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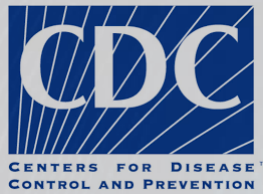
Business Continuity Planning and Resumption of Operations During a Pandemic

Workshop FAQs

1. What are the key differences between cloth face coverings, surgical masks, and respirators?

According to the Occupational Safety and Health Administration (OSHA):

Cloth face coverings:

- o May be commercially produced or improvised (i.e., homemade) garments, scarves, bandanas, or items made from t-shirts or other fabrics.
- o Are worn in public over the nose and mouth to contain the wearer's potentially infectious respiratory droplets produced when an infected person coughs, sneezes, or talks and to limit the spread of SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), to others.
- o Are not considered personal protective equipment (PPE).
- o Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.
- o Are not appropriate substitutes for PPE such as respirators (e.g., N95 respirators) or medical face masks (e.g., surgical masks) in workplaces where respirators or face masks are recommended or required to protect the wearer.
- o May be used by almost any worker, although those who have trouble breathing or are otherwise unable to put on or remove a mask without assistance should not wear one.
- o May be disposable or reusable after proper washing.

Surgical masks:

- o Are typically cleared by the U.S. Food and Drug Administration as medical devices (though not all devices that look like surgical masks are actually medical-grade, cleared devices).
- o Are used to protect workers against splashes and sprays (i.e., droplets) containing potentially infectious materials. In this capacity, surgical masks are considered PPE.

Under OSHA's PPE standard, employers must provide any necessary PPE at no-cost to workers.

- May also be worn to contain the wearer's respiratory droplets (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients).
- Should be placed on sick individuals to prevent the transmission of respiratory infections that spread by large droplets.
- Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.
- May be used by almost anyone.
- Should be properly disposed once the mask is damp or if the mask is considered only a single use mask. Discarding of the mask should be inside a closed bin. (Source: https://www.who.int/docs/default-source/epi-win/how-to-use-mask-v0-1-print.pdf?sfvrsn=64ba1493_2)

Respirators (e.g., filtering facepieces):

- Are used to prevent workers from inhaling small particles, including airborne transmissible or aerosolized infectious agents.
- Must be provided and used in accordance with OSHA's Respiratory Protection standard.
- Must be certified by the National Institute for Occupational Safety and Health (NIOSH).
- OSHA has temporarily exercised its enforcement discretion concerning supply shortages of disposable filtering facepiece respirators (FFRs), including as it relates to their extended use or reuse, use beyond their manufacturer's recommended shelf life, use of equipment from certain other countries and jurisdictions, and decontamination.
- Need proper filter material (e.g., N95 or better) and, other than for loose-fitting powered, air purifying respirators (PAPRs), tight fit (to prevent air leaks).
- Require proper training, fit testing, availability of appropriate medical evaluations and monitoring, cleaning, and oversight by a knowledgeable staff member.
- OSHA has temporarily exercised its enforcement discretion concerning annual fit testing requirements in the Respiratory Protection standard, as long as employers have made good-faith efforts to comply with the requirements of the standard and to follow the steps outlined in the March 14, 2020, and April 8, 2020, memoranda (as applicable to their industry).

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- o When necessary to protect workers, require a respiratory protection program that is compliant with OSHA's Respiratory Protection standard. OSHA consultation staff can assist with understanding respiratory protection requirements. The respiratory protection program is written and implemented by the employer. It entails worksite specific procedures and details about required respirator use. (Source: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)

- o FFRs may be used voluntarily, if permitted by the employer. If an employer permits voluntary use of FFRs, employees must receive the information contained in Appendix D of OSHA's Respiratory Protection standard. The Respiratory Protection standard is to prevent atmospheric contamination by an individual breathing in air that is contaminated. This is accomplished by creating an engineering control measure or using appropriate respirators while engineering controls are not feasible. (Source: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)

2. **Are employers required to provide cloth face coverings to workers?**

   According to OSHA:

   The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act, requires each employer to furnish to each of his employees 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. Control measures may include a combination of engineering and administrative controls, safe work practices like social distancing, and PPE.

   However, employers may choose to ensure that cloth face coverings are worn as a feasible means of abatement in a control plan designed to address hazards from SARS-CoV-2, the virus that causes COVID-19. Employers may choose to use cloth face coverings as a means of source control, such as because of transmission risk that cannot be controlled through engineering or administrative controls, including social distancing.

3. **Should workers wear a cloth face covering while at work, in accordance with the Centers for Disease Control and Prevention's recommendation for all people to do so while in public?**

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<u>According to OSHA:</u>

OSHA generally recommends that employers encourage workers to wear face coverings at work. Face coverings are intended to prevent wearers who have Coronavirus Disease 2019 (COVID-19) without knowing it (i.e., those who are asymptomatic or pre-symptomatic) from spreading potentially infectious respiratory droplets to others. This is known as source control.

Consistent with the Centers for Disease Control and Prevention (CDC) recommendation for all people to wear cloth face coverings when in public and around other people, wearing cloth face coverings, if appropriate for the work environment and job tasks, conserves other types of personal protective equipment (PPE), such as surgical masks, for healthcare settings where such equipment is needed most.

Employers have the discretion to determine whether to allow employees to wear cloth face coverings in the workplace based on the specific circumstances present at the work site. For some workers, employers may determine that wearing cloth face coverings presents or exacerbates a hazard. For example, cloth face coverings could become contaminated with chemicals used in the work environment, causing workers to inhale the chemicals that collect on the face covering. Over the duration of a work shift, cloth face coverings might also become damp (from workers breathing) or collect infectious material from the work environment (e.g., droplets of other peoples' infectious respiratory secretions). Workers may also need to use PPE that is incompatible with the use of a cloth face covering (e.g., an N95 filtering facepiece respirator).

Where cloth face coverings are not appropriate in the work environment or during certain job tasks (e.g., because they could become contaminated or exacerbate heat illness), employers can provide PPE, such as face shields and/or surgical masks, instead of encouraging workers to wear cloth face coverings. Like cloth face coverings, surgical masks and face shields can help contain the wearer's potentially infectious respiratory droplets and can help limit spread of COVID-19 to others.

Note that cloth face coverings are not considered PPE and cannot be used in place of respirators when respirators are otherwise required.

Employers should consider evaluating their accessible communication policies and procedures to factor in potentially providing masks with clear windows to facilitate interaction between employees and members of the public who need to lip-read to communicate.

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4. **If workers wear cloth face coverings, do employers still need to ensure social distancing measures in the workplace?**

<u>According to OSHA:</u>

Yes. Cloth face coverings are not a substitute for social distancing measures.

5. **If I wear a reusable cloth face covering, how should I keep it clean?**

<u>According to OSHA:</u>

The CDC provides guidance on washing face coverings. OSHA suggests following those recommendations, and always washing or discarding cloth face coverings that are visibly soiled.

6. **Are surgical masks or cloth face coverings acceptable respiratory protection in the construction industry, when respirators would be needed but are not available because of the COVID-19 pandemic?**

<u>According to OSHA:</u>

No. Employers must not use surgical masks or cloth face coverings when respirators are needed.

In general, employers should always rely on a hierarchy of controls that first includes efforts to eliminate or substitute out workplace hazards and then uses engineering controls (e.g., ventilation, wet methods), administrative controls (e.g., written procedures, modification of task duration), and safe work practices to prevent worker exposures to respiratory hazards, before relying on personal protective equipment, such as respirators. When respirators are needed, OSHA's guidance describes enforcement discretion around use of respirators, including in situations in which it may be necessary to extend the use of or reuse certain respirators, use respirators beyond their manufacturer's recommended shelf life, and/or use respirators certified under the standards of other countries or jurisdictions.

The Centers for Disease Control and Prevention and OSHA have described crisis strategies intended for use in healthcare in which surgical masks or cloth face coverings may offer more protection than no mask at all when respirators are needed but are not available. Such information is not intended to suggest that surgical masks or cloth face

coverings provide adequate protection against exposure to airborne contaminants for which respirators would ordinarily be needed. Although OSHA's enforcement guidance describes equipment prioritization that includes surgical masks, employers must still comply with the provisions of any standards that apply to the types of exposures their workers may face. For example, the permissible exposure limits of all substance-specific standards, such as asbestos and silica, remain in place, and surgical masks are not an acceptable means of protection when respirators would otherwise be required (e.g., when engineering, administrative, and work practice controls do not sufficiently control exposures).

If respirators are needed but not available (including as described in the OSHA enforcement guidance noted above), and hazards cannot otherwise be adequately controlled through other elements of the hierarchy of controls (i.e., elimination, substitution, engineering controls, administrative controls, and/or safe work practices), avoid worker exposure to the hazard. Whenever a hazard presents an imminent danger, and in additional situations whenever feasible, the task should be delayed until feasible control measures are available to prevent exposures or reduce them to acceptable levels (i.e., at or below applicable OSHA permissible exposure limits).

7. **What should I do if an employee comes to work with COVID-19 symptoms (Fever, cough, or shortness of breath)?**

According to the Centers for Disease Control and Prevention (CDC):

Employees who have symptoms when they arrive at work or become sick during the day should immediately be separated from other employees, customers, and visitors and sent home. Employees who develop symptoms outside of work should notify their supervisor and stay home.

Sick employees should follow CDC-recommended steps. Employees should not return to work until they have met the criteria to discontinue home isolation and have consulted with a healthcare provider and state or local health department.

Employers should not require sick employees to provide a COVID-19 test result or healthcare provider's note to validate their illness, qualify for sick leave, or return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

8. **What should I do if an employee is suspected or confirmed to have COVID-19?**

According to the CDC:

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In most cases, you do not need to shut down your facility. But do close off any areas used for prolonged periods of time by the sick person:

o Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
o During this waiting period, open outside doors and windows to increase air circulation in these areas.

Follow the CDC cleaning and disinfection recommendations:

o Clean dirty surfaces with soap and water before disinfecting them.
o To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface.
o Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting.
o You may need to wear additional personal protective equipment (PPE) depending on the setting and disinfectant product you are using.
o In addition to cleaning and disinfecting, employers should determine which employees may have been exposed to the virus and need to take additional precautions:

   ▪ Most workplaces should follow the Public Health Recommendations for Community-Related Exposure.
   ▪ Critical infrastructure workplaces should follow the guidance Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19.
   ▪ Sick employees should follow CDC-recommended steps. Employees should not return to work until they have met the criteria to discontinue home isolation and have consulted with a healthcare provider and state or local health department.

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).

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9. **If employees have been exposed but are not showing symptoms, should I allow them to work?**

According to the CDC:

Employees may have been exposed if they are a "close contact" of someone who infected, which is defined as being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period of time:

- o Potentially exposed employees who have symptoms of COVID-19 should self-isolate and follow CDC recommended steps.
- o Potentially exposed employees who do not have symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.

All other employees should self-monitor for symptoms such as fever, cough, or shortness of breath. If they develop symptoms, they should notify their supervisor and stay home.

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 symptom-free and additional precautions are taken to protect them and the community.

Critical infrastructure businesses have an obligation to limit, to the extent possible, the reintegration of in-person workers who have been exposed to COVID-19 but remain symptom-free in ways that best protect the health of the worker, their co-workers, and the general public.

An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not been exposed.

A critical infrastructure worker who is symptom-free and returns to work 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.

10. **What should I do if I find out several days later, after an employee worked, that they were diagnosed with COVID-19?**

According to the CDC:

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If it has been less than 7 days since the sick employee used the facility, clean and disinfect all areas used by the sick employee following the CDC cleaning and disinfection recommendations.

If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Other employees may have been exposed to the virus if they were in "close contact" (within approximately 6 feet or 2 meters) of the sick employee for a prolonged period of time.

o   Those who have symptoms should self-isolate and follow CDC recommended steps.
o   In most workplaces, those potentially exposed but with no symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.
o   Critical infrastructure workers should follow Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19.
o   A critical infrastructure worker who is symptom-free and returns to work 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.

Employees not considered exposed should self-monitor for symptoms such as fever, cough, or shortness of breath. If they develop symptoms, they should notify their supervisor and stay home.

11. When should an employee suspected or confirmed to have COVID-19 return to work?

<u>According to the CDC:</u>

Sick employees should follow steps to prevent the spread of COVID-19 if you are sick. Employees should not return to work until they meet the criteria to discontinue home isolation and have consulted with a healthcare provider and state or local health department.

Employers should not require sick employee to provide a negative COVID-19 test result or healthcare provider's note to return to work. Employees with COVID-19 who have stayed home can stop home isolation and return to work when they have met one of the following sets of criteria:

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o Option 1: If, in consultation with a healthcare provider and local public health authorities knowledgeable about locally available testing resources, it is determined an employee will not have a test to determine if they are still contagious, the employee can leave home and return to work after these three conditions have been met:

  ▪ The employee has had no fever for at least 72 hours (that is, 3 full days of no fever without the use medicine that reduces fevers) AND respiratory symptoms have improved (for example, cough or shortness of breath have improved) AND at least 10 days have passed since their symptoms first appeared

o Option 2: If, in consultation with a healthcare provider and local public health authorities knowledgeable about locally available testing resources, it is determined the employee will be tested to determine if the employee is still contagious, the employee can leave home after these three conditions have been met:

  ▪ The employee no longer has a fever (without the use of medicine that reduces fevers) AND respiratory symptoms have improved (for example, cough or shortness of breath have improved) AND they received two negative tests in a row, at least 24 hours apart. Their doctor should follow CDC guidelines.

12. What should I do if an employee has a respiratory illness?

According to the CDC:

Employees who appear to have COVID-19 symptoms, such as fever, cough, or shortness of breath, upon arrival to work or becomes sick during the day with COVID-19 symptoms should immediately be separated from other employees, customers, and visitors and sent home.

CDC has a symptom self-checker chatbot called Clara that employers and employees may find helpful. It has a series of questions and recommends what level of medical care, if any, the user should seek. It is not intended to provide diagnosis or treatment.

13. What does Acute Respiratory Illness mean?

According to the CDC:

"Acute" respiratory illness is an infection of the upper or lower respiratory tract that may interfere with normal breathing, such as COVID-19. "Acute" means of recent onset.

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A respiratory illness that is acute, that is, of recent onset (for example, for a few days), and is used to distinguish from chronic respiratory illnesses like asthma and chronic obstructive pulmonary disease (COPD).

14. Are allergy symptoms considered an Acute Respiratory Illness?

According to the CDC:

No. Allergy symptoms are not considered an acute respiratory illness.

15. How do I keep employees who interact with customers safe?

According to the CDC:

To keep your employees safe, you should:

o Consider options to increase physical space between employees and customers such as opening a drive- through, erecting partitions, and marking floors to guide spacing at least six feet apart.
o At least once a day clean and disinfect surfaces frequently touched by multiple people. This includes door handles, desks, phones, light switches, and faucets,
o Consider assigning a person to rotate throughout the workplace to clean and disinfect surfaces.
o Consider scheduling handwashing breaks so employees can wash their hands with soap and water for at least 20 seconds. Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.
o Consider scheduling a relief person to give cashiers and service desk workers an opportunity to wash their hands.

16. How can I protect employees who may be at higher risk for severe illness?

According to the CDC:

Have conversations with employees if they express concerns. Some people may be at higher risk of severe illness. This includes older adults (65 years and older) and people of any age with serious underlying medical conditions. By using strategies that help prevent the spread of COVID-19 in the workplace, you will help protect all employees, including those at higher risk. These strategies include:

o Implementing telework and other social distancing practices
o Actively encouraging employees to stay home when sick
o Promoting handwashing

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    o Providing supplies and appropriate personal protective equipment (PPE) for cleaning and disinfecting workspaces

In workplaces where it's not possible to eliminate face-to-face contact (such as retail), consider assigning higher risk employees work tasks that allow them to maintain a 6-foot distance from others, if feasible.

Employers should not require employees to provide a note from their healthcare provider when they are sick and instead allow them to inform their supervisors or employee health services when they have conditions that put them at higher risk for diseases.

17. Do my employees need to wear cloth face coverings or personal protective equipment (PPE) (such as N95 Respirators, gloves) to protect themselves while working?

According to the CDC:

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community transmission. Cloth face coverings may prevent people who don't know they have the virus from transmitting it to others. These face coverings are not surgical masks or respirators and are not appropriate substitutes for them in workplaces where masks or respirators are recommended or required.

Employees should continue to follow their routine policies and procedures for PPE (if any) that they would ordinarily use for their job tasks. When cleaning and disinfecting, employees should always wear gloves and gowns appropriate for the chemicals being used. Additional personal protective equipment (PPE) may be needed based on setting and product.

CDC does not recommend the use of PPE in workplaces where it is not routinely recommended. Facilities can use the hierarchy of controls, such as administrative, and engineering controls – these strategies are even more effective at preventing exposures than wearing PPE.

18. How often should my employees wash their hands while at work?

According to the CDC:

CDC recommends employees protect themselves from respiratory illness with everyday preventive actions, including good hand hygiene. Employees should wash hands often

with soap and water for at least 20 seconds, or use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available, especially during key times when persons are likely to be infected by or spread germs:

- After blowing one's nose, coughing, sneezing, or touching one's face or eyes
- Before, during, and after preparing food
- After using the toilet
- After touching garbage
- Before and after the work shift
- Before and after work breaks
- After touching objects that have been handled by customers

19. What can I tell my employees about reducing the spread of COVID-19 at work?

According to the CDC:

Employees should take the following steps to protect themselves at work:

- Follow the policies and procedures of the employer related to illness, cleaning and disinfecting, and work meetings and travel.
- Stay home if sick, except to get medical care.
- Maintain a distance of at least 6 ft. from all other persons
- Understand that no one with symptoms should be present at the workplace. Employees should inform their supervisor if they or their colleagues develop symptoms at work, especially fever, cough, or shortness of breath.
- Wash hands often with soap and water for at least 20 seconds, especially after blowing noses, coughing, or sneezing, or having been in a public place.
- Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching eyes, nose, and mouth.
- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc.
- Minimize handling cash, credit cards, and mobile or electronic devices when possible.
- Practice social distancing by keeping at least 6 feet away from fellow co-workers, customers, and visitors when possible.
- Avoid all non-essential travel.

20. Should we be screening employees for COVID-19 symptoms (such as temperature checks)? What is the best way to do that?

According to the CDC:

Screening employees is an optional strategy that employers may use. There are several methods that employers can use to protect the employee conducting the temperature screening. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others), or physical barriers to eliminate or minimize the screener's exposures due to close contact with a person who has symptoms during screening. Examples to consider that incorporate these types of controls for temperature screening include:

o Reliance on Social Distancing: Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace. Upon their arrival, stand at least 6 feet away from the employee and:

   ▪ Ask the employee to confirm that their temperature is less than 100.4o F (38.0o C), and confirm that they are not experiencing coughing or shortness of breath.
   ▪ Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
   ▪ Screening staff do not need to wear personal protective equipment (PPE) if they can maintain a distance of 6 feet.

o Reliance on Barrier/Partition Controls: During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener's face and mucous membranes from respiratory droplets that may be produced when the employee sneezes, coughs, or talks. Upon arrival, the screener should wash hands with soap and water for at least 20 seconds or, if soap and water are not available, use hand sanitizer with at least 60% alcohol. Then:

   ▪ Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
   ▪ Conduct temperature and symptom screening using this protocol:

      • Put on disposable gloves.
      • Check the employee's temperature, reaching around the partition or through the window. Make sure the screener's face stays behind the barrier at all times during the screening.

- If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves before the next check. If non-contact thermometers are used, clean and disinfect them according to manufacturer's instructions and facility policies.

  - Remove and discard PPE (gloves), and wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.

If social distance or barrier controls cannot be implemented during screening, PPE can be used when the screener is within 6 feet of an employee during screening. However, reliance on PPE alone is a less effective control and more difficult to implement given PPE shortages and training requirements.

o Reliance on Personal Protective Equipment (PPE): Upon arrival, the screener should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with an employee is anticipated. Then:

o Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue, and confirm that the employee is not experiencing coughing or shortness of breath.

o Take the employee's temperature.

  - If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves before the next check. If non-contact thermometers are used, you should clean and disinfect them according to manufacturer's instructions and facility policies.

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o After each screening, remove and discard PPE and wash hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

21. How do I handle Personal Protective Equipment (PPE) waste?

According to the CDC:

Discard PPE into a trash can. There is no evidence to suggest that facility waste needs any additional disinfection.

22. What is social distancing and how can my workplace do that?

According to the CDC:

Social distancing means avoiding large gatherings and maintaining distance (at least 6 feet or 2 meters) from others when possible. Strategies that businesses could use include:

o Allowing flexible worksites (such as telework)
o Allowing flexible work hours (such as staggered shifts)
o Increasing physical space between employees at the worksite
o Increasing physical space between employees and customers (such as a drive-through and partitions)
o Implementing flexible meeting and travel options (such as postponing non-essential meetings or events)
o Downsizing operations
o Delivering services remotely (e.g., phone, video, or web)
o Delivering products through curbside pick-up or delivery

23. I don't provide paid sick leave to my employees. What should I do?

According to the CDC:

Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive "emergency sick leave" policies. Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.

24. Should I require my employees to provide a doctor's note or positive COVID-19 test result?

According to the CDC:

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Employers should not require sick employees to provide a COVID-19 test result or a healthcare provider's note to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

25. Should I cancel my meetings and conferences?

According to the CDC:

Carefully consider whether travel is necessary, and use videoconferencing or teleconferencing when possible for work-related meetings and gatherings. Employers should consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person. Follow CDC guidance for events and mass gatherings.

When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces, and space chairs at least 6 feet apart. Encourage staff and attendees to stay home if sick.

26. How do I clean and disinfect machinery or equipment?

According to the CDC:

Current evidence, though still preliminary, suggests that SARS-CoV-2, the virus that causes COVID-19, may remain viable for hours to days on surfaces made from a variety of materials. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

If the machinery or equipment in question are not accessible to employees or have not been in contact with someone infected with COVID-19, they will not present an exposure hazard.

If machinery or equipment are thought to be contaminated and can be cleaned, follow the CDC cleaning and disinfection recommendations. First clean dirty surfaces with soap and water. Second, disinfect surfaces using products that meet EPA's criteria for use against SARS-Cov-2 and are appropriate for the surface.

If machinery or equipment are thought to be contaminated and cannot be cleaned, they can be isolated. Isolate papers or any soft (porous) surfaces for a minimum of 24 hours before handling. After 24 hours, remove soft materials from the area and clean the hard

(non-porous) surfaces per the cleaning and disinfection recommendations. Isolate hard (non-porous) surfaces that cannot be cleaned and disinfected for a minimum of 7 days before handling.

27. How can I safely use cleaning chemicals?

According to the CDC:

Follow safe work practices when using cleaning chemicals:

o Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on the setting and product you are using.
o Never mix household bleach with ammonia or any other cleaner.
o Make sure that employees know which cleaning chemicals must be diluted and how to correctly dilute the cleaners they are using.
o Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard.
o Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method, and contact time.

28. In addition to cleaning and disinfecting, what can I do to decrease the spread of disease in my workplace?

According to the CDC:

Employers can also:

o Provide tissues and no-touch disposal receptacles.
o Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that contains at least 60% alcohol.
o If hands are visibly dirty, soap and water should be chosen over hand sanitizer.
o Place hand sanitizer in multiple locations to encourage good hand hygiene practices.
o Place posters that encourage staying home when sick, the importance of hand hygiene, and coughing and sneezing etiquette at the entrance to your workplace and in other workplace areas where employees are likely to see them.
o Discourage handshaking

29. Should I adjust my ventilation system?

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According to the CDC:

The risk of spreading the virus that causes COVID-19 through ventilation systems has not been studied but is likely low. Routine HVAC maintenance is recommended. Although it is never the first line of prevention, consider general ventilation adjustments in your workplace, such as increasing ventilation and increasing the amount of outdoor air used by the system. Maintain the indoor air temperature and humidity at comfortable levels for building occupants.

30. **If I shut down my facility because of a COVID-19 case or outbreak, what is the recommended way to clean and disinfect, and what is the appropriate timeframe to resume operations?**

According to the CDC:

Follow CDC guidance for cleaning and disinfection.

Wait 24 hours before cleaning and disinfecting to minimize potential for exposure to respiratory droplets. If 24 hours is not feasible, wait as long as possible.

Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas including offices, bathrooms, and common areas, focusing especially on frequently touched surfaces.

Clean dirty surfaces with soap and water prior to disinfection.

Next, disinfect surfaces using products that meet EPA's criteria for use against SARS-Cov-2, the virus that causes COVID-19, and that are appropriate for the surface.

Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method, contact time, and required PPE.

Operations can resume as soon as the cleaning and disinfection are completed.

31. **How do I know if my business is considered critical?**

According to the CDC:

The Department of Homeland Security developed a list of essential critical infrastructure workers to help state and local officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety as well as economic and national security. State and local officials make the final determinations for their jurisdictions about critical infrastructure workers.

32. Should I allow critical infrastructure employees to work if they have been exposed but are not showing symptoms of COVID-19?

According to the CDC:

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency, for both public health and safety as well as community well-being. When continuous remote work is not possible, critical infrastructure businesses should use strategies to reduce the likelihood of spreading the disease. This includes, but is not necessarily limited to, separating staff by off-setting shift hours or days and implementing social distancing. These steps can preserve and protect the workforce and allow operations to continue.

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. Critical infrastructure businesses have an obligation to limit, to the extent possible, the reintegration of in-person workers who have experienced an exposure to COVID-19 but remain symptom-free in ways that best protect the health of the worker, their co-workers, and the general public.

An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not been exposed to the virus. Critical infrastructure workers who have been exposed but remain symptom-free and must return to in-person work should adhere to the following practices before and during their work shift:

o Pre-screen for symptoms
o Monitor regularly for symptoms
o Wear a face mask
o Practice social distancing
o Clean and disinfect workspaces

Sick employees should be sent home and should not return to the workplace until they have met the criteria to discontinue home isolation.

33. Is other specific CDC guidance available for critical infrastructure workplaces?

According to the CDC:

CDC has guidance for first responders and law enforcement as well as a series of fact sheets for specific critical infrastructure worker groups. Unless otherwise specified, the CDC interim guidance for businesses and employers applies to critical infrastructure workplaces as well.

34. If I travel, what are the steps I should take to reduce my chances of getting sick?

According to the CDC:

Clean your hands often.

o   Wash your hands with soap and water for at least 20 seconds, especially after you have been in a public place, after touching surfaces frequently touched by others, after blowing your nose, coughing, or sneezing, and before touching your face or eating.
o   If soap and water are not available, bring and use hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub your hands together until they feel dry.

Avoid touching your eyes, nose, or mouth with unwashed hands.

Avoid close contact with others.

o   Keep 6 feet of physical distance from others.

Wear a cloth face covering in public.

Cover coughs and sneezes.

Pick up food at drive-throughs, curbside restaurant service, or stores.

Make sure you are up to date with your routine vaccinations, including measles-mumps-rubella (MMR) vaccine and the seasonal flu vaccine.

35. Should travelers wear facemasks or coverings?

According to the CDC:

Because COVID-19 is spreading in the United States and abroad, CDC recommends that everyone wear a cloth face covering over their nose and mouth when in public, including during travel. Wear a cloth face covering, keep at least 6 feet of physical distance from others, and practice other everyday preventive actions to protect yourself and others from COVID-19. Cloth face coverings may slow the spread of COVID-19 by helping keep people who are infected from spreading the virus to others. Medical masks and N-95 respirators are for healthcare workers and other first responders, as recommended by current CDC guidance.

36. What if I recently traveled and get sick?

According to the CDC:

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community:

- Stay home except to get medical care
    - Stay home
    - Take care of yourself.
    - Stay in touch with your doctor.
    - Avoid public transportation
- Separate yourself from other people
    - As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
- Monitor your symptoms
    - Symptoms of COVID-19 include fever, cough, or other symptoms.
    - Follow care instructions from your healthcare provider and local health department.
- Call ahead before visiting your doctor
    - Call ahead. Many medical visits for routine care are being postponed or done by phone or telemedicine.

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- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients
- If you are sick wear a cloth covering over your nose and mouth
- Cover your coughs and sneezes
    - Cover your mouth and nose with a tissue
    - Throw away used tissues in a lined trash can.
    - Immediately wash your hands
- Clean your hands often
    - Wash your hands often
    - Use hand sanitizer if soap and water are not available.
    - Soap and water are the best option, especially if hands are visibly dirty.
    - Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid sharing personal household items
- Clean all "high-touch" surfaces everyday
    - Clean and disinfect high-touch surfaces in your "sick room" and bathroom; wear disposable gloves. Let someone else clean and disinfect surfaces in common areas, but you should clean your bedroom and bathroom, if possible.
    - If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and disposable gloves prior to cleaning.
    - Clean and disinfect areas that may have blood, stool, or body fluids on them.
    - Use household cleaners and disinfectants. Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

37. How can I protect myself from COVID-19 when using different types of transportation?

According to the CDC:

For all types of transportation:

- Practice hand hygiene and respiratory etiquette.
- Practice social distancing.
- Wear cloth face coverings.
- Stay home when appropriate.
- Have adequate supplies.

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- Before traveling, pack sanitizing wipes and hand sanitizer with at least 60% alcohol (in case you are unable to wash your hands at your destination).
  o Protect people at risk for severe illness from COVID-19.

Public Transportation

o Stay up-to-date.
  - Check with local transit authorities for the latest information on changes to services and procedures, especially if you might need additional assistance.
o Avoid touching surfaces.
o Practice social distancing.
o Practice hand hygiene.

Rideshare, taxi, limo for-hire vehicle passengers

o Avoid touching surfaces.
o Practice social distancing.
o Improve ventilation.
o Practice hand hygiene.

Shared bikes, scooters, skateboards, and other micro-mobility devices

o Clean and disinfect surfaces.
  - Use disinfecting wipes, if available.
o Avoid touching surfaces.
o Practice hand hygiene.

Personal Vehicles

o Clean and disinfect surfaces.
o Practice social distancing.
o Improve ventilation.

38. Can traveling to visit family or friends increase my chances of getting and spreading COVID-19?

According to the CDC:

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Yes. Travel increases your chances of getting and spreading COVID-19. Before you travel, learn if COVID-19 is spreading in your local area or in any of the places you are going. Traveling to visit family may be especially dangerous if you or your loved ones are more likely to get very ill from COVID-19. People at higher risk for severe illness need to take extra precautions. For more considerations see the webpage Coronavirus in the United States—Considerations for Travelers.

39. Does traveling to campgrounds or going camping pose any risks?

According to the CDC:

Yes. Going camping at a time when much of the United States is experiencing community spread of COVID-19 can pose a risk to you if you come in close contact with others or share public facilities (like restrooms or picnic areas) at campsites or along the trails. Exposure may be especially unsafe if you are more likely to get very ill from

COVID-19 and are planning to be in remote areas, without easy access to medical care. Also be aware that many local, state, and national public parks have been temporarily closed due to COVID-19.

40. Should I avoid traveling internationally?

According to the CDC:

Yes. CDC recommends that you avoid all nonessential international travel because of the COVID-19 pandemic. Some healthcare systems are overwhelmed and there may be limited access to adequate medical care in affected areas. Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting non-citizens from entry with little advance notice. Airlines have cancelled many international flights and in-country travel may be unpredictable. If you choose to travel internationally, your travel plans may be disrupted, and you may have to remain outside the United States for an indefinite length of time.

CDC also recommends all travelers defer all cruise ship travel worldwide.

41. What should I expect when departing other countries?

According to the CDC:

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Some countries are conducting exit screening for all passengers leaving their country. Before being permitted to board a departing flight, you may have your temperature taken and be asked questions about your travel history and health.

42. What can I expect when arriving to the United States?

According to the CDC:

Currently, travel restrictions and entry screening apply only to travelers arriving from some countries or regions with widespread ongoing spread of COVID-19. [Note: U.S. policies are subject to change as the COVID-19 pandemic evolves.]

You may be screened when you arrive in the United States. After your arrival, take the following steps to protect yourself and others:

o   Stay at home and avoid contact with others. Do not go to work or school for 14 days.
o   Monitor your health for 14 days. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
o   Keep your distance from others (at least 6 feet or 2 meters). This is referred to as "social distancing."

43. When can I return to work after international travel?

According to the CDC:

All international travelers should stay home for 14 days after their arrival into the United States. At home, you are expected to monitor your health and practice social distancing. To protect the health of others, do not to go to work for 14 days.

44. Can flying on airplanes increase my risk of getting COVID-19?

According to the CDC:

Yes. Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and you may have to sit near others (within 6 feet), sometimes for hours. This may increase your risk for exposure to the virus that causes COVID-19.

45. What happens when there is a sick passenger on an international or domestic flight?

According to the CDC:

> Under current federal regulations, pilots must report all illnesses and deaths to CDC before arriving to a U.S. destination. According to CDC disease protocols, if a sick traveler is considered a risk to the public's health, CDC works with local and state health departments and international public health agencies to contact exposed passengers and crew.
>
> Be sure to give the airline your current contact information when booking your ticket so you can be notified if you are exposed to a sick traveler on a flight.

46. Should I delay going on a cruise?

According to the CDC:

> Yes. CDC recommends that all travelers defer all cruise ship travel worldwide. Recent reports of COVID-19 on cruise ships highlight the risk of infection to cruise ship passengers and crew. Like many other viruses, COVID-19 appears to spread more easily between people in close quarters aboard ships.