICK@ILLINOIS.GOV**
24 hours a day, seven days a week.

02/28/2020

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses.

These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19

Lo que necesita saber sobre la enfermedad del coronavirus 2019(COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

El COVID-19 se está propagando de persona a persona en China y se ha detectado propagación limitada entre contactos cercanos en algunos países fuera de China, incluso en los Estados Unidos. En la actualidad, sin embargo, este virus NO se está propagando en comunidades en los Estados Unidos. En estos momentos, el mayor riesgo de infección es para las personas en China o las personas que han viajado a China. El riesgo de infección depende de la exposición. Los contactos cercanos de las personas infectadas tienen un riesgo mayor de exposición, por ejemplo, los trabajadores del sector de la salud y los contactos cercanos de las personas infectadas por el virus que causa el COVID-19. Los CDC continúan vigilando de cerca la situación.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero parece que ahora se está propagando de persona a persona. Es importante notar que la propagación de persona a persona puede darse en un proceso continuo. Algunas enfermedades son altamente contagiosas (como el sarampión), mientras que otras enfermedades no lo son tanto. En estos momentos, no está claro qué tan fácil o con qué continuidad el virus que causa el COVID-19 se esté propagando entre las personas. Infórmese sobre lo que se sabe acerca de la propagación del coronavirus de reciente aparición en <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html>.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar



Si tiene preguntas sobre el coronavirus:

Llame a la línea directa de coronavirus novela de Illinois **1(800) 889-3931** o correo electrónico a: **DPH.SICK@ILLINOIS.GOV** las 24 horas del día, los siete días de la semana.

02/28/2020

¿Cuáles son las complicaciones graves provocadas por este virus?

Muchos pacientes tienen neumonía en ambos pulmones.

¿Qué puedo hacer para ayudar a protegerme?

La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.

Hay medidas simples preventivas y cotidianas para ayudar a prevenir la propagación de virus respiratorios. Estas incluyen las siguientes:

- Evitar el contacto cercano con personas enfermas.
- Evitar tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lavarse frecuentemente las manos con agua y jabón por al menos 20 segundos. Usar un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.
- Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:
- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si recientemente viajé a China y me enfermé?

Si estuvo en China en los últimos 14 días, se siente enfermo y tiene fiebre, tos o dificultad para respirar, debería buscar atención médica. Llame al consultorio de su proveedor de atención médica antes de ir y dígame sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

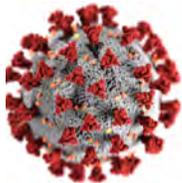
En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

Para obtener más información: www.cdc.gov/COVID19-es

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

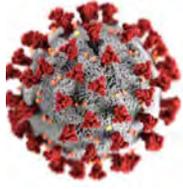


Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



Lo que usted debe saber acerca del COVID-19 para protegerse y proteger a los demás



Infórmese sobre el COVID-19

- La enfermedad del coronavirus 2019 (COVID-19) es una afección causada por un virus que se puede propagar de persona a persona.
- El virus que causa el COVID-19 es un nuevo coronavirus que se ha propagado por todo el mundo.
- El COVID-19 puede causar desde síntomas leves (o ningún síntoma) hasta casos de enfermedad grave.



Practique el distanciamiento social

- Cuando sea posible, compre comestibles y medicamentos, consulte al médico y complete actividades bancarias en línea.
- Si tiene que ir en persona, manténgase a una distancia de al menos 6 pies de los demás y desinfecte los objetos que tenga que tocar.
- Obtenga entregas a domicilio y comidas para llevar, y limite el contacto personal tanto como sea posible.



Sepa cómo se propaga el COVID-19

- Usted puede infectarse al entrar en contacto cercano (alrededor de 6 pies o la longitud de dos brazos) con una persona que tenga COVID-19. El COVID-19 se propaga principalmente de persona a persona.
- Usted puede infectarse por medio de gotitas respiratorias si una persona infectada tose, estornuda o habla.
- También podría contraer la enfermedad al tocar una superficie o un objeto en los que esté el virus, y luego tocarse la boca, la nariz o los ojos.



Si está enfermo, prevenga la propagación del COVID-19

- Quédese en casa si está enfermo, excepto para conseguir atención médica.
- Evite el servicio de transporte público, vehículos compartidos o taxis.
- Manténgase alejado de otras personas y de las mascotas en su casa.
- No hay un tratamiento específico para el COVID-19, pero puede buscar atención médica para que lo ayuden a aliviar los síntomas.
- Si necesita atención médica, llame antes de ir.



Protéjase y proteja a los demás contra el COVID-19

- En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de protegerse es evitar la exposición al virus que causa el COVID-19.
- Quédese en casa tanto como sea posible y evite el contacto cercano con los demás.
- En entornos públicos, use una cubierta de tela para la cara que cubra la nariz y la boca.
- Limpie y desinfecte las superficies que se tocan con frecuencia.
- Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos o use un desinfectante de manos que contenga al menos un 60 % de alcohol.



Conozca su riesgo de enfermarse gravemente

- Todos están en riesgo de contraer el COVID-19.
- Los adultos mayores y las personas de cualquier edad que tengan afecciones subyacentes graves podrían tener un mayor riesgo de enfermarse más gravemente.



Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

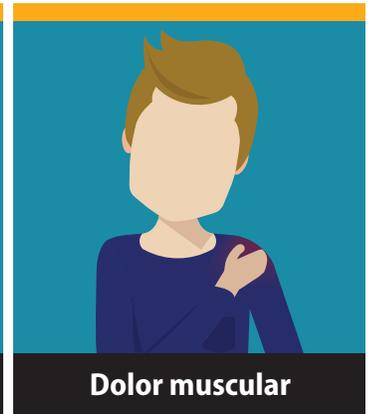
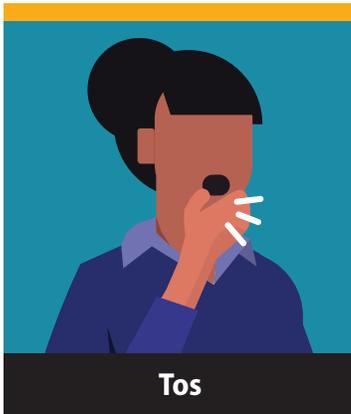
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



Síntomas del coronavirus (COVID-19)

Conozca los síntomas del COVID-19, que pueden incluir:



Los síntomas pueden ser de leves a graves, y aparecer de 2 a 14 días después de la exposición al virus que causa COVID-19.

***Busque atención médica de inmediato si alguien tiene signos de advertencia de emergencia del COVID-19.**

- Dificultad para respirar
- Dolor o presión persistente en el pecho
- Confusión de aparición reciente
- Dificultad para despertarse o mantenerse despierto
- Color azulado en los labios o el rostro

*Esta lista no incluye todos los síntomas posibles. Llame a su proveedor de servicios médicos por cualquier otro síntoma grave o que le preocupe.



cdc.gov/coronavirus-es

Prevent Worker Exposure to Coronavirus (COVID-19)

The novel coronavirus (officially called COVID-19) is believed to spread from person-to-person, primarily through respiratory droplets produced when an infected person coughs or sneezes. The virus is also believed to spread by people touching a surface or object and then touching one's mouth, nose, or possibly the eyes.

Employers and workers should follow these general practices to help prevent exposure to coronavirus:

- Frequently wash your hands with soap and water for at least 20 seconds.
- If soap and running water are not available, use an alcohol-based hand rub that contains at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

Employers of workers with potential occupational exposures to coronavirus should follow these practices:

- Assess the hazards to which workers may be exposed.
- Evaluate the risk of exposure.
- Select, implement, and ensure workers use controls to prevent exposure, including physical barriers to control the spread of the virus; social distancing; and appropriate personal protective equipment, hygiene, and cleaning supplies.

For the latest information on the symptoms, prevention, and treatment of coronavirus, visit the [Centers for Disease Control and Prevention coronavirus webpage](#).

For interim guidance and other resources on protecting workers from coronavirus, visit OSHA's [COVID-19 webpage](#).

*OSHA issues alerts to draw attention to
worker safety and health issues and solutions.*

Tome Medidas para Prevenir la Exposición de los Trabajadores al Coronavirus (COVID-19)

El nuevo coronavirus (oficialmente llamado COVID-19) se cree que se está propagando de persona a persona, principalmente a través de gotitas de respiración producidas cuando una persona tose o estornuda. El virus también se puede propagar al tocar una superficie u objeto y luego tocarse la boca, nariz, o posiblemente los ojos.

Los patrones y trabajadores deben seguir estas prácticas generales para ayudar a prevenir la exposición al coronavirus:

- Lavarse las manos frecuentemente con agua y jabón por al menos 20 segundos.
- Si no cuenta con agua y jabón, use un desinfectante de manos que contenga al menos 60% de alcohol.
- Evitar tocarse los ojos, la nariz y la boca, si no se lavó las manos.
- Evitar el contacto cercano con personas enfermas.

Los patrones de los trabajadores que corren el riesgo ocupacional de estar expuesto al coronavirus, deben seguir las siguientes medidas preventivas:

- Evaluar los peligros a cuáles los trabajadores pueden estar expuestos.
- Evaluar el riesgo de exposición.
- Seleccionar, implementar, y asegurar que los trabajadores estén tomando medidas de protección para prevenir la exposición, incluyendo usar barreras físicas para detener la propagación de gérmenes; limitar los contactos sociales; y usar un equipo de protección personal adecuado, higiene, y artículos de limpieza.

Para información actualizada sobre los síntomas, la prevención, y el tratamiento para el coronavirus, visite la página web de los [Centros para el Control y la Prevención de Enfermedades](#).

Para orientación provisional y otros recursos para proteger a los trabajadores del coronavirus, visite [la página de OSHA sobre el COVID-19](#).

Los avisos de OSHA se emiten en ocasiones para llamar la atención a asuntos y medidas de seguridad y salud de los trabajadores.

April 1, 2020

TO: General Public
SUBJECT: Face Coverings Guidance

This document provides public health information for the use of cloth face coverings by the general public when outside the home conducting essential activities. It does not substitute for existing guidance about social distancing and handwashing. It does not mandate that face coverings be worn state-wide.

Guidance

- Our best community and individual defense against COVID 19 is washing our hands frequently, avoiding touching our eyes, nose and mouth with unwashed hands, avoiding being around sick people and physical distancing, especially by staying at home. A strong health care delivery system and emergency response system is also an essential core defense to save lives when people do get ill.
- There may be a benefit to reducing asymptomatic transmission and reinforcing physical distancing from the use of face coverings. However, face coverings may increase risk if users reduce their use of strong defenses, such as physical distancing and frequent hand washing, when using face coverings.

Considerations

- Counties that choose to introduce policies promoting face coverings for their residents should make sure that these policies do not put increased demand on medical grade respirators, such as N95 and surgical masks. Counties should emphasize the use of face coverings in conjunction with evidence-based interventions such as staying at home, physical distancing when completing essential activities and washing hands.
- Individuals outside of counties with recommendations on face coverings, should wear coverings if they feel comfortable doing so, and practice strict hand washing before and after touching and adjusting the mask. They are reminded that face coverings are not a replacement for other evidence-based measures such as physical distancing, frequent hand washing practices, and remaining at home when not doing essential activities.

Background

What is a cloth face covering?

A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand, or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels.

How well do cloth face coverings work to prevent spread of COVID-19?

There is limited evidence to suggest that use of cloth face coverings by the public during a pandemic could help reduce disease transmission. Their primary role is to reduce the release of infectious particles into the air when someone speaks, coughs, or sneezes, including someone who has COVID-19 but feels well. Cloth face coverings are not a substitute for physical distancing and washing hands and staying home when ill, but they may be helpful when combined with these primary interventions.

When should I wear a cloth face covering?

You may choose to wear a cloth face covering when you must be in public for essential activities, such as shopping at the grocery store. Wearing a cloth face covering does not eliminate the need to physically distance yourself from others.

How should I care for a cloth face covering?

It's a good idea to wash your cloth face covering frequently, ideally after each use, or at least daily. Have a bag or bin to keep cloth face coverings in until they can be laundered with detergent and hot water and dried on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face. Discard cloth face coverings that:

- No longer cover the nose and mouth
- Have stretched out or damaged ties or straps
- Cannot stay on the face
- Have holes or tears in the fabric

California Department of Public Health
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377
Department Website (cdph.ca.gov)





SONIA Y. ANGELL, MD, MPH
Oficial y directora de salud pública del estado

Estado de California: Agencia de Salud y Servicios Humanos Departamento de Salud Pública de California



1 de abril de 2020

A: Público en general

TEMA: Orientación de revestimientos faciales

Este documento proporciona información de salud pública para el uso de revestimientos de tela para el público en general cuando está fuera del hogar realizando actividades esenciales. No sustituye la orientación existente sobre el distanciamiento social y el lavado de manos. No exige que las cubiertas faciales se usen en todo el estado.

Guía

- Nuestra mejor defensa comunitaria e individual contra COVID 19 es lavarnos las manos con frecuencia, evitando tocarnos los ojos, la nariz y la boca con las manos sin lavar, evitando estar cerca de personas enfermas y distanciamientos físicos, especialmente al quedarnos en casa. Un sistema sólido de atención médica y un sistema de respuesta a emergencias también es una defensa esencial para salvar vidas cuando las personas se enferman.
- Puede haber un beneficio al reducir la transmisión asintomática y reforzar el distanciamiento físico del uso de recubrimientos faciales. Sin embargo, los recubrimientos faciales pueden aumentar el riesgo si los usuarios reducen el uso de defensas fuertes, como el distanciamiento físico y el lavado frecuente de manos, cuando usan recubrimientos faciales.

Consideraciones

- Los condados que opten por introducir políticas que promuevan los revestimientos faciales para sus residentes deben asegurarse de que estas políticas no impongan una mayor demanda de respiradores de grado médico, como N95 y máscaras quirúrgicas. Los condados deben enfatizar el uso de cubiertas faciales junto con intervenciones basadas en evidencia como quedarse en casa, distanciarse físicamente al completar actividades esenciales y lavarse las manos.
- Las personas que se encuentran fuera de los condados con recomendaciones sobre los revestimientos para la cara, deben usarlos si se sienten cómodos al hacerlo, y practicar un lavado de manos estricto antes y después de tocar y ajustar la máscara. Se les recuerda que los recubrimientos faciales no son un sustituto de otras medidas basadas en la evidencia, tales como distanciamiento físico, prácticas frecuentes de lavado de manos y permanecer en casa cuando no se realizan actividades esenciales.

Antecedentes

¿Qué es una tela que cubre la cara?

Una cubierta facial de tela es un material que cubre la nariz y la boca. Se puede asegurar a la cabeza con corbatas o correas o simplemente envolver alrededor de la cara inferior. Puede estar hecho de una variedad de materiales, como algodón, seda o lino. Una cubierta de tela para la cara se puede fabricar o coser a mano, o se puede improvisar con artículos del hogar como bufandas, camisetas, sudaderas o toallas.

¿Qué tan bien funcionan las cubiertas de tela para prevenir la propagación de COVID-19?

Hay evidencia limitada que sugiere que el uso de cubiertas de tela para el público durante una pandemia podría ayudar a reducir la transmisión de enfermedades. Su función principal es reducir la liberación de partículas infecciosas en el aire cuando alguien habla, tose o estornuda, incluso alguien que tiene COVID-19 pero se siente bien. Las cubiertas faciales de tela no son un sustituto del distanciamiento físico y el lavado de manos y quedarse en casa cuando está enfermo, pero pueden ser útiles cuando se combinan con estas intervenciones primarias.

¿Cuándo debo usar una tela que cubra la cara?

Puede elegir usar una cubierta de tela para la cara cuando deba estar en público para actividades esenciales, como comprar en la tienda de comestibles. Usar una cubierta de tela para la cara no elimina la necesidad de distanciarse físicamente de los demás.

¿Cómo debo cuidar una cubierta de tela para la cara?

Es una buena idea lavar la cubierta de la cara de tela con frecuencia, idealmente después de cada uso, o al menos diariamente. Tenga una bolsa o contenedor para guardar las cubiertas de tela hasta que puedan lavarse con detergente y agua caliente y secarse en un ciclo caliente. Si debe volver a usar la cubierta de tela de la cara antes de lavarse, lávese las manos inmediatamente después de volver a ponerla y evite tocarse la cara. Deseche las cubiertas de tela que:

- Ya no cubren la nariz y la boca.
- Han estirado o dañado los lazos o correas
- No puede quedarse en la cara
- Tiene agujeros o rasgaduras en la tela.

Apartado de correos del Departamento de Salud Pública de California, 997377, MS 0500, Sacramento, CA 95899-7377
Sitio web del Departamento (cdph.ca.gov)



10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

- 1. Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



- 6. Cover your cough and sneezes.**



- 2. Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



- 7. Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



- 3. Get rest and stay hydrated.**



- 8.** As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a cloth face covering.



- 4.** If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



- 9. Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



- 5.** For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



- 10. Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



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

10 maneras de manejar los síntomas respiratorios en casa

Si tiene fiebre, tos o dificultad para respirar, llame a su proveedor de atención médica. Es posible que le recomienden manejar el cuidado de su salud en casa. Siga estos consejos:

- 1. Quétese en casa**, no vaya al trabajo ni a la escuela, y evite visitar otros lugares públicos. Si debe salir, evite usar transporte público, vehículos compartidos o taxis.



- 2. Monitoree sus síntomas** con mucha atención. Si sus síntomas empeoran, llame de inmediato a su proveedor de atención médica.



- 3. Descanse y manténgase hidratado.**



- 4.** Si tiene una cita médica, **llame al proveedor de atención médica** antes de ir, e infórmele que tiene o podría tener COVID-19.



- 5.** Si tiene una emergencia médica, llame al 911 y **avísele a la operadora** que tiene o podría tener COVID-19.



- 6. Cúbrase la nariz y la boca al toser o estornudar.**



- 7. Lávese las manos frecuentemente** con agua y jabón por al menos 20 segundos o límpieselas con un desinfectante de manos que contenga al menos un 60 % de alcohol.



- 8.** En la medida de lo posible, **quétese** en una habitación específica y **alejado de las demás personas** que viven en su casa. Además, de ser posible, debería utilizar un baño separado. Si debe estar en contacto con otras personas dentro o fuera de su casa, use una mascarilla.



- 9. Evite compartir artículos personales** con las demás personas en su casa, como platos, vasos, cubiertos, toallas y ropa de cama.



- 10. Limpie todas las superficies** que se tocan frecuentemente, como los mesones, las mesas y las manijas de las puertas. Utilice limpiadores de uso doméstico, ya sea en rociador o toallitas, según las instrucciones de la etiqueta.



Para obtener más información: www.cdc.gov/COVID19-es

Coronavirus Disease 2019 (COVID-19)

Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

Critical Workers

Interim Guidance

Updated Apr. 20, 2020

[Print](#)

[Printer friendly version](#) 

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- **Regular Monitoring:** As long as the employee doesn't have a fever or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be [sent home immediately](#). Surfaces in their workspace should be [cleaned and disinfected](#). Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019](#) to help prevent and slow the spread of COVID-19 in the workplace.

INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- Federal, state, & local law enforcement
- 911 call center employees
- Fusion Center employees
- Hazardous material responders from government and the private sector
- Janitorial staff and other custodial staff
- Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

ADDITIONAL CONSIDERATIONS

- Employees should not share headsets or other objects that are near mouth or nose.
- Employers should increase the frequency of cleaning commonly touched surfaces.
- Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- Employers should work with facility maintenance staff to increase air exchanges in room.
- Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.

Additional information about identifying critical infrastructure during COVID-19 can be found on the [DHS CISA website](#) or the CDC's specific [First Responder Guidance page](#).

Essential critical workers who have been exposed to COVID-19

[Print Version](#) 

Steps for workers

Do

Take your temperature before work.

Wear a face mask at all times.

Practice social distancing in the workplace as work duties permit.

Don't

Stay at work if you become sick.

Share headsets or objects used near face.

Congregate in the break room or other crowded places.

Steps for employers

Do

Take employee's temperature and assess symptoms prior to their starting work.

If an employee becomes sick during the day, send them home immediately.

Test the use of face masks to ensure they do not interfere with workflow.

Increase air exchange in the building.

Increase the frequency of cleaning commonly touched surfaces.

More Info

[Testing for workers in high-density critical infrastructure workplaces](#)

[Guidance for Meat Packing Industry](#)

[First responders and law enforcement](#)

[Businesses and employers](#)

[Correctional and detention facilities](#)

Enfermedad del coronavirus 2019 (COVID-19)

Descargo de responsabilidad: Este sitio web se actualiza con frecuencia. Parte de su contenido puede estar disponible en inglés hasta que se haya traducido todo el contenido.

Implementar prácticas de seguridad para trabajadores de infraestructuras críticas que pueden haber estado expuestos a una persona con COVID-19 presunto o confirmado Trabajadores imprescindibles

Guía provisional

Actualizado el 20 de abr. del 2020

[Imprimir](#)

Para garantizar la continuidad de las operaciones de funciones esenciales, los CDC indican que los trabajadores de infraestructura crítica podrían estar autorizados a seguir trabajando ante una exposición potencial al COVID-19, siempre y cuando se mantengan asintomáticos y se implementen precauciones adicionales para protegerlos y proteger a la comunidad.

Exposición potencial significa ser un contacto del hogar o tener contacto cercano (a una distancia de hasta 6 pies) con un caso de COVID-19 presunto o confirmado. El período para tener contacto con una persona incluye un lapso de 48 horas previas a la aparición de los síntomas.

Los trabajadores de infraestructura crítica que han estado expuestos pero permanecen asintomáticos deberían poner en práctica antes y durante los turnos de trabajo lo siguiente:

- **Evaluación previa:** los empleadores deberían controlar la temperatura y evaluar los síntomas de los empleados antes de que comiencen a trabajar. Lo ideal sería controlar la temperatura antes de que la persona ingrese al establecimiento.
- **Monitoreo regular:** siempre y cuando el empleado no tenga fiebre o síntomas, debe controlar sus propios síntomas bajos la supervisión del programa de salud ocupacional de su empleador.
- **Uso de mascarilla:** el empleado debería usar una mascarilla en todo momento en el lugar de trabajo por 14 días después de la última exposición. Los empleadores pueden proporcionarles las mascarillas o pueden autorizar el uso de las cubiertas de tela para la cara de los empleados en caso de escasez de suministros.
- **Distancia social:** el empleado debería mantener una distancia de 6 pies e implementar el distanciamiento social, siempre y cuando las tareas que se realizan en el lugar de trabajo lo permitan.
- **Limpieza y desinfección de las áreas de trabajo:** limpie y desinfecte regularmente todas las áreas como oficinas, baños, áreas comunes, y equipos electrónicos de uso compartido.

Si el empleado se enferma durante el día, deberían [enviarlo a su casa de inmediato](#). Las superficies en su sector de trabajo deberían [limpiarse y desinfectarse](#). Debería recopilarse información sobre las personas que estuvieron en contacto con el empleado enfermo durante el tiempo que presentó síntomas y 2 días previos a la

GUÍA INTERINA

Esta guía interina corresponde a los trabajadores de infraestructura crítica, incluido el personal en 16 sectores de trabajo diferentes, tales como:

- Seguridad pública local, estatal y federal
- Empleados del centro de llamadas al 911
- Empleados del centro de fusión
- Personal de respuesta de materiales peligrosos del gobierno y el sector privado
- Personal de conserjería y demás personal de custodia
- Trabajadores, incluidos los proveedores contratados, en el sector de alimentos y agricultura, manufactura crítica, informática, transporte, energía y establecimientos gubernamentales

OTRAS CONSIDERACIONES

- Los empleados no deberían compartir auriculares u otros objetos que están cerca de la boca o la nariz.
- Los empleadores deberían aumentar la frecuencia con que se limpian las superficies que se tocan comúnmente.
- Los empleados y empleadores deberían considerar hacer una prueba piloto del uso de mascarillas para asegurarse de que no afecte con las tareas asignadas.
- Los empleadores deberían coordinar con el personal de mantenimiento del establecimiento para ventilar con mayor frecuencia los lugares de trabajo.
- Los empleados deberían mantener distancia cuando toman un descanso todos juntos. Es

cuando toman un descanso todos juntos. Es necesario tomar descansos escalonados, evitar congregaciones en el área de descanso y no compartir comidas ni utensilios.

aparición de los síntomas. Deberían considerarse expuestas a las demás personas en el establecimiento que tuvieron contacto cercano a una distancia de hasta 6 pies del empleado durante ese tiempo.

Los empleadores deberían implementar las recomendaciones que figuran en la [Guía interina para empresas y empleadores sobre planificación y respuesta a la enfermedad del coronavirus 2019](#) para ayudar a prevenir y desacelerar la propagación del COVID-19 en el lugar de trabajo. Encuentre más información acerca de cómo identificar una infraestructura crítica durante el COVID-19 en el [sitio web de la CISA del DHS](#) o en la página de la [Guía específica de los CDC para el personal de respuesta a emergencias](#).

Trabajadores imprescindibles que han estado expuestos al COVID-19

[Versión para imprimir](#) 

Medidas para los trabajadores

Sí

Tomarse la temperatura antes del trabajo.

Usar mascarilla en todo momento.

Mantener el distanciamiento social en el lugar de trabajo si sus tareas lo permiten.

No

Quedarse en el trabajo si se enferma.

Compartir audífonos u objetos que usa cerca de la cara.

Reunirse en grupos grandes en la sala de descanso u otros lugares muy concurridos.

Medidas para los empleadores

Sí

Tomar la temperatura de los empleados y evaluarlos para detectar síntomas antes de que empiecen a trabajar.

Si un empleado se enferma durante el día, enviarlo a su casa de inmediato.

Probar el uso de mascarillas para garantizar que no interfieran con el trabajo.

Aumentar la circulación de aire en el edificio.

Aumentar la frecuencia con la que se limpian las superficies de contacto frecuente.

Más información

[Pruebas en trabajadores de infraestructuras críticas de lugares de trabajo con alta densidad](#)

[Guía para la industria de envasado de carnes rojas](#)

[Personal de seguridad pública y respuesta a emergencias](#)

[Empresas y empleadores](#)

[Establecimientos correccionales y de detención](#)

*COVID-19 Training Material
Supervisory Staff*



Guidance on Preparing Workplaces for COVID-19



Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health.”

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act’s General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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

Guidance on Preparing Workplaces for COVID-19

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

OSHA 3990-03 2020



U.S. Department of Labor

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Introduction

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

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

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

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

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

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.

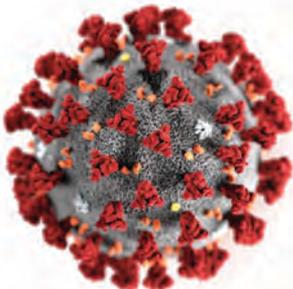
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

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.

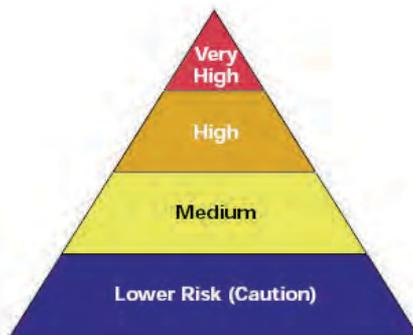
However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030.

The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

**Occupational Risk Pyramid
for COVID-19**



Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.

Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact be with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE.

Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.

In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA’s COVID-19 webpage: www.osha.gov/covid-19.

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm.
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19.

- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories” at www.cdc.gov/biosafety/publications/bmbl5.

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage “Healthcare-associated Infections” (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

Workers Living Abroad or Travelling Internationally

Employers with workers living abroad or traveling on international business should consult the “Business Travelers” section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:

- CDC travel warnings: www.cdc.gov/coronavirus/2019-ncov/travelers
- U.S. Department of State (DOS) travel advisories: travel.state.gov

Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government's ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

For More Information

Federal, state, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations.

Below are several recommended websites to access the most current and accurate information:

- Occupational Safety and Health Administration website: www.osha.gov
- Centers for Disease Control and Prevention website: www.cdc.gov
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

OSHA Assistance, Services, and Programs

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

Establishing a Safety and Health Program

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit www.osha.gov/complianceassistance/cas or call 1-800-321-OSHA (6742) to contact your local OSHA office.

No-Cost On-Site Safety and Health Consultation Services for Small Business

OSHA's On-Site Consultation Program offers no-cost and confidential advice to small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit www.osha.gov/consultation, or call 1-800-321-OSHA (6742).

Under the consultation program, certain exemplary employers may request participation in OSHA's **Safety and Health Achievement Recognition Program (SHARP)**. Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

Cooperative Programs

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit www.osha.gov/cooperativeprograms.

Strategic Partnerships and Alliances

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

Voluntary Protection Programs (VPP)

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

Occupational Safety and Health Training

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit www.osha.gov/otiec.

OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at www.osha.gov/publications and www.osha.gov/ebooks. You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for *QuickTakes*, OSHA's free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit www.osha.gov/quicktakes.

OSHA Regional Offices

Region 1

Boston Regional Office
(CT*, ME*, MA, NH, RI, VT*)
JFK Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax

Region 2

New York Regional Office
(NJ*, NY*, PR*, VI*)
Federal Building
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax

Region 3

Philadelphia Regional Office
(DE, DC, MD*, PA, VA*, WV)
The Curtis Center
170 S. Independence Mall West, Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax

Region 4

Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax

Region 5

Chicago Regional Office
(IL*, IN*, MI*, MN*, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax

Region 6

Dallas Regional Office
(AR, LA, NM*, OK, TX)
A. Maceo Smith Federal Building
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax

Region 7

Kansas City Regional Office
(IA*, KS, MO, NE)
Two Pershing Square Building
2300 Main Street, Suite 1010
Kansas City, MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8

Denver Regional Office
(CO, MT, ND, SD, UT*, WY*)
Cesar Chavez Memorial Building
1244 Speer Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax

Region 9

San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American Samoa,
Guam and the Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 2650
San Francisco, CA 94103
(415) 625-2547 (415) 625-2534 Fax

Region 10

Seattle Regional Office
(AK*, ID, OR*, WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at www.osha.gov or call us at 1-800-321-OSHA (6742).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

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





U.S. Department of Labor

For more information:

OSHA[®] **Occupational
Safety and Health
Administration**

www.osha.gov (800) 321-OSHA (6742)



COVID-19 INDUSTRY GUIDANCE: Construction

July 2, 2020

covid19.ca.gov



Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Construction Sites

Recent Updates:

7/23/20: Home Isolation period changed from 72 hours to 24 hours with no fever. The period that someone is considered to be infectious, changed from 48 hours to 2 days before symptoms begin.

6/29/20: Employees who don't have symptoms but test positive need to stay home for 10 days from the date the test was done. In the event that 3 or more cases are identified within the workplace within a span of 14 days the employer should report this cluster to the Department of Public Health

These guidelines have been developed in response to the need for work on construction projects that are permissible under the Health Officer's Orders to continue as safely as possible.

These guidelines are not all encompassing and may need to be tailored to individual construction sites and updated as the COVID-19 pandemic evolves. Contractors should have prepared a new or updated Site-Specific Health and Safety Plan to address COVID-19-related issues and are strongly urged to adopt and implement the following measures under that safety plan. Contractors should review the latest OSHA COVID-19 Workplace Safety Guidance document (<https://www.osha.gov/Publications/OSHA3990.pdf>) as a resource in preparation of their Site Specific Health and Safety Plan.

Key Recommendations

1. Ensure individuals maintain a distance of 6 feet apart unless specific work assignments require less distancing; in such situations, strategies should be implemented to allow for maximum distancing.
2. Do not have gatherings of any size, and any time two or more people must meet, ensure a minimum 6-foot separation.
3. Designate a Site Safety Representative (SSR) to monitor and implement all recommended safety practices regarding the COVID-19 virus with all construction workers (workers). Labor supervisors must have the authority, through consultation with the SSR, to halt all activities that do not adhere to the COVID-19 safety practices.
4. An SSR should be present on the construction site at all times during construction activities.
5. For work sites where multiple-contractors share the same workspace, inform all contractors about each site-specific COVID-19 Construction Field Safety Guideline. Where one contractor enters the space of another contractor, the most stringent guidelines will be followed.
6. Provide personal protective equipment such as gloves, goggles, face shields, and cloth face coverings as appropriate for the activity being performed.
7. Require that staff wear, at minimum, a cloth face covering whenever they around others, including other employees and/or the public.
8. Identify "choke points" and "high-risk areas" where workers are forced to stand together, such as hallways, hoists and elevators, break areas, and buses, and control them so physical (social) distancing is maintained.
9. During pick up or delivery of equipment or materials, ensure a minimum 6-foot separation among workers.

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10. Stagger the trades to reduce density and maintain a minimum 6-foot separation for physical distancing unless specific work assignments require less distancing; in such situations, strategies should be implemented to allow for maximum distancing.
11. Modify work schedules to stagger work and provide alternating workdays to reduce the total number of employees on a job site at any given time.
12. Ensure that office staff has the ability to work from home.
13. Discourage workers from using other workers' phones, desks, offices, work tools and equipment. If they must be shared, require that they are cleaned and disinfected before and after use.
14. Place hand wash stations supplied with soap and disposable towels or hand sanitizers and trash cans in multiple locations to encourage hand hygiene.
15. Require anyone on the project to stay home if they are sick.
16. Employees that are sick should stay home at least 24 hours after recovery, which means their fever has resolved without the use of fever-reducing medications AND there is improvement in their symptoms (e.g., cough, shortness of breath), AND at least 10 days have passed since symptoms first appeared. If the employee did not have symptoms but tested positive they should stay home for at least 10 days from when the test was done.
17. Any close contacts to the ill worker should be identified and asked to remain at home in quarantine for 14 days since the last exposure. Close contacts include all individuals who were within 6 feet of the employee for more than 15 minutes, starting 2 days before symptoms began until their isolation period ends. In addition, anyone who had contact with their body fluids and/or secretions (such as were coughed on/sneezed on, shared utensils or saliva or provided care to the ill employee without wearing protective equipment) should be in quarantine.
18. Have workers inform their supervisor if they have a sick family member at home with COVID-19 or have been in contact with someone outside of work with suspected COVID-19. Workers who have been exposed should remain at home in quarantine for 14 days from their last contact with the ill individual.
19. Do not require a healthcare provider's note for workers who are sick with acute respiratory illness to validate their illness or to return to work.
20. Maintain a daily attendance log of all workers and visitors at the job site.
21. In the event that 3 or more cases are identified within the workplace within a span of 14 days the employer should report this cluster to the Department of Public Health at (888) 397-3993 or (213) 240-7821. If a cluster is identified at a worksite, the Department of Public Health will initiate a cluster response which includes providing infection control guidance and recommendations, technical support and site-specific control measures. A public health case manager will be assigned to the cluster investigation to help guide the facility response
22. Establish a daily screening protocol for arriving workers, to ensure that potentially infected workers do not enter the worksite.
23. Regularly clean and sanitize trailers, toilets, and other enclosed spaces such as elevators and lifts as well as high-touch surfaces on job sites and in offices—such as shared tools, machines, vehicles and other equipment, handrails, doorknobs, and portable toilets—frequently, as per CDC

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guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

24. Make disinfectants available to workers throughout the worksite and ensure supplies are frequently replenished.

Also, as part of the Site Specific Health and Safety Plan contractors should draft and implement a Code of Safe Practices that is posted in areas visible to all workers and that at a minimum require staff/labor to follow the personal prevention actions noted below:

Personal prevention actions include:

- Stay home when you are sick.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use alcohol-based hand sanitizer that contains at least 60% alcohol. Wash your hands before meals, after using the restroom and after coughing and sneezing.
- Cover your coughs and sneezes with a tissue, and then dispose of the tissue and clean your hands immediately. If you do not have a tissue, use your elbow (not your hands).
- Do not touch your mouth, eyes, nose with unwashed hands
- Avoid contact with people who are sick.
- Bring food and water bottles from home in order to avoid busy or congested food trucks. Do not share food or drinks.
- Drive to worksites or parking areas by yourself—no passengers or carpooling unless they are individuals who live in your home.
- Avoid sharing items such as phones or tools. If tools have to be shared be sure to wipe them down with a disinfectant wipe before and after sharing.
- Constantly observe your work distances in relation to other staff. Maintain the recommended minimum 6 feet separation from one another at all times unless specific work assignments require less distancing, and wear a face cloth covering when working with others
- Disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.

Know where to get reliable information

Beware of scams, false news and hoaxes surrounding novel coronavirus. Visit Public Health's COVID-19 scams webpage (ph.lacounty.gov/hccp/covidscams) for information and resources on how to avoid COVID-19 health care scams.

Accurate information, including announcements of new cases in LA County, will always be distributed by Public Health through press releases, social media, and our website. The website has more information on COVID-19 including FAQs, infographics and a guide to coping with stress, as well as tips on handwashing

- Los Angeles County Department of Public Health (LACDPH, County)
 - publichealth.lacounty.gov/media/Coronavirus/

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- Social media: @lapublichealth

Other reliable sources of information about novel coronavirus are:

- California Department of Public Health (CDPH, State)
 - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- Centers for Disease Control and Prevention (CDC, National)
 - <http://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>
- Los Angeles Department of Building and Safety (Call center - 311 or (213) 473-3231 – Calls will then be routed to LADBS' Call Center or use the MyLA311 Website at <https://myla311.lacity.org/> or submit via the MyLA311 mobile app.)
- CAL OSHA Guidance for preparing workplaces: <https://www.osha.gov/Publications/OSHA3990.pdf>

If you have questions and would like to speak to someone call the Los Angeles County Information line 2-1-1 which is available 24 hours a day.



OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact or in a poorly ventilated area with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include hospitals, long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by workers (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training workers on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

PURPOSE

This document provides guidance for the construction industry to support a safe, clean environment for workers. The guidance is not intended to revoke or repeal any worker rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.¹ Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on their Cal/OSHA COVID-19 Infection Prevention for Construction

Employers and Workers [webpage](#). CDC has additional guidance [for businesses and employers](#).

Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure.

People in California must wear face coverings when they are engaged in work, whether at the workplace or performing work off-site, when:

- Interacting in-person with any member of the public;
- Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance; or,
- Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.

Complete details, including all requirements and exemptions to these rules, can be found in the [guidance](#). Face coverings are strongly encouraged in other circumstances, and employers can implement additional face covering requirements in fulfilling their obligation to provide workers with a safe and healthful workplace. Employers should provide face coverings to workers or reimburse workers for the reasonable cost of obtaining them.

Employers should develop an accommodation policy for any worker who meets one of the exemptions from wearing a face covering. If a worker who would otherwise be required to wear a face covering because of frequent contact with others cannot wear one due to a medical condition, they should be provided with a non-restrictive alternative, such as a face shield with a drape attached to the bottom edge, if feasible, and if the medical condition permits it.

Businesses that are open to the public should be cognizant of the exemptions to wearing face coverings in the [CDPH Face Covering Guidance](#) and may not exclude any member of the public for not wearing a face covering if that person is complying with the [guidance](#). Businesses will need to develop policies for handling these exemptions among customers, clients, visitors, and workers.



Worksite Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every location, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each establishment to implement the plan.
- Incorporate the [CDPH Face Covering Guidance](#) into the Workplace Specific Plan and include a policy for handling exemptions.
- Identify contact information for the local health department where the operation is located for communicating information about COVID-19 outbreaks among workers or customers.
- Train and communicate with workers and worker representatives on the plan and make the plan available to workers and their representatives.
- Regularly evaluate the establishment for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Identify close contacts (within six feet for 15 minutes or more) of an infected worker and take steps to isolate COVID-19 positive worker(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



Topics for Worker Training

- Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work:
 - If a worker has symptoms of COVID-19 as [described by the CDC](#), such as a fever or chills, cough, shortness of breath or

difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea, OR

- If a worker was diagnosed with COVID-19 and has not yet been released from isolation, OR
- If, within the past 14 days, a worker has had contact with someone who has been diagnosed with COVID-19 and is considered potentially infectious (i.e. still on isolation).
- To return to work after a worker receives a COVID-19 diagnosis only if 10 days have passed since symptoms first appeared, their symptoms have improved, and the worker has had no fevers (without the use of fever reducing medications) for the last 72 hours. A worker without symptoms who was diagnosed with COVID-19 can return to work only if 10 days have passed since the date of the first positive COVID-19 test.
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol (preferred) or 70% isopropanol (if the product is inaccessible to unsupervised children) when workers cannot get to a sink or handwashing station, per [CDC guidelines](#)).
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
 - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
 - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
 - Face coverings must cover the nose and mouth.
 - Workers should wash or sanitize hands before and after using or adjusting face coverings.
 - Avoid touching the eyes, nose, and mouth.
 - Face coverings must not be shared and should be washed or discarded after each shift.
- Information contained in the [CDPH Guidance for the Use of Face](#)

[Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings. Training should also include the employer's policies on how people who are exempted from wearing a face covering will be handled.

- Ensure any independent contractors, temporary, or contract workers at the worksite are also properly trained in COVID-19 prevention policies and have necessary supplies and PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
- Information on paid leave benefits the worker may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and workers' compensation for COVID-19](#), including workers' sick leave rights under the [Families First Coronavirus Response Act](#) and the Governor's [Executive Order N-51-20](#), and workers' rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20](#) while that Order is in effect.



Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible.
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows [CDC guidelines](#), as described in the Topics for Worker Training section above.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers must provide and ensure workers use all required protective equipment, including eye protection and gloves where necessary.
- Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.
- Non-workers entering the jobsite should be restricted to only those classified as essential by management and they must complete a temperature and/or symptom screening before entering.



Cleaning and Disinfecting Protocols

- Perform thorough cleaning on high traffic areas such as break rooms, lunch areas, and changing areas, and areas of ingress and egress including, stairways and stairwells, handrails, elevators controls and frequently disinfect commonly used surfaces, including, doorknobs, toilets, handwashing facilities, etc.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, tools, handles and latches, and controls on stationary and mobile equipment, including surfaces in the cabs of all vehicles.
- Require workers to wash hands or use sanitizer between the use of shared equipment, such as workstation tools, radios, time clocks, mobilized carts, and other items and allow paid work time to do so.
- Require that employer-owned and controlled equipment, such as hard hats and any face shields, be sanitized at the end of each shift. Clean and disinfect the inside of the equipment, then the outside, then wash hands.
- Encourage workers who own their own hard hats to follow the same cleaning protocol and provide the proper cleaning and sanitation products. Allow paid work time to complete such cleaning.
- Avoid sharing phones, office supplies, other work tools, or handheld mobile communications equipment wherever possible. Individually-assigned peripheral equipment (keyboards, handsets, headsets, chairs, etc.) should be provided wherever possible. If necessary, clean and disinfect them before and after each use. Never share PPE.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the worker's job duties.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- Provide additional sanitary facilities (including portable toilets and handwashing stations) if feasible and necessary to maintain physical distancing during scheduled breaks.
- Install hands-free devices, if possible, including motion sensor sinks, soap dispensers, sanitizer dispensers, and paper towel dispensers.
- To minimize the risk of [Legionnaires' disease](#) and other diseases

associated with water, [take steps](#) to ensure that all water systems and features are safe to use after a prolonged facility shutdown.

- When choosing disinfecting chemicals, employers should use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide workers training on the chemical hazards, manufacturer's directions, ventilation requirements, and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves and other protective equipment as required by the product instructions. Follow the [asthma-safer cleaning methods](#) recommended by the California Department of Public Health and ensure proper ventilation.
- Consider installing portable high-efficiency air cleaners, upgrading the building or construction trailer's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in work and break areas.



Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between workers. These can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where workers should stand). Reassign personal staging areas to increase distance between workers. Designate separate entrance and exits and post signage to this effect.
- Adjust on-site meetings to ensure physical distance and instead implement smaller individual safety meetings at the jobsite to maintain physical distancing guidelines. Transition other meetings and interviews to phone or digital platforms or hold outside or in a space allowing for at least six feet of physical distance between workers.
- Consider offering workers who request modified duties options that minimize their contact with any customers or other workers (e.g., managing inventory rather or managing administrative needs through telework).
- Utilize work practices, when feasible and necessary, to limit the number of workers on the jobsite at one time. This may include scheduling (e.g. staggering shift start/end times) or rotating crew access to a designated area during a shift. Stage the jobsite to stagger work and limit overlap of work crews. Place additional limitations on the number of workers in enclosed areas, where six feet of separation may not be

sufficient to limit transmission of the virus.

- Stagger worker breaks, within compliance with wage and hour regulations, to maintain physical distancing protocols.
- Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.
- Workers should consider bringing a lunch made at home or purchase take out or delivery where available as long as they can avoid congested areas.
- Use the following hierarchy to prevent transmission of COVID-19 in production and other work areas: engineering controls, administrative controls, and PPE.
 - Engineering controls include creating physical or spatial barriers between workers such as Plexiglas or other sturdy and impermeable partitions. Where appropriate, install such barriers in offices to create separation between workers.
 - Administrative controls include slowing operations and increasing shifts, within safety requirements, and ensuring adequate time for proper cleaning and disinfection protocols.
 - PPE includes face shields, [some types of masks](#), and impermeable gloves. Note that some disposable equipment, such as respirators, are prioritized for health care workers and workers that handle pathogens and should not otherwise be used. If those are in use, consider changing to reusable elastomeric respirators to conserve supplies for healthcare facilities.

¹Additional requirements must be considered for vulnerable populations. Employers must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.



**REOPENING SAFER AT WORK AND IN THE COMMUNITY
FOR CONTROL OF COVID-19**
MOVING THE COUNTY OF LOS ANGELES INTO
STAGE 3 OF CALIFORNIA'S PANDEMIC
RESILIENCE ROADMAP

Revised Order Issued: July 14, 2020

Recent Update

7/14/20—Updated to be in compliance with Statewide Public Health Officer Order dated 7/13/20 and noted updates for the following appendices on page 17:

- **Appendix E:** Protocols for Shopping Center Operators
- **Appendix H:** Reopening Protocol for Hair Salons and Barbershops
- **Appendix L:** Reopening Protocol for Gyms and Fitness Establishments
- **Appendix R:** Reopening Protocol for Personal Care Establishments

Please read this Order carefully. Violation of or failure to comply with this Order is a crime punishable by fine, imprisonment, or both. (California Health and Safety Code §120295; Los Angeles County Code § 11.02.080.)

SUMMARY OF THE ORDER: This Revised County of Los Angeles Health Officer Order (Order) supersedes all prior Safer At Home orders (Prior Orders) issued by the County of Los Angeles Health Officer (Health Officer). This Order is issued to comply with State Executive Orders N-33-20 and N-60-20 issued by Governor Gavin Newsom, and the accompanying orders of the State Public Health Officer issued on March 19, May 7, and July 13, 2020.

This Order's intent is to continue to ensure that County residents remain in their residences as much as practicable, to limit close contact with others outside their household in both indoor and outdoor spaces. All persons who can telework or work from home should continue to do so as much as possible during this pandemic. Further, gatherings of people who are not part of a single household or living unit are prohibited within the County of Los Angeles Public Health Jurisdiction, except for the limited purposes expressly permitted by this Order. This Order allows persons to engage in all permitted activities, as defined by the Order, but requires that persons practice Social (Physical) Distancing, at all times while out in public and wear a cloth face covering over both the nose and mouth when in or likely to be in contact with others, to lower the risks of person-to-person contact for themselves and others.

This Order is issued to align the County of Los Angeles (County) with State Executive Orders and State Health Officer Orders. This Order will be revised in the future to reflect the State Executive Orders and State Public Health Officer Orders and guidance that progressively designate sectors, businesses, establishments, or activities that may reopen with certain modifications, based on health and safety needs and at a pace designed to protect health and safety, and that may also progressively close specific activities and business sectors based on increases in daily reported COVID-19 cases, hospitalizations, and the testing positivity rates. Should local COVID-19 conditions warrant, the Health Officer may, after consultation with the Board of Supervisors, issue Orders that are more

restrictive than those of the State Public Health Officer. **Changes from the previous Order are highlighted.**

This Order is effective within the County of Los Angeles Public Health Jurisdiction, defined as all cities and unincorporated areas within the County of Los Angeles, with the exception of the cities of Long Beach and Pasadena that must follow their respective City Health Officer orders and guidance. This Order is effective immediately and will continue until further notice.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND
SAFETY CODE SECTIONS 101040, 101085, AND 120175,
THE COUNTY OF LOS ANGELES HEALTH OFFICER ORDERS:**

1. This Order supersedes the Health Officer's Prior Orders. In order to immediately address the serious recent regression of COVID-19 Indicators within the County of Los Angeles, which show troubling and substantial increases in new daily reported COVID-19 cases, hospitalizations, and the testing positivity rate, this Order requires the immediate temporary closure of specific activities and business sectors. This Order aligns the County with both the Governor's July 13, 2020, announcement requiring the closure of specific activities and business sectors and the State Public Health Officer's phased reopening approach guided by the California Pandemic Resilience Roadmap. The Health Officer will continue to assess the phased reopening allowed by the State Public Health Officer and this Order on an ongoing basis and determine, after consultation with the Board of Supervisors, whether this Order needs to be modified if the public health risk associated with COVID-19 increases in the future.
2. This Order's intent is to continue to ensure that County residents remain in their residences as much as practicable, to limit close contact with others outside their household in both indoor and outdoor spaces. All persons who can telework or work from home should continue to do so as much as possible during this pandemic. Sustained Social (Physical) Distancing and infection control measures will continue slowing the spread of COVID-19 and diminishing its impact on the delivery of critical healthcare services. All provisions of this Order must be interpreted to effectuate that intent. Failure to comply with any of the Order's provisions constitutes an imminent threat and menace to public health, and a public nuisance, and is punishable by fine, imprisonment or both.
3. All persons living within the County of Los Angeles Public Health Jurisdiction should remain in their residences whenever practicable.
 - a) Nothing in this Order prohibits members of a single household or living unit from engaging in permitted activities together. But gatherings of people who are *not* part of a single household or living unit are prohibited within the County of Los Angeles Public Health Jurisdiction, except for the limited purposes expressly permitted by this Order.
 - b) People leaving their residences must strictly comply with the Social (Physical) Distancing requirements stated in this Order and specified in guidance or

protocols established by the County Department of Public Health. This Order, beginning June 19, 2020, requires all persons wear a cloth face covering over both the nose and mouth whenever they leave their place of residence and are or can be in contact with or walking near or past others who are non-household members in both public and private places, whether indoors or outdoors. This includes wearing a cloth face covering when patronizing a business. Wearing a cloth face covering reduces the risk of transmission to others from people who do not have symptoms and do not know they are infected. The use of face coverings is commonly referred to as “source control.”

- c) Persons and businesses within the County of Los Angeles Public Health Jurisdiction are required to follow the COVID-19 infection control protocols and guidance provided by the County Department of Public Health. In instances where the County has not provided a specific guidance or protocol, specific guidance or protocols established by the State Public Health Officer shall control.
 - i. In the event that an owner, manager, or operator of any business knows of three (3) or more cases of COVID-19 among their employees within a span of 14 days the employer must report this outbreak to the Department of Public Health at (888) 397-3993 or (213) 240-7821.
 - ii. In the event that an owner, manager, or operator of any business is informed that one or more employees of the business has tested positive for, or has symptoms consistent with COVID-19 (case), the employer must have a protocol to require the case(s) to isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s).
 - d) Pursuant to the State of California’s action¹ and the United States District Court Central District of California’s order,² jurisdictions within the County of Los Angeles Public Health Jurisdiction are expected to comply with the provision of hotel and motel rooms for vulnerable people experiencing homelessness through Project Roomkey, which slows the spread of COVID-19 and retains capacity of the healthcare system.
4. All people residing within the County of Los Angeles Public Health Jurisdiction who are age 65 or older and all people of any age who have active or unstable pre-existing health conditions, should remain in their residences as much as possible during the pandemic. People in these categories should leave their residences only when necessary to seek medical care, exercise or obtain food or other necessities. The Health Officer strongly recommends that all employers offer telework or other accommodations to persons who are age 65 or older and all people of any age who have an active or unstable pre-existing health conditions.

¹ Office of Governor Gavin Newsom, Action re: Project Roomkey, 4/3/2020, <https://www.gov.ca.gov/2020/04/03/at-newly-converted-motel-governor-newsom-launches-project-roomkey-a-first-in-the-nation-initiative-to-secure-hotel-motel-rooms-to-protect-homeless-individuals-from-covid-19/>; 2020-21 May Revision to the Governor’s Budget, Project Roomkey, pg. 78-79

² Order re: Preliminary Injunction (Case No. LA CV 20-02291-DOC-KES), LA Alliance for Human Rights et al v. City of Los Angeles et al, States District Court Central District of California, 5/15/2020.

5. All government agencies working in the course and scope of their public service employment are Essential Government Functions.
 - a) All government employees are essential, including but not limited to, health care providers and emergency responders including employees who serve in the following areas: law enforcement; emergency services and management; first responders; fire; search and rescue; juvenile detention; corrections; healthcare services and operations; public health; laboratory or medical testing; mental health; community health; public works; executive management employees serving in these fields; all employees assigned to serve in or support the foregoing fields; and all employees whose services are otherwise needed to assist in a declared emergency.
 - b) While all government employees are essential, the employees identified here, and others called to serve in their Disaster Service Worker capacity, must be available to serve the public or assist in response or continuity of operations efforts during this health crisis to the maximum extent allowed under the law.
 - c) This Order does not, in any way, restrict (a) first responder access to the site(s) named in this Order during an emergency or (b) local, state or federal officers, investigators, or medical or law enforcement personnel from carrying out their lawful duties at the site(s) named in this Order.
 - d) All persons who perform Essential Governmental Functions are categorically exempt from this Order while performing such governmental functions or services. Each governmental entity shall identify and designate appropriate employees, **volunteers**, or contractors to continue providing and carrying out any Essential Governmental Functions. All Essential Governmental Functions should be performed in compliance with Social (Physical) Distancing, to the extent possible.
6. This Order does not supersede any stricter limitation imposed by a local public entity within the County of Los Angeles Public Health Jurisdiction.
7. The Health Officer orders the closure of the following types of higher-risk businesses, recreational sites, commercial properties, and activities, where more frequent and prolonged person-to-person contacts are likely to occur:
 - a) Lounges and nightclubs;
 - b) Bars, breweries, tasting rooms, craft distilleries, and wineries that possess a valid low risk restaurant public health permit issued by the County of Los Angeles.
 - c) Brewpubs, craft distilleries and breweries and wineries, with premises set aside for beer and/or wine tasting, that are exempt from the definition of a food facility by California Health and Safety Code Section 113789(c)(5), and do not hold a health permit for preparing and serving food on site.
 - d) Public entertainment venues: movie theaters, live performance theaters, concert venues, theme parks, and festivals;
 - e) Family entertainment centers such as bowling alleys, arcades, miniature golf, and batting cages;

- f) All restaurants, but only for indoor, in-person onsite dining until further notice;
 - g) Cardrooms, satellite wagering facilities, and racetrack onsite wagering facilities until further notice;
 - h) Indoor and outdoor playgrounds for children, except those located within a school or childcare center;
 - i) Indoor portions and exhibits of museums, zoos and aquariums are closed to the public until further notice;
 - j) Hot tubs, steam rooms and saunas not located on a residential property;
 - k) All events and gatherings, unless specifically allowed by this Order.
8. All Essential Businesses may remain open to the public and conduct normal business operations, provided that they implement and maintain the Social (Physical) Distancing Protocol defined in Paragraph 20 and attached to this Order as **Appendix A**. An Essential Business' owner, manager, or operator must prepare and post a Social (Physical) Distancing Protocol for each facility or office located within the County of Los Angeles Public Health Jurisdiction and must ensure that the Essential Business meets all other requirements of the Social (Physical) Distancing Protocol.
9. Lower-Risk Businesses are businesses that are not specified in Paragraph 7 of this Order, and not defined as an Essential Business in Paragraph 18 of this Order. There are five categories of Lower-Risk Businesses that may reopen under this Order: (1) retailers ("Lower-Risk Retail Businesses"), (2) manufacturing and logistics sector businesses that supply Lower-Risk Retail Businesses, (3) Non-Essential office-based businesses (although telework is strongly encouraged), (4) Indoor Malls and Shopping Centers, and (5) hair salons and barbershops. These five categories of Lower-Risk Businesses may reopen subject to the following conditions:
- a) For any Lower-Risk Retail Business that sells goods and services, the owner, manager, or operator must, for each facility located within the County of Los Angeles Public Health Jurisdiction, prior to reopening, prepare, implement and post the Reopening Protocols for Retail Establishments: Opening for In Person Shopping, attached to this Order as **Appendix B**.
 - b) For any non-retail Lower-Risk Business, that is a manufacturing and logistics sector business that supplies Lower-Risk Retail Businesses, the owner, manager, or operator must, prior to reopening, prepare, implement and post the required Los Angeles County Department of Public Health Reopening Protocol, applicable to the business type or location, attached to this Order as **Appendix C**.
 - c) For any Non-Essential office-based business, all indoor portions and operations must cease in-person operations until further notice. Non-essential office-based businesses whose operations require employees to work from an office worksite, and that this Order does not identify as an Essential Business, Healthcare Operation, or Essential Infrastructure, may operate via telework and for Minimum Basic Operations only. Essential Businesses, Healthcare Operations, or Essential Infrastructure whose operations require that

employees operate from an office worksite, must require employees to telework to the extent feasible and any in-person operations must be in accordance with the required Los Angeles County Department of Public Health Reopening Protocol Office-Based Worksites, attached to this Order as **Appendix D**.

- d) For Indoor Malls and Shopping Centers, defined as: A building with (7) or more sales or retail establishments with adjoining indoor space, all indoor portions and operations must close to the public until further notice. Businesses located entirely within the interior of an Indoor Mall or Shopping Center that are not temporarily closed pursuant to Paragraph 7 of this Order, may offer goods and services via outdoor curbside pick-up. Businesses or activities that are part of an Indoor Mall or Shopping Center and that are not closed pursuant to Paragraph 7 of this Order, but that are accessible by the public from the exterior of the Indoor Mall or Shopping Center may remain open to the public. The owner or operator of the Indoor Mall or Shopping Center must, prior to reopening, prepare, implement and post the required Los Angeles County Department of Public Health Protocols for Shopping Center Operators, attached to this Order as **Appendix E**.
- e) Hair salons and barbershops, may be open for outdoor operations only. The indoor portions of hair salons and barbershops must be closed to the public until further notice. The owner, manager, or operator must, prior to reopening, prepare, implement and post the Reopening Protocols for Hair Salons and Barbershops, attached to this Order as **Appendix H**.

9.5. The State Public Health Officer has provided guidance for certain sectors, businesses and activities in Stage 3 of the California Pandemic Resilience Roadmap to conditionally reopen no earlier than June 12, 2020. The Health Officer, after considering local epidemiological data and after consultation with the Board of Supervisors, approves the reopening of the following specific sectors, businesses and activities subject to the following conditions:

- a) Music, film and television production. Operations for music, film and television production may resume on June 12, 2020. The owner, manager, or operator of music, film and television production must, prior to reopening, prepare, implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Music, Film and Television Production, attached to this Order as **Appendix J**, as well as abide by applicable industry-generated protocols.
- b) Day camps. Day camps may reopen on June 12, 2020. Day camp owners and operators must implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Day Camps, attached to this Order as **Appendix K**.
- c) Fitness facilities. Fitness facilities, including private gymnasiums, may be open for outdoor operations only. The indoor portions of Fitness facilities are closed to the public until further notice. The owner, manager, or operator of fitness facilities must, prior to reopening, prepare, implement and post the required

Los Angeles County Department of Public Health Reopening Protocol for Gyms and Fitness Establishments, attached to this Order as **Appendix L**.

- d) Outdoor portions of museums, galleries, botanical gardens, and outdoor facilities at zoos, aquariums, and other similar exhibition spaces (collectively, "Museums") may remain open to the public. The indoor portions of Museums are closed to the public until further notice. The owner, manager, or operator of Museums and exhibition spaces must, prior to reopening, prepare, implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Museums, Galleries, Zoos, and Aquariums, attached to this Order as **Appendix M**.
- e) Professional sports without audiences. Professional sports teams and franchises may restart operations and competitions without audiences on June 12, 2020. The owner, manager, or operator of professional sports teams and franchises must, prior to reopening, prepare, implement and post the required Los Angeles County Department of Public Health Protocol for Professional Sports Leagues and Facilities Opening for Training Sessions and Spectator-Free Events, attached to this Order as **Appendix N**, as well as abide by applicable industry-generate protocols.
- f) Campgrounds, RV Parks and associated outdoor activities. Campgrounds and recreational vehicle parks may reopen on June 12, 2020. The owner, manager, or operator of campgrounds and RV Parks must, prior to reopening, prepare, implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Campgrounds, RV parks and Cabin Rental Units, attached to this Order as **Appendix O**.
- g) [Intentionally Omitted].
- h) Personal Care Establishments. These establishments include nail salons, tanning salons, esthetician, skin care, and cosmetology services; electrology, body art professionals, tattoo parlors, and piercing shops; and massage therapy (in non-healthcare settings), and may be open for outdoor operations only. The indoor portions of personal care establishments are closed to the public until further notice. The owner, manager or operator of a personal care establishment must, prior to reopening, prepare, implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Personal Care Establishments, attached to this Order as **Appendix R**.
- i) [Intentionally Omitted].

REASONS FOR THE ORDER

10. This Order is based upon the following determinations: evidence of continued community transmission of COVID-19 within the County; continued uncertainty regarding the degree of undetected asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that a significant portion of the County population is at risk for serious health complications, including hospitalizations and death from COVID-19, due to age or pre-existing health

conditions; and further evidence that other County residents, including younger and otherwise healthy people, are also at risk for serious negative health outcomes and for transmitting the virus to others. The Order's intent is to protect the public from the avoidable risk of serious illness and death resulting from the spread of COVID-19.

11. Existing community transmission of COVID-19 in Los Angeles County continues to present a substantial and significant risk of harm to residents' health. There is still no vaccine available yet to protect against COVID-19, and no treatment for it. As of July 14, 2020, there have been at least 140,307 cases of COVID-19 and 3,894 deaths reported in Los Angeles County. There remains a strong likelihood of a significant and increasing number of cases of community transmission. Making the community transmission problem worse, some individuals who contract the virus causing COVID-19 have no symptoms or have only mild symptoms, and so are unaware that they carry the virus and are transmitting it to others. Further, evidence shows that the virus can, at times, survive for several hours on surfaces and can be indirectly transmitted between individuals. Because even people without symptoms can transmit the virus, and because evidence shows the infection is easily spread, preventing, limiting, and placing conditions on various types of gatherings and other direct and indirect interpersonal interactions have been proven to reduce the risk of transmitting the virus.
12. Evidence suggests that until recently the restrictions and requirements imposed by Prior Orders slowed the rate of increase in community transmission and hospitalizations by limiting interactions among people, consistent with the efficacy of similar measures in other parts of the country and world. Unfortunately, the daily number of new cases has significantly increased and hospitals within the County are admitting an increasing number of patients diagnosed with COVID-19, including patients with severe illness in their intensive care units. Further, the hospitals are at risk of being overwhelmed or exceeding capacity. Moreover, because there is not yet a vaccine or proven therapeutic drug, the public health emergency and attendant risks to the public's health by COVID-19 still predominate.
13. In line with the State Public Health Officer, the Health Officer is monitoring several key indicators (COVID-19 Indicators) within the County. The recent regression of some of these COVID-19 Indicators – specifically related to hospital utilization and capacity – makes it appropriate, at this time, to reimpose certain restrictions that are intended to limit person-to-person contact and slow the current rates of community transmission. Activities and business operations that are permitted must be conducted in accordance with the required Social (Physical) Distancing, reopening protocols, and other infection control protocols ordered by the Health Officer.
14. The Health Officer will continue monitoring COVID-19 Indicators to assess the impact of easing restrictions and re-opening sectors. Those Indicators include, but are not limited to:
 - a. The number of new hospitalizations and deaths.

- b. The capacity of hospitals and the healthcare system in the County, including acute care beds, Intensive Care Unit beds, and ventilators to provide care for existing COVID-19 patients and other patients, and capacity to surge with an increase of COVID-19 cases.
- c. The supply of personal protective equipment (PPE) available for hospital staff, nursing home staff and other healthcare providers and personnel who need PPE to safely respond to and treat COVID-19 patients and other patients.
- d. The ability and capacity to quickly and accurately test persons to determine whether individuals are COVID-19 positive, especially those in vulnerable populations or high-risk settings or occupations, and to identify and assess outbreaks.
- e. The ability to conduct case investigation and contact tracing for the volume of future cases and associated contacts, isolating confirmed cases and quarantining persons who have had contact with confirmed cases.

DEFINITIONS AND EXEMPTIONS

15. The following activities are permitted under this Order:

- a. Engaging in activities or performing tasks important to the health and safety of family or household members (including pets), such as, visiting a health or veterinary care professional, obtaining medical supplies or medication, visiting a physician or child's pediatrician for routine care, such as, well-child visits and vaccinations;
- b. Obtaining necessary services and supplies for family or household members, or delivering the same, such as, obtaining grocery items or necessary supplies from Essential Businesses for one's household or for delivery to others;
- c. Performing work for or accessing businesses that are open, or to carry out Minimum Basic Operations for businesses that are closed or operating remotely.
- d. Obtaining or accessing services from Essential Governmental Functions, such as, accessing court, social and administrative services, or complying with an order of law enforcement or court;
- e. Caring for minors, the elderly, dependents, persons with disabilities, or other vulnerable persons;
- f. Obtaining in-person behavioral health or substance use disorder support in therapeutic small group meetings, such as Alcoholics Anonymous or Narcotics Anonymous, provided that the gathering is limited to 10 people or fewer and Social (Physical) Distancing is practiced.
- g. Obtaining in-person faith-based counselling services where the service cannot reasonably be practiced remotely, provided that the gathering is limited to 10 people or fewer and Social (Physical) Distancing is practiced.
- h. Attending in-person faith-based services, provided that **the faith-based service is held outdoors**. There is no maximum attendance for faith-based services that are held outdoors, provided that the attendees have enough space to observe

strict Social (Physical) Distancing, including a minimum of six feet between attendees from different households, and are wearing cloth face coverings. Faith-based organizations holding in-person outdoor services, must follow the Department of Public Health Places of Worship Protocols, attached to this Order as **Appendix F**.

- i. Engaging in outdoor recreation activity, in compliance with Social (Physical) Distancing requirements and subject to the following limitations:
 - i. Outdoor recreation activity at parks, trails, piers, and beaches, and other open spaces must comply with any access or use restrictions separately established by the Health Officer, government, or other entity that manages the area to reduce crowding and the risk of COVID-19 transmission.
 - ii. Use of shared outdoor facilities for recreational activities, including but not limited to golf courses, tennis and pickleball courts, shooting and archery ranges, equestrian centers, model airplane areas, community gardens, and bike parks, must comply with any access or use restrictions separately established by the Health Officer, government, or other entity that manages the area to reduce crowding and the risk of COVID-19 transmission.
 - iii. Local public entities may elect to temporarily close certain streets or areas to automobile traffic, to allow for increased space for persons to engage in recreational activity permitted by and in compliance with Social (Physical) Distancing requirements specified in this Order.
 - iv. Swimming pools and splash pads in any non-residential setting may reopen on June 12, 2020, with the owner, manager, or operator of the swimming pool or splash pad implementing and posting the required Los Angeles County Department of Public Health Protocol for Swimming Pools. All hot tubs, saunas, and steam rooms located on non-residential property remain closed.
 - v. For-hire fishing, guided fishing, or small-group chartered boat trips may resume operating on June 12, 2020, with the owner, manager, or operator of the charter business implementing the required Los Angeles County Department of Public Health Protocol for Chartered Boats.
- j. Participating in a Vehicle-Based Parade. The host of the Vehicle-Based Parade must comply with all local ordinances, traffic control requirements, and state and local laws. Further, the host of Vehicle-Based Parades must comply with the Los Angeles County Department of Public Health Vehicle-Based Parade Protocol, attached to this Order as **Appendix G**.
- k. Participating in an in-person protest as long as the protest is held outdoors. Outdoor protests are permitted without a limit on attendees. Persons participating in a protest must wear a cloth face covering and maintain physical distancing of six (6) feet between persons or groups of persons from different households at all times, as well as observe the Department of Public Health Protocol for Public Demonstrations.

16. Individuals may work for, train for, volunteer at, or obtain services at Healthcare Operations: hospitals, clinics, laboratories, dentists, optometrists, pharmacies, physical therapists, rehabilitation and physical wellness programs, chiropractors, pharmaceutical and biotechnology companies, other licensed healthcare facilities, healthcare suppliers, home healthcare service providers, mental or behavioral health providers, alcohol and drug treatment providers, cannabis dispensaries with a medicinal cannabis license and all other required state and local licenses, medical or scientific research companies, or any related and/or ancillary healthcare services, manufacturers, distributors and servicers of medical devices, diagnostics, and equipment, veterinary care, and other animal healthcare. This exemption shall be construed to avoid any impact to the delivery of healthcare, broadly defined.
17. Individuals may provide any service, train for, or perform any work necessary to the operation and maintenance of Essential Infrastructure, which is defined as, public health operations, public works construction, airport operations, port operations, food supply, water, sewer, gas, electrical, oil extraction and refining, roads and highways, public transportation, solid waste collection, removal and processing, flood control and watershed protection, cemeteries, mortuaries, crematoriums, and internet and telecommunications systems (including the provision of essential global, national, local infrastructure for computing services, business infrastructure, communications, and web-based services), and manufacturing and distribution companies deemed essential as part of the Essential Infrastructure supply chain, provided that they carry out those services or that work. In providing these services, training for, or performing this work, individuals must comply with Social (Physical) Distancing requirements to the extent practicable.
18. For purposes of this Order, Essential Businesses are:
 - a. Grocery stores, certified farmers' markets, farm and produce stands, supermarkets, food banks, convenience stores, warehouse stores, and other establishments engaged in the retail sale of canned food, dry goods, fresh fruit and vegetables, pet supply, water, fresh meats, fish, and poultry, and any other household consumer products (such as cleaning or personal care products). This includes stores that sell groceries and other non-grocery products, such as products necessary to maintaining the safety, sanitation, and essential operation of residences. This does not include businesses that sell only prepackaged non-potentially hazardous food which is incidental to the primary retail business;
 - b. Food processors, confectioners, food packagers, food testing labs that are not open to the public, and food cultivation, including farming, livestock, and fishing;
 - c. Organizations and businesses that provide food, shelter, social services, and other necessities of life for economically disadvantaged or otherwise needy individuals (including gang prevention and intervention, domestic violence, and homeless service agencies);
 - d. Newspapers, television news, radio, magazine, podcast and journalism activities, including taped, digitally recorded or online-streamed content of any sort that is produced by one or more members of a single household, within the household's

- residence and without the physical presence of any non-member of the household.
- e. Gas stations, auto-supply, mobile auto repair operations, auto repair shops (including, without limitation, auto repair shops adjacent to or otherwise in connection with a retail or used auto dealership), and bicycle repair shops and related facilities;
 - f. Banks, credit unions, financial institutions and insurance companies;
 - g. Hardware stores, nurseries; building supply stores;
 - h. Plumbers, electricians, exterminators, custodial/janitorial workers, handyman services, funeral homes and morticians, moving services, HVAC installers, carpenters, vegetation services, tree maintenance, landscapers, gardeners, property managers, private security personnel and other service providers who provide services to maintain the safety, sanitation, and essential operation to properties and other Essential Businesses;
 - i. Businesses providing mailing and shipping services, including post office boxes;
 - j. Educational institutions (including public and private K-12 schools, colleges, and universities). Public and private K-12 schools and school-based programs may begin planning for forth-coming school year in compliance with the State Public Health Officer's guidance for Schools and School-Based Programs;
 - k. Laundromats, dry cleaners, and laundry service providers;
 - l. Restaurants and other food facilities that prepare and serve food, but only for delivery, drive thru, carry out, and outdoor onsite table dining. Indoor dining is not permitted. Restaurants with a moderate risk or high risk restaurant permit issued by the County of Los Angeles Department of Public Health and other food facilities that provide in-person outdoor dining must follow the revised Department of Public Health Protocols for Restaurants, attached to this Order as **Appendix I**. Cafeterias, commissaries, and restaurants located within hospitals, nursing homes, or other licensed health care facilities may provide dine-in service, as long as Social (Physical) Distancing is practiced;
 - m. Businesses that supply office or computer products needed by people who work from home;
 - n. Businesses that supply other Essential Businesses with the support or supplies necessary to operate;
 - o. Non-manufacturing, transportation or distribution businesses that ship, truck, transport, or provide logistical support to deliver groceries, food, goods or services directly to residences, Essential Businesses, Healthcare Operations, and Essential Infrastructure. This exemption shall not be used as a basis for engaging in sales to the general public from retail storefronts;
 - p. Airlines, taxis, ride sharing services and other private transportation providers providing transportation services necessary for activities of daily living and other purposes expressly authorized in this Order;

- q. Businesses that manufacture parts and provide necessary service for Essential Infrastructure;
 - r. Home-based care for seniors, adults, disabled persons, or children;
 - s. Residential facilities and shelters for homeless residents, disabled persons, seniors, adults, children and animals;
 - t. Professional services, such as legal, payroll or accounting services, when necessary to assist in compliance with legally mandated activities, and the permitting, inspection, construction, transfer and recording of ownership of housing, including residential and commercial real estate and anything incidental thereto, provided that appointments and other residential viewings must only occur virtually or, if a virtual viewing is not feasible, by appointment with no more than two visitors at a time residing within the same household or living unit and one individual showing the unit (except that in-person visits are not allowed when the occupant is still residing in the residence);
 - u. Childcare facilities. To the extent possible, childcare facilities must operate under the following conditions: (1) Childcare must be carried out in stable groups of 10 or fewer ("stable" means the same ten (10) or fewer children are in the same group each day); (2) Children shall not change from one group to another; (3) If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other; (4) Childcare providers shall remain solely with one group of children;
 - v. Hotels, motels, shared rental units and similar facilities. Beginning June 12, 2020, these may reopen for tourism and individual travel, in adherence with the required Los Angeles County Department of Public Health Reopening Protocol for Hotels, Lodging and Short-Term Rentals, attached to this Order as **Appendix P**;
 - w. Construction, which includes the operation, inspection, and maintenance of construction sites and construction projects for construction of commercial, office and institutional buildings, residential and housing construction; and
 - x. Manufacturers and retailers of fabric or cloth that is made into personal protective equipment, such as, face coverings.
19. For purposes of this Order, "Social (Physical) Distancing" means: (1) Maintaining at least six (6) feet of physical distance from individuals who are not members of the same household; (2) Frequently washing hands with soap and water for at least 20 seconds, or using hand sanitizer that contains at least 60% alcohol; (3) Wearing a cloth face covering when whenever an individual leaves their home or place of residence, and when an individual is or can be in contact with or walking by or past others who are non-household members in both public and private places, whether indoors or outdoors. Wearing a cloth face covering over both the nose and mouth reduces the risk of transmission to others from people who do not have symptoms and do not know they are infected; and (4) Avoiding all physical interaction outside the household when sick with a fever or cough, except for necessary medical care.

20. For purposes of this Order, the "Social (Physical) Distancing Protocol" that must be implemented and posted must demonstrate how the following infection control measures are being implemented and achieved, as applicable:
- a. Limiting the number of people who may enter into the facility at any one time to ensure that people in the facility can easily maintain a minimum six (6) foot physical distance from others, at all times, except as required to complete a business activity or transaction. Members of a single household or living unit may stand or move together but must be separated from others by a physical distance of at least six (6) feet.
 - b. Where lines may form at a facility, marking six (6) foot increments at a minimum, establishing where individuals should stand to maintain adequate Social (Physical) Distancing, whether inside or outside the facility.
 - c. Providing hand sanitizer, soap and water, or effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees, and in locations where there is high-frequency employee interaction with members of the public (e.g., cashiers). Restrooms normally open to the public shall remain open to the public.
 - d. Posting a sign in a conspicuous place at all public entries that instructs the public not to enter if they are experiencing symptoms of respiratory illness, including fever or cough, to wear face coverings, and to maintain Social (Physical) Distancing from one another.
 - e. Providing for the regular disinfection of high-touch surfaces, and disinfection of all payment portals, pens, and styluses after each use. All businesses are encouraged to also offer touchless payment mechanisms, if feasible.
 - f. Providing cloth-face coverings to employees and contracted workers whose duties require close contact with other employees and/or the public.
 - g. Requiring that members of the public who enter the facility wear a face-covering over both the nose and mouth, which reduces the risk of "asymptomatic" or "pre-symptomatic" transmission to workers and others, during their time in the facility.
 - h. Adhering to communicable disease control protocols provided by the Los Angeles County Department of Public Health, including requirements for cleaning and disinfecting the site. See protocols posted at www.publichealth.lacounty.gov/media/Coronavirus/
21. Operators of businesses that are required to cease in-person operations may conduct Minimum Basic Operations, which means:
- a. The minimum necessary activities to maintain and protect the value of the business's inventory and facilities; ensure security, safety, and sanitation; and process payroll and employee benefits;
 - b. The minimum necessary activities to facilitate the business's owners, employees, and contractors being able to continue to work remotely from their residences, and to ensure that the business can deliver its services remotely.

ADDITIONAL TERMS

22. The County shall promptly provide copies of this Order by: (a) posting it on the Los Angeles Department of Public Health's website (www.publichealth.lacounty.gov), (b) posting it at the Kenneth Hahn Hall of Administration located at 500 West Temple Street, Los Angeles, CA 90012, (c) providing it to any member of the public requesting a copy, and (d) issuing a press release to publicize the Order throughout the County.
- The owner, manager, or operator of any facility that is likely to be impacted by this Order is strongly encouraged to post a copy of this Order onsite and to provide a copy to any member of the public requesting a copy.
 - Because guidance may change, the owner, manager, or operator of any facility that is subject to this Order is ordered to consult the Los Angeles County Department of Public Health's website (www.publichealth.lacounty.gov) daily to identify any modifications to the Order and is required to comply with any updates until the Order is terminated.
23. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.
24. This Order incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom and the March 4, 2020 declarations of a local and public health emergency issued by the Los Angeles County Board of Supervisors and Los Angeles County Health Officer, respectively, and as they may be supplemented.
25. This Order is issued to align the County with the phased reopening approach of the California's Pandemic Resilience Roadmap. This Order will be revised in the future as the State Public Health Officer progressively designates sectors, businesses, establishments, or activities for reopening with required modifications or closure at a pace designed to protect health and safety. Should local COVID-19 conditions warrant, the Health Officer may, after consultation with the Board of Supervisors, issue orders that are more restrictive than the guidance and orders issued by the State Public Health Officer.
26. This Order is consistent with the provisions in the Governor's Executive Order N-60-20 and the State Public Health Officer's May 7, 2020 Order, that local health jurisdictions may implement or continue more restrictive public health measures in the jurisdiction if the local health officer believes conditions in that jurisdiction warrant them. Where a conflict exists between this Order and any state public health order related to controlling the spread of COVID-19 during this pandemic, the most restrictive provision controls. Consistent with California Health and Safety Code section 131080, except where the State Health Officer may issue an order expressly directed at this Order or a provision of this Order and based upon a finding that a provision of this Order constitutes a

menace to the public health, any more restrictive measures in this Order may continue to apply and control in the County of Los Angeles Public Health Jurisdiction.

27. Pursuant to Sections 26602 and 41601 of the California Government Code and Section 101029 of the California Health and Safety Code, the Health Officer requests that the Sheriff and all chiefs of police in all cities located in the Los Angeles County Public Health Jurisdiction ensure compliance with and enforcement of this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment or both.

28. This Order shall become effective immediately on **July 14, 2020** and will continue to be until it is revised, rescinded, superseded, or amended in writing by the Health Officer.

IT IS SO ORDERED:



Muntu Davis, M.D., M.P.H.

Health Officer,
County of Los Angeles

7/14/2020

Date

Appendices At-A-Glance

All DPH protocol is available at:
<http://www.publichealth.lacounty.gov/media/Coronavirus/>

Appendix A: Protocol for Social Distancing

Appendix B: Protocols for Retail Establishments Opening for In-person Shopping

Appendix C: Reopening Protocol for Warehousing, Manufacturing and Logistic Establishments

Appendix D: Protocols for Office Worksites

Appendix E: Protocols for Shopping Center Operators [Revision pending]

Appendix F: Protocol for Places of Worship [Revised 7/2/2020]

Appendix G: Protocol for Vehicle-Based Parades

Appendix H: Reopening Protocol for Hair Salons and Barbershops [Revision pending]

Appendix I: Protocol for Restaurants [Revised 7/1/2020]

Appendix J: Reopening Protocol for Music, Film, and Television Production

Appendix K: Reopening Protocol for Day Camps

Appendix L: Reopening Protocol for Gyms and Fitness Establishments
[Revised 7/14/2020]

Appendix M: Reopening Protocol for Museums, Galleries, Zoos, and Aquariums
[Revised 7/1/2020]

Appendix N: Protocol for Professional Sports Leagues and Facilities Opening for Training Sessions and Spectator-Free Events

Appendix O: Reopening Protocol for Campgrounds, RV parks and Cabin Rental Units

Appendix P: Reopening Protocol for Hotels, Lodging, and Short-Term Rentals

Appendix Q: [Rescinded 7/1/2020]

Appendix R: Reopening Protocol for Personal Care Establishments [Revision pending]

Appendix S: [Rescinded 6/28/2020]



Protecting Worker Health

Returning to Work: Construction Environment

Guidance Document

[aiha.org](https://www.aiha.org)

Overview

According to the Cybersecurity and Infrastructure Security Agency (CISA), much of the construction industry has been identified as critical infrastructure and essential business. According to CISA, these are sectors “whose assets, systems, and networks, whether physical or virtual, are considered so vital to the United States that their incapacitation or destruction would have a debilitating effect on security, national economic security, national public health or safety, or any combination thereof”. The construction industry serves as the backbone for many supply chains, construction, and specialty contracting organizations and have adapted rapidly to the changing health and safety challenges that SARS-CoV-2 and COVID-19 have introduced.

Construction firms have taken risk management frameworks used to control high risk work activities and shifted that same mindset and framework to the health-related risks of COVID-19. Even though construction markets remained somewhat open under critical infrastructure, construction projects have implemented unique solutions in order to adapt and manage worker health for return to work as well as managing schedules with an impacted workforce.

With stay at home and shelter in place restrictions beginning to lift, construction companies are faced with difficult questions that must be addressed as they transition back to normal operations, such as:

- How can we protect our employees, third-parties, and projects from the disease?
- How can we minimize the risk of disease transmission if those that are ill or those who have had contact with positive COVID-19 in our workforce?

What should an Employer do to protect themselves and their workers?

Construction companies and vendors should continually monitor global (World Health Organization WHO), federal (CDC), state, and local guidelines for changes in recommendations, disinfection strategies, worker protections and other best management practices.

Employers should also consider developing a team of professionals to monitor, assess, and implement new strategies as they become available. In addition, employers should consider the following strategies for reducing the risk of COVID-19 transmission in regards to physical distancing, ventilation, enhanced cleaning practices, restrooms, gathering areas and contact surfaces, personal hygiene, employee wellness, personal protective equipment (COVID related protective equipment should include face coverings/masks and/or face shields for close contact activities, regular work gloves) training, waste and laundering, and communication.

Tips to Return to Normal Business Operations:

- At minimum, follow the CDC Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers.
- Develop a response plan for communicating to your employees of the facts of SARS-CoV-2 virus and COVID-19 disease.
- Complete a task-based risk assessment / mapping of the project site to determine best strategies for social distancing of at least 6 feet, and ensure staff have face coverings.
- Reduce the number of individuals to the site to essential staff to complete the work. Temporary spaces (site/job trailers should be cleaned and disinfected daily).



- Do not let anyone symptomatic onto the worksite. Work with your health providers for support and guidance.
- Reduce tasks requiring large amounts of people to be in one area. Design work to reduce or eliminate trade stacking in the same area.
 - Consider limiting meetings to 10 people or less. Employees shall use virtual meeting tools, including phone, TEAMS, VTC or WebEx, in lieu of in-person meetings, whenever possible.
- Project teams shall clean and disinfect their shared workstations and equipment after use.
- Eliminate non-essential visits, such as job tours, vendor demos, etc.
- Maintain a daily approved visitor log. This log should include the date, time, and contact information of the visitor.
 - Ensure toolbox talks have adequate spacing and only have one person note who is in attendance.
- Stagger shifts and other trades to isolate and compartmentalize staff. This will allow protection of others if a breakout occurs and reduces / limits the number of people who are exposed. Having the same teams work together or travel together can limit the reach of a potential outbreak.
- Consider a 4-day work week to allow for 72 hours of downtime at the project site.
 - this allows for limited exposure to 4 days instead of 5 days.
 - CDC and recent studies have shown COVID-19 can stay active up to 3 days on surfaces.
- Stop employees from randomly walking floors, between floors, or buildings to reduce cross-contamination.
 - If your project build is complex and large, you may consider color code (stickers) on hard hats and restrict access to only the correct color for each building or space.
 - You may also want to color code T-shirts for easy recognition in a space.
- Provide for several hand washing stations with soap and water in common areas and throughout the site.
 - Portable wash stations.
 - Also provide hand sanitizer in vehicles and workstations
- Modify break areas to allow for social distancing. Stagger breaks to reduce people in break areas.
 - Picnic tables should be marked with “X”s to stop people from sitting close to each other.
 - Breakrooms should have chairs removed to stop any chance of gathering.
 - Janitorial staff should be disinfecting eating areas hourly.
- Eliminate sharing personal hand tools and large shared tools shall be cleaned before and after use.
- Reduce the number of people in a van or pool vehicle for commuting to and from the job site.
- Encourage staff to wash clothes daily and face coverings daily on the warmest setting possible.
- Monitor employees’ wellness. If they are not feeling well, stay home.
- Revisit your leave or sick program to allow for time off.
- Provide up-to-date information about COVID-19, SARS-CoV-2 and local, state and federal guidelines.
 - Have your human resources engage for health and wellness programs.
 - Provide additional information for employee and family use (i.e., EAP).
- If a positive COVID-19 case amongst the workforce is identified, quickly disinfect spaces the worker was at and complete contact tracing for anyone that may have come in contact with the employee.



Contact tracing and sharing of employee information should be done under the guidance of Human Resources due to privacy requirements of HIPAA and/or ADA.

- Employee who tests positive:
 - The employee shall be isolated to the area they are in currently.
 - Any individuals working with the employee shall also be isolated and all parties will follow social distancing rules.
 - The general contractor/client shall be notified.
 - Remove the employee who tested positive for a minimum of 14 days.
 - Follow primary care physician (PCP) instructions.
 - Follow CDC and health care guidance.
 - Follow CDC return-to-work protocol in conjunction with HR return-to-work process if applicable.
 - Employees who are ill with non-COVID-19 related symptoms (fever, cough, shortness of breath), shall be sent home for a minimum of 72 hours. Returning to work after 72-hours symptom free without aid of medication.
 - If you are experiencing COVID-19 related symptoms and/or have been exposed to someone who is COVID-19 positive, you must follow the CDC exposure protocol related to your job site (<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>)
 - Cleaning and disinfecting should be done immediately by trained personnel and they must wear appropriate Personal Protective Equipment (PPE), including face coverings and dispose of gloves after use and wash hands and face when complete.
 - Visibly dirty surfaces shall be cleaned using a detergent or soap and water PRIOR to disinfection.
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70 percent alcohol, and EPA-registered disinfectants on List-N should be effective. Recommended bleach solution mixture for cleaning (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>)
 - Consider wearable technology such as proximity devices worn on hard hats or wrist bands to monitor employee physical distancing and tracing of contacts.
 - PPE: for close contact activities that cannot adjust for physical distancing, consider providing enhanced PPE or a face shield with a face covering while fully considering all the potential OSHA requirements.
- NOTE: If an employer chooses to provide an N95 respirator, please fully consider all the potential OSHA requirements.**
- Employer Response to positive case:
 - Immediately isolate, clean/disinfect and contact trace the movement of the employee.
 - Trace 72 hours for cleaning of locations employee worked or in contact with.
 - Trace 48 hours prior to onset of symptoms for direct contact personnel had contact with the affected employee.
 - For transparency, each contractor should notify the client of the situation (involving your HR professional to ensure privacy requirements are followed and maintained).
 - Employer Human Resources engages to provide supportive care to worker and family.
 - Follow CDC guideline and exposure protocol for Critical Infrastructure Workers.
 - Communicate and reinforce with employees, while maintaining PII and HIPPA requirements, that they



may have been exposed and to closely monitor their health, temperature and current symptoms as identified by CDC.

- Provide employees with additional PPE and monitoring (at the company's discretion).
- Follow Critical Infrastructure Exposure Protocol
 - CDC interim guidance: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf>
 - Best Management Practices Protocols: https://www.mcdean.com/2020/docs/MCD_Exposure_Protocol_20200429_v5.0-BilingualEN-SP.pdf

Screening and Temperature Check Tips for Employees

- Employees can take their temperature at home or have their temperature taken using an infrared camera and answer a medical questionnaire to evaluate their current physical state before entering any job site.
- Employees, who monitor their temperature at home, should update their supervisor if they have a temperature exceeding 100.4 degrees Fahrenheit.
- Any employee who has a temperature that exceeds 100.4 degrees Fahrenheit should not be able to access the job site until their temperature has broken for a minimum of 72 hours without medication.
- Per the medical questionnaire, any employee who answers “Yes” to any of the three questions will be sent to the secondary evaluation area, where the designated onsite nurse (if available) will assess and determine if they are allowed on the job site.
 - Example Medical Questionnaire.
 - Have you, or a person you have been in close contact with, been diagnosed with COVID-19 within the last 14 days? (Close contact is 6 feet or less for more than 10 minutes).
 - Have you experienced any cold or flu-like symptoms in the last 72 hours (to include fever, shortness of breath, cough, sore throat, or difficulty breathing)?
 - Have you traveled internationally or another hot spot (e.g., New York) in the last 14 days.
 - Infrared camera or thermal imaging camera can be used to take your temperature at the job site and allows for accurate information without the need to touch the employee.

What should an Employee do to protect themselves?

- Educate yourself with the facts of COVID-19.
 - Obtain your information about COVID-19 from credible sources.
- If you feel unwell or have any of the symptoms associated with COVID-19, stay home. **NOTE: Employer HR Policies, HIPPA guidelines and other laws should be followed at all times.**
 - Self-monitor your temperature every morning.
- Understand the rules within the workspace – no large gatherings.
- At all times, wear a face covering or something better if you have it. Maintain your face covering and use it if you are not able to maintain 6 feet distance.
- Let your employer know if you have concerns about the PPE that may be provided to you and that you are properly instructed on how to use it.
- Maintain good hygiene practices (washing hands with soap and water) or a hand sanitizer with at least 60% alcohol Link (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>).
- Meetings should not be in person, but use video, chats, or other conference line-type systems.
- Weekly toolbox talks should be virtual or in smaller groups. All hands meetings shall be reduced.



- If you test positive:
 - Stay home and isolate yourself.
 - Contact your supervisor and advise them of your results.
- Identify to them if you were commuting with others.
- Tell them who you had come in contact with or shared tools or workspaces with at least 48 hours prior to the onset of symptoms.
- Returning back to work, employee should at minimum follow most recent CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>).

What can a Customer/Client do to minimize the transmission of COVID-19?

- Customers and visitors to the job site should follow the same practices of social distancing.
- Use a face covering when entering the job site and inspecting or meeting with workers.
- No handshake greetings.
- Do not share clipboards, but rather use a white board to demonstrate the concept in the field.
- If you are symptomatic – do not visit the site and stay home.
- Increased use of virtual technology for project tracking and updates to reduce visitors and support such as engineers and inspectors from visiting the project but accomplish project reviews.

Resources

- **AGC: The Construction Association – Proactive Measures for Addressing COVID-19 / Pre-Screening Questionnaire** https://www.agc.org/sites/default/files/Files/Safety%20%26%20Health/AGC%20COVID-19%20Questionnaire%20and%20Tips_03.26.2020_0.pdf
- **AGC: The Construction Association - COVID-19 Recommended Practices for Construction Job-sites** <https://www.agc.org/sites/default/files/Files/Safety%20%26%20Health/COVID19%20Recommended%20Practices%20031920.pdf>
- **Cybersecurity and Infrastructure Security Agency CISA resource on Critical Infrastructure Workers**
- Numerous **wellness questionnaire examples** are available online (e.g., https://doh.sd.gov/documents/COVID19/BusinessScreening_Q&A.pdf)
- The EPA has developed a list of disinfectants for use against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- **American Society of Heating, Refrigeration, Air-conditioning Engineers ASHRAE COVID 19 resource for ventilation**
- **CDC Interim Critical Infrastructure Guidelines**
- **EPA-Registered Approved Disinfectant List N.**
- AIHA's Indoor Environmental Quality Committee developed these guidance documents about reopening and cleaning buildings after closures due to COVID-19: https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Public-Resources/RecoveringFromCOVID-19BuildingClosures_GuidanceDocument.FINAL.pdf and https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Workplace-Cleaning-for-COVID-19-Guidance-Documents_FINAL.pdf
- American Cleaning Institute's COVID-19 Resources <https://www.cleaninginstitute.org/coronavirus>



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About Occupational Health and Safety Professionals

Occupational health and safety (OHS) professionals (also known as industrial hygienists) practice the science of anticipating, recognizing, evaluating,

and controlling workplace conditions that may cause workers' injury or illness. Through a continuous improvement cycle of planning, doing, checking and acting, OHS professionals make sure workplaces are healthy and safe.

Get additional resources at AIHA's Coronavirus Outbreak Resource Center.

https://www.aiha.org/public-resources/consumer-resources/coronavirus_outbreak_resources

Find a qualified industrial hygiene and OEHS professionals near you in our Consultants Listing. <https://www.aiha.org/consultants-directory>.



| [backtoworksafely.org](https://www.backtoworksafely.org)

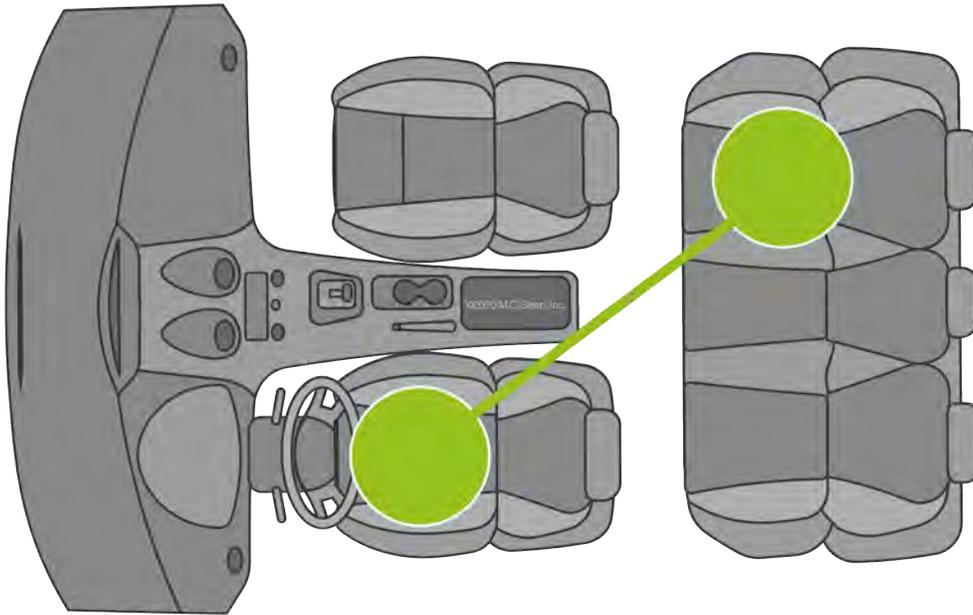
Periodically scan this QR Code to check if any new versions of AIHA's guidance documents have been posted, as well as to find guidance documents for other businesses and industries.



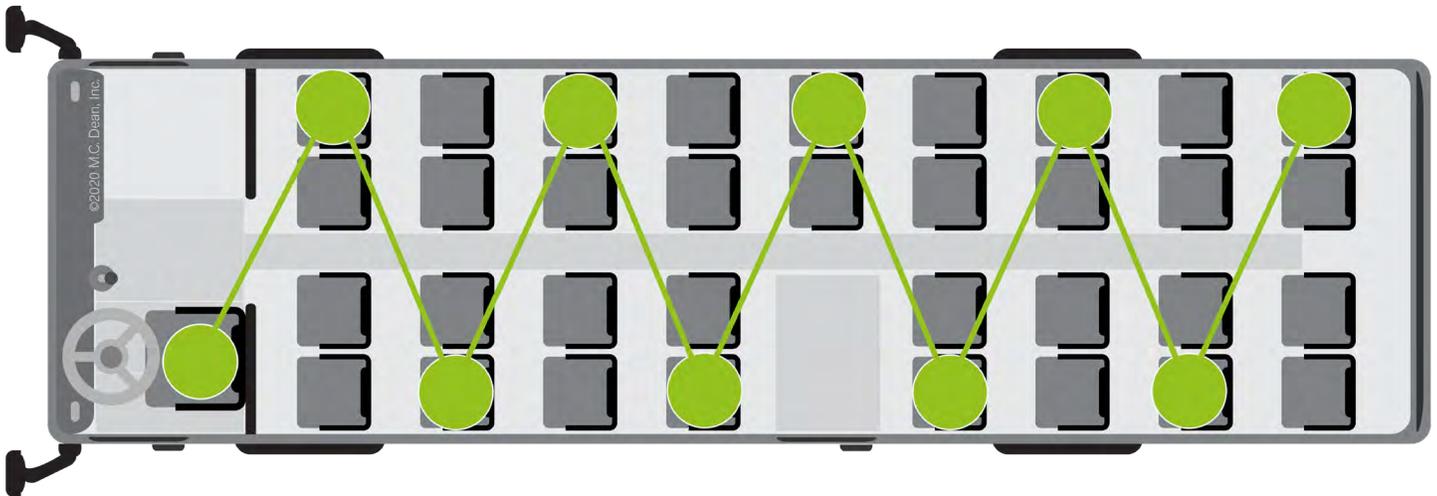
Exhibits for specific areas, items and locations

How to Move people to the project site or around the project site

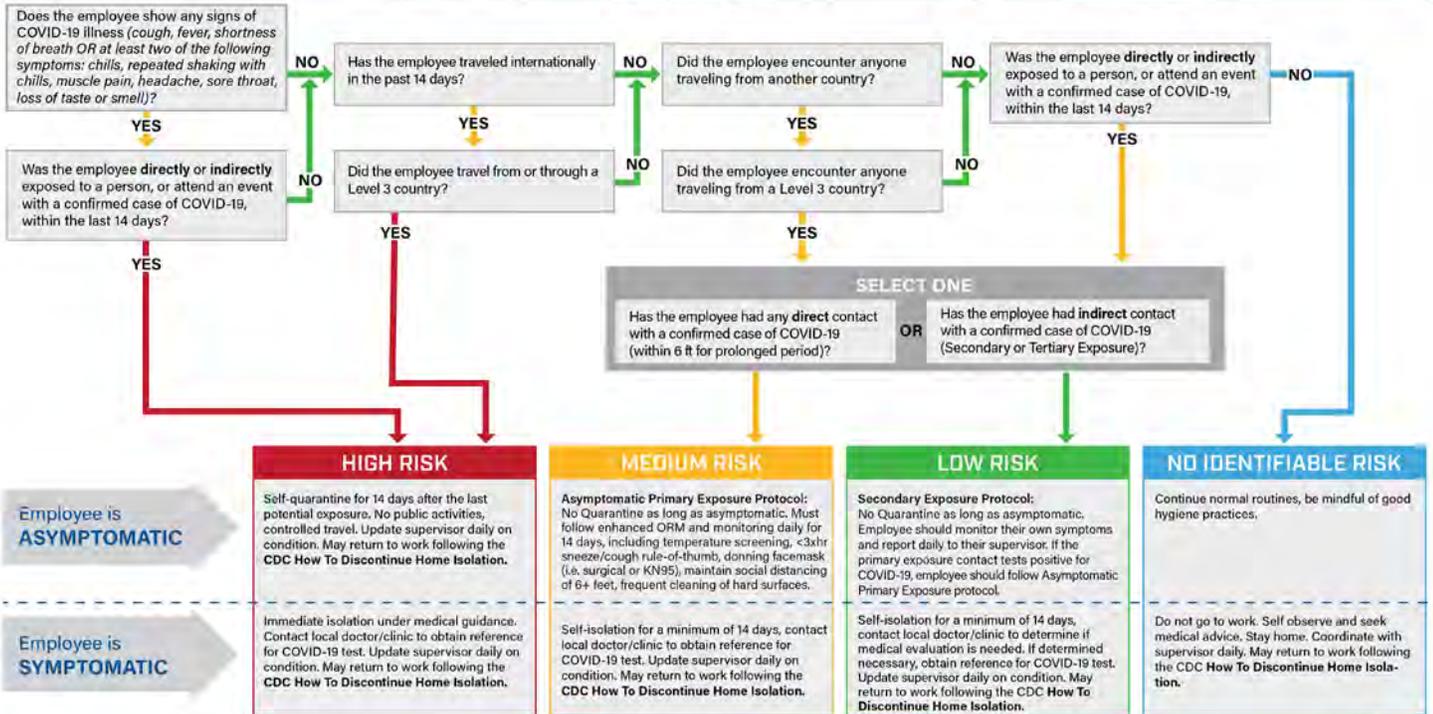
Pool Vehicle Commuting spacings



Using a Bus to move employees or general public



Decision Tree



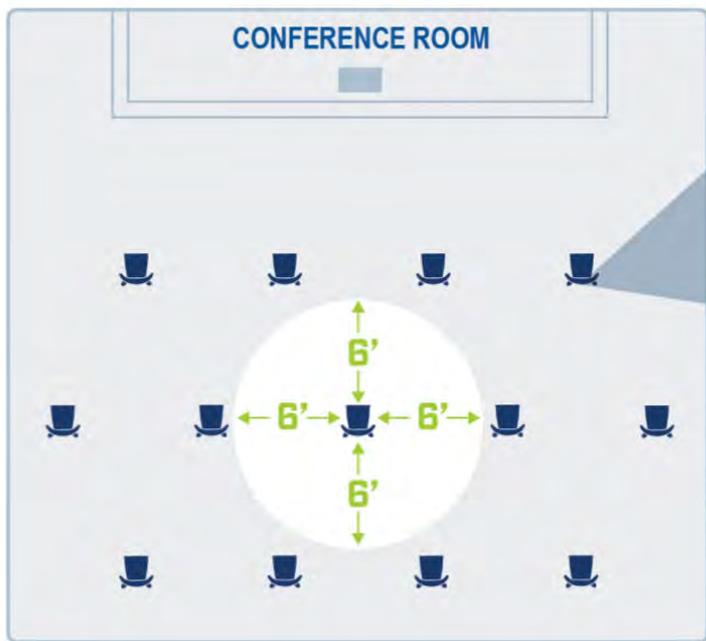
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Communication

Posters that are visible through the workspace for general public and employees or as a quick take-away



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