

MEMORANDUM

TO: The Members of the HSAWCF
FROM: Mary Penz, HSAWCF Administrator
DATE: May 11, 2020
SUBJECT: **NEWS AND UPDATES FROM HSAWCF**

REOPENING YOUR ORGANIZATION IN THE AGE OF COVID-19

In continuing our efforts to assist you in matters related the rapid changing situation regarding COVID-19, the HSAWCF is once again providing materials that may assist you and your HR Department as the Michigan Shelter in Place is slowly lifted and your employees return to work.

PREPARING THE WORKPLACE FOR A SAFE RETURN TO WORK

As you prepare the workplace for your employees to return to work to a clean and safe environment, the HSAWCF and CRS would like to share a few documents that you might find helpful during this process. These documents have been compiled from a variety of sources such as the EPA, CDC as well as other service providers. They are designed to offer guidance and suggestions on helping keep employers and employees safe.

Attached you will find a **Creating a Return to Work Plan**. This plan outlines areas on what to include in your organization's return to work plan addressing topics such as, how to modify the workplace environment, establish protocols to keep employees safe, disinfecting the workspaces, conducting employee screenings, establishing return to work considerations, establishing social distancing guidelines, personal protection equipment determination and providing guidance for personal hygiene of your employees.

CRS has also provided three checklists for our members with regard to COVID-19, they are for a Self-Declaration COVID-19 Protection Plan, Flu Pandemic Preparedness Plan and Safe Return to Work Plan. These word documents can be edited and used to help you customize your checklists and protocols as we move forward into a new work environment. If you have any questions about the material you may contact Ken Smylie of CRS ksmylie@crsmi.com

In addition, to these documents we are providing supplemental information and website links for a few of the related topics noted in the Creating a Return Plan.

TELECOMMUTING – WORKING FROM HOME

Even though the Governor's Shelter in Place is easing up many of your employees may continue to work from home. It is important your organization develops a telecommuting policy to address this situation. Please keep in mind that it is best to have employees designate a specific work location in the home, this seems to work best at mitigating claims. Our TPA suggests, that if possible, have your employees describe their work area at home, including taking photos of the area that you can maintain in the employee personnel file. It is also important to set up job duty and work hour expectations with your employees as well as maintaining regular contact with them to help keep them engaged. We are once again attaching the CRS April Newsletter – Working from Home. This newsletter addresses topics that may be included in your organizations telecommuting policy.

If you have any questions regarding this or you would like to assistance in developing a policy for your organization you may contact ksmylie@crsmi.com

SPRING IS HERE

With the weather changing and climate changes occurring, precautions need to be taken to help keep your employees safe in the workplace during this spring season. With spring comes tornado season. Attached is the CRS May Newsletter - Tornado Season that addresses steps in how to develop a plan for your organization. If you have any questions or need assistance in this area please contact ksmylie@crsmi.com

PAYROLL AUDITS

The Aprise Group is in process of finalizing the HSAWCF payroll audits for the 2019 year. A few of our organizations still have outstanding information that needs to be submitted to the auditors. If your organization is one that has information that needs to be submitted, please make sure you complete this task as soon as possible. The payroll audits need to be completed prior to finalizing the year- end financial audit of the Fund which is currently in process.

If you have any questions or concerns about your audit please let me know.

We hope that you find this information helpful.

These are unprecedented times and if we all work together; we will get through this. The HSAWCF's organizations and their employees are most important to us.

If you have any particular questions or concerns regarding your agency please let me know. I can be reached at marypenz@hsawcf.com

Thank You and Please Stay Safe and Healthy!

Mary

GUIDANCE FOR CLEANING AND DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES



SCAN HERE
FOR MORE
INFORMATION

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other [daily habits](#) to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger [United States Government plan](#) and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

For more information, please visit **CORONAVIRUS.GOV**



This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using [EPA-approved disinfectants against COVID-19](#) can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When [EPA-approved disinfectants](#) are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. [EPA-approved disinfectants](#) are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- 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 setting and product. For more information, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on [Control and Prevention](#).

DEVELOP YOUR PLAN

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

- First, clean the surface or object with soap and water.
- Then, disinfect using an [EPA-approved disinfectant](#).
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at [CDC's website on Cleaning and Disinfecting Your Facility](#).

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the [Reopening Decision Tool](#).

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at [CDC's Guidance for Childcare Programs that Remain Open](#).

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on CDC's website on [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on [Visiting Parks & Recreational Facilities](#).

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the [safety of your building water system](#). It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of coronaviruses. For healthcare facilities, additional guidance is provided on [CDC's Guidelines for Environmental Infection Control in Health-Care Facilities](#).

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from [EPA's list of approved products that are effective against COVID-19](#).

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult [EPA's list of approved products for use against COVID-19](#). This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on [How to Clean and Disinfect](#) for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines.

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have [specific guidance](#) for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. [EPA has listed a limited number of products approved for disinfection for use on soft and porous materials](#). Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on [CDC's website on Cleaning and Disinfecting Your Facility](#) for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).

IMPLEMENT YOUR PLAN

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

[EPA approved disinfectants](#), when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

MAINTAIN AND REVISE YOUR PLAN

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. [CDC provides tips](#) to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

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

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

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

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for [updates on COVID-19](#). This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on [COVID-19](#) and how to [Prevent Getting Sick](#).

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at [CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#).

CONCLUSION

Reopening America requires all of us to move forward together using recommended best practices and maintaining safe daily habits in order to reduce our risk of exposure to COVID-19. Remember: We're all in this together!

Additional resources with more specific recommendations.

HEALTHCARE SETTINGS	Long-term Care Facilities, Nursing Homes	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Infection Prevention
		Preparedness Checklist
		Things Facilities Should Do Now to Prepare for COVID-19
		When there are Cases in the Facility
	Dialysis Facilities	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
Interim guidance for Outpatient Hemodialysis Facilities		
Patient Screening		
Blood and Plasma Facilities	Infection control in Healthcare Settings	
	Infection Control and Environmental Management	
	Using Personal Protective Equipment	
	Hand Hygiene	
	Interim Guidance for Blood and Plasma Collection Facilities	
Alternate Care Sites	Infection Prevention and Control	
Dental Settings	Infection Control in Healthcare Settings	
	Using Personal Protective Equipment	
	Hand Hygiene	
	Interim Guidance for Dental Settings	
Pharmacies	Infection Control in Healthcare Settings	
	Using Personal Protective Equipment	
	Hand Hygiene	
	Interim Guidance for Pharmacies	
	Risk-Reduction During Close-Contact Services	
Outpatient and ambulatory care facilities	Infection Control in Healthcare Settings	
	Using Personal Protective Equipment	
	Hand Hygiene	
	Interim Guidance for Outpatient & Ambulatory Care Settings	
Postmortem Care	Using Personal Protective Equipment	
	Hand Hygiene	
	Collection and Submission of Postmortem Samples	
	Cleaning and Waste Disposal	
	Transportation of Human Remains	

COMMUNITY LOCATIONS	Critical Infrastructure Employees	Interim Guidance for Critical Infrastructure Employees
		Cleaning and Disinfecting your Facility
	Schools and childcare programs	K-12 and Childcare Interim Guidance
		Cleaning and Disinfecting your Facility
		FAQ for Administrators
		Parent and Teacher Checklist
	Colleges and universities	Interim Guidance for Colleges & Universities
		Cleaning and Disinfecting your Facility
		Guidance for Student Foreign Travel
		FAQ for Administrators
	Gatherings and community events	Interim Guidance for Mass Gatherings and Events
		Election Polling Location Guidance
		Events FAQ
	Community- and faith-based organizations	Interim Guidance for Organizations
		Cleaning and Disinfecting your Facility
	Businesses	Interim Guidance for Businesses
	Parks & Rec Facilities	Guidance for Administrators of Parks
	Law Enforcement	What Law Enforcement Personnel Need to Know about COVID-19
	Homeless Service Providers	Interim Guidance for Homeless Service Providers
	Retirement Homes	Interim Guidance for Retirement Communities
	FAQ for Administrators	
Correction & Detention Facilities	Interim Guidance for Correction & Detention Facilities	
	FAQ for Administrators	
HOME SETTING	Preventing Getting Sick	How to Protect Yourself and Others
		How to Safely Sterilize/Clean a Cloth Face Covering
		Cleaning and Disinfecting your Home
		Tribal - How to Prevent the Spread of Coronavirus (COVID-19) in Your Home
		Tribal - How to Care for Yourself at Home During Covid-19
	Running Errands	Shopping for Food and Other Essential Items
		Accepting Deliveries and Takeout
		Banking
		Getting Gasoline
		Going to the Doctor and Pharmacy
If you are sick	Steps to Help Prevent the Spread of COVID19 if You are Sick	

TRANSPORTATION	Ships	Interim Guidance for Ships on Managing Suspected COVID-19
	Airlines	Cleaning Aircraft Carriers
		Airline Agents Interim Guidance
	Buses	Bus Transit Operator
	Rail	Rail Transit Operators
		Transit Station Workers
	EMS Transport Vehicles	Interim Guidance for EMS
	Taxis and Rideshares	Keeping Commercial Establishments Safe
RESTAURANTS & BARS		Best Practices from FDA

Coronavirus Disease 2019 (COVID-19)

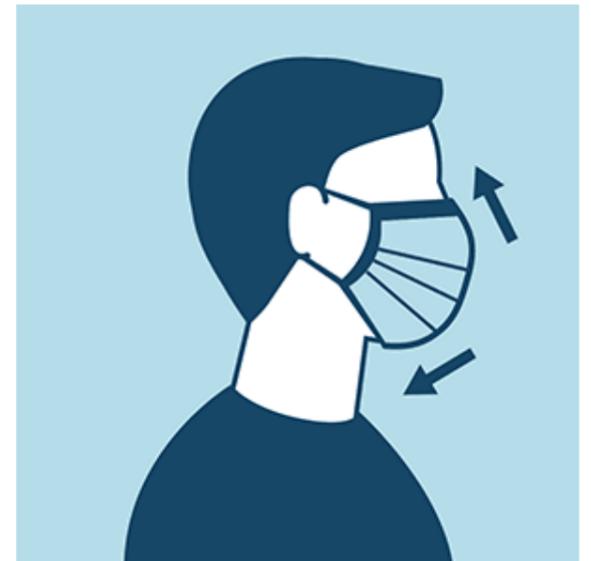
Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

[Printer friendly version](#) 

How to Wear a Cloth Face Covering

Cloth face coverings should—

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



CDC on Homemade Cloth Face Coverings

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

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

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

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

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

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

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

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

How does one safely remove a used cloth face covering?

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



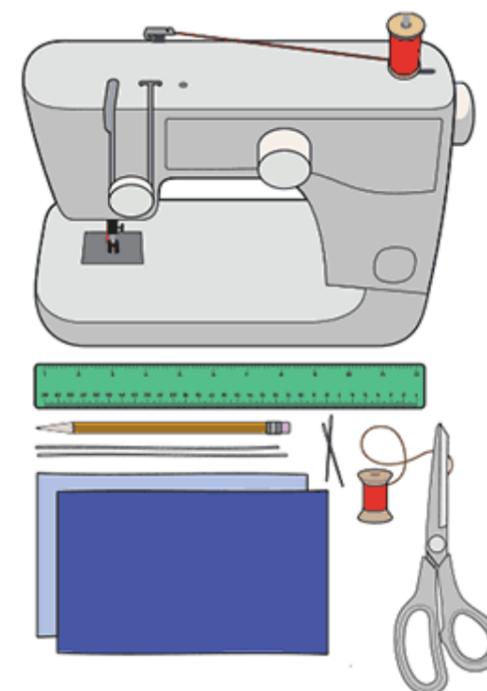
Sew and No Sew Instructions

Sewn Cloth Face Covering

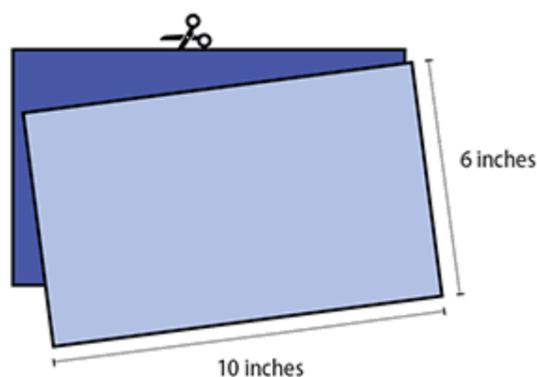
Materials

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

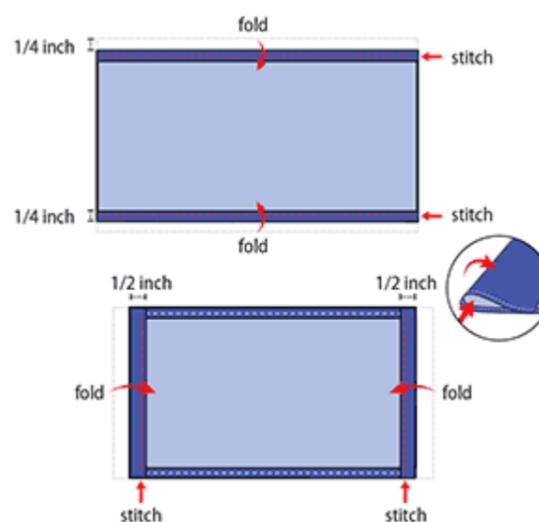
Tutorial



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

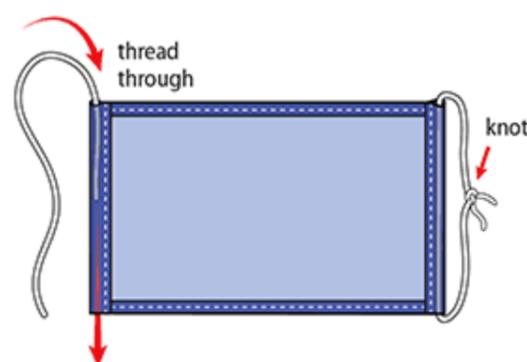


2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.

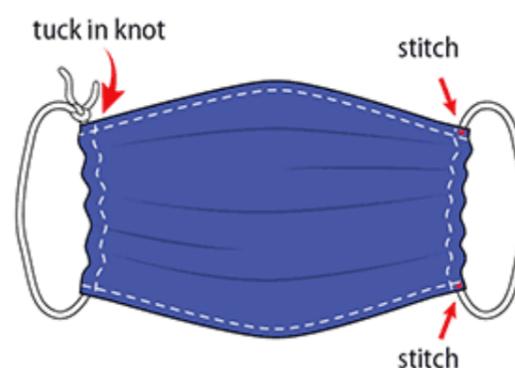


3. Run a 6-inch length of $\frac{1}{8}$ -inch wide elastic through the wider hem on each side of the mask. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight.

Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the mask behind your head.



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

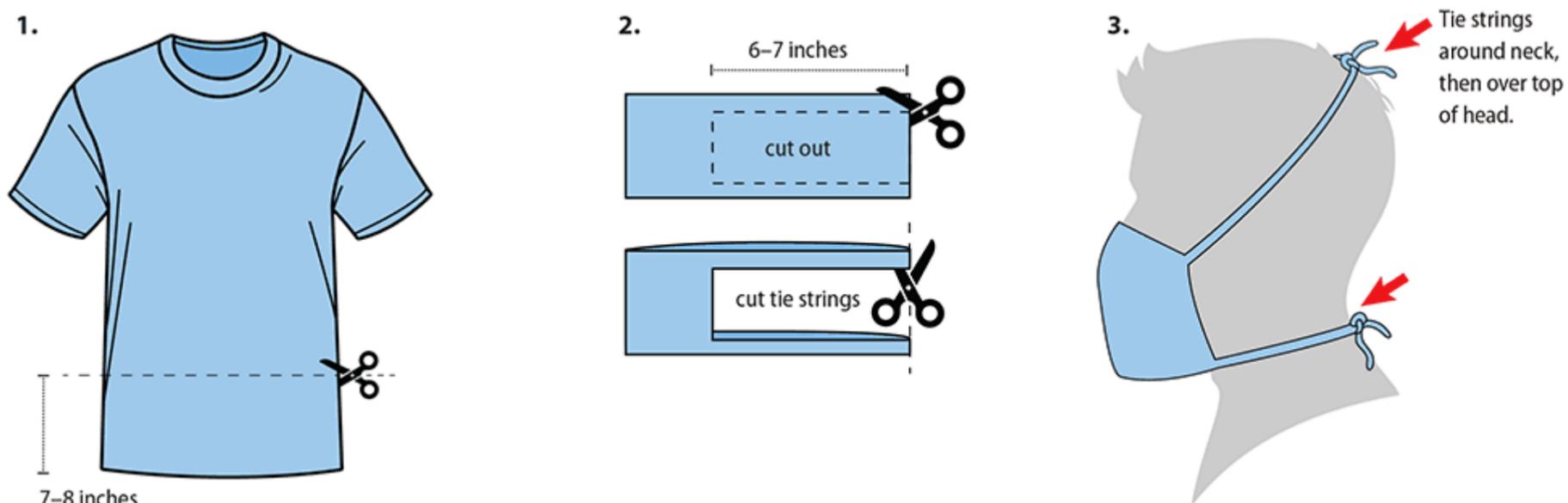


Quick Cut T-shirt Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

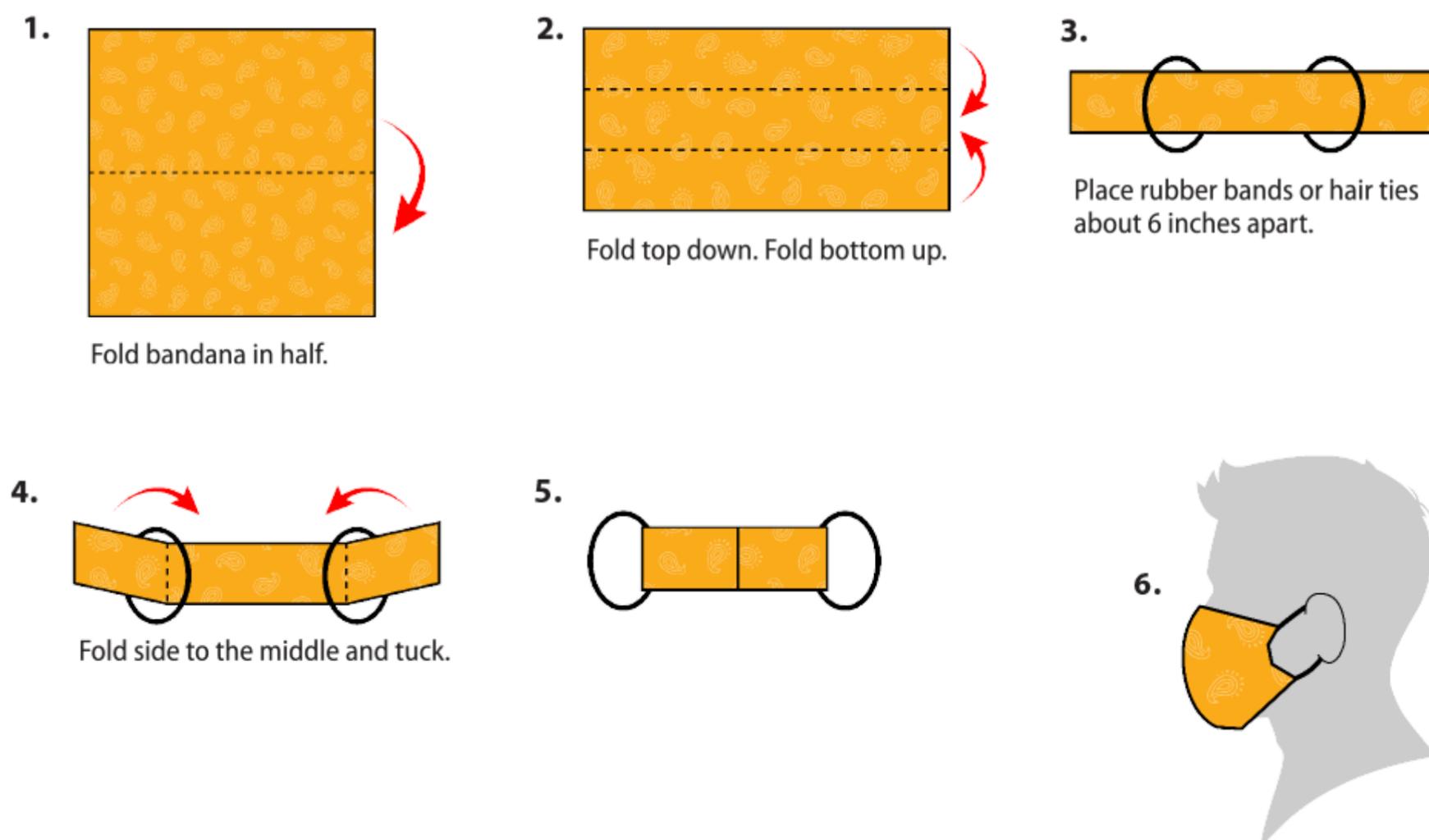


Bandana Face Covering (no sew method)

Materials

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

Tutorial



More Information

[ASL Video Series: Easy DIY Cloth Face Covering](#)

[How To Make Your Own Face Covering Video](#)

Page last reviewed: April 13, 2020

Cleaning And Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

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



High touch surfaces include:

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



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.** **Follow the instructions on the label** to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label)
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for **at least 1 minute**

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water
- OR
- 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



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

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

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA's criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people's items.**
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.



Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the sick person.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- If **more than 7 days** since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.



When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a sick person.



- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

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

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

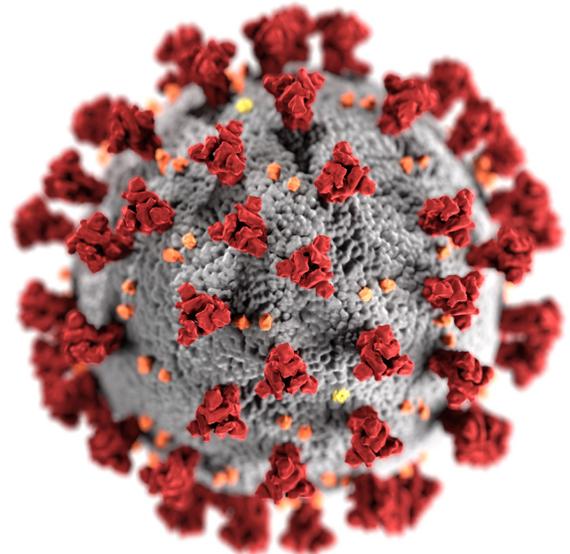
Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

For facilities that house people overnight:

- Follow CDC's guidance for [colleges and universities](#). Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting a sick person's bedroom/bathroom, review CDC's guidance on [disinfecting your home if someone is sick](#).



Coronavirus Disease 2019 (COVID-19)

Cleaning and Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect



Clean

- **Wear disposable gloves** to clean and disinfect.
- **Clean surfaces using soap and water, then use disinfectant.**
- Cleaning with soap and water **reduces number of germs, dirt and impurities** on the surface. **Disinfecting kills germs** on surfaces.
- **Practice routine cleaning** of frequently touched surfaces.
 - More frequent cleaning and disinfection may be required based on level of use.
 - Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- **High touch surfaces include:**
 - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- **Recommend use of [EPA-registered household disinfectant](#)**  .
Follow the instructions on the label to ensure safe and effective use of the product.
 Many products recommend:
 - Keeping surface wet for a period of time (see product label).
 - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- **Diluted household bleach solutions may also be used** if appropriate for the surface.
 - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
 - Unexpired household bleach will be effective against coronaviruses when properly diluted.
Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
Leave solution on the surface for **at least 1 minute**.

To make a bleach solution, mix:

 - 5 tablespoons (1/3rd cup) bleach per gallon of water
OR
 - 4 teaspoons bleach per quart of water
- Bleach solutions will be effective for disinfection up to 24 hours.
- **Alcohol solutions with at least 70% alcohol may also be used.**



Soft surfaces

For soft surfaces such as carpeted floor, rugs, and drapes

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#)  meet EPA's criteria for use against COVID-19.



Electronics

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and wash hands right away.



Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.
 - Companies do not necessarily need to close operations, if they can close off affected areas.
- **Open outside doors and windows** to increase air circulation in the area.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Once area has been **appropriately disinfected**, it can be opened for use.
 - **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection. This includes everyday practices that businesses and

communities normally use to maintain a healthy environment.



Cleaning and disinfecting outdoor areas

- Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning**, but **do not require disinfection**.
 - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
 - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
 - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- **Sidewalks and roads should not be disinfected**.
 - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.



When cleaning

- **Regular cleaning staff** can clean and disinfect community spaces.
 - Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash**.
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.
 - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to wash hands** include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance (e.g., a child).



Additional considerations for employers

- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions on what to do if they develop **symptoms** within 14 days after their last possible exposure to the virus.
- **Develop policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#) ).
- **Comply with OSHA's standards** on Bloodborne Pathogens ([29 CFR 1910.1030](#) ), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#) ).



Alternative disinfection methods

- The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known.
 - EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
- CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
- CDC only recommends use of the [surface disinfectants identified on List N](#)  against the virus that causes COVID-19.



For facilities that house people overnight

- Follow CDC's guidance for [colleges and universities](#). Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting the bedroom/bathroom for someone who is sick, review CDC's guidance on [disinfecting your home if someone is sick](#).

More details: [Detailed Disinfection Guidance for Community Facilities](#)

More information

[Transport Vehicles](#)

Page last reviewed: April 14, 2020



Coronavirus Disease 2019 (COVID-19)

Strategies to Optimize the Supply of PPE and Equipment

Personal protective equipment (PPE) is used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from potentially infectious patients and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery.

PPE shortages are currently posing a tremendous challenge to the US healthcare system because of the COVID-19 pandemic. Healthcare facilities are having difficulty accessing the needed PPE and are having to identify alternate ways to provide patient care.

CDC's optimization strategies for PPE offer options for use when PPE supplies are stressed, running low, or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but are likely to run out soon. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.

Eye Protection

Isolation Gowns

Facemasks

N95 Respirators

Powered Air Purifying Respirators

Elastomeric Respirators

Ventilators

Key Concepts

HCP and facilities—along with their healthcare coalitions, local and state health departments, and local and state partners—will have to work together to develop strategies that identify and extend PPE supplies, so that recommended PPE will be available when needed most. When using PPE optimization strategies, training on PPE use, including proper donning and doffing procedures, must be provided to HCP before they carry out patient care activities.

- **All U.S. healthcare facilities should begin using PPE contingency strategies now.**
 - Maximize use of engineering controls, such as barriers and maintained ventilation systems, and administrative controls, such as altering work practices to minimize patient contacts.
 - Cancel elective and non-urgent procedures/appointments.
 - Reserve PPE for HCP and replace PPE normally used for source control with other barrier precautions such as tissues.
 - Use re-usable PPE that can be reprocessed.
 - Use PPE beyond the manufacturer-designated shelf life for training.
 - Consider allowing HCP to extend use of respirators, facemasks, and eye protection, beyond a single patient contact.
- **U.S. healthcare facilities experiencing PPE shortages may need to consider crisis capacity strategies, which must be carefully planned before implementation.** The effectiveness of crisis strategies is uncertain and they may pose a risk for transmission between HCP and patients.
 - Consider using intact PPE that is beyond the manufacturer-designated shelf life for patient care activities.
 - Carefully prioritize PPE use for selected care activities. This could include reserving sterile gowns and gloves for urgent sterile patient procedures, such as surgery, and reserving respirators for aerosol-generating procedures and patient care with airborne transmitted disease risks, like tuberculosis, measles, and varicella.

- If no commercial PPE is available, carefully consider if alternative approaches will reduce the risk of HCP exposure and are safe for patient care.
- As PPE becomes available, healthcare facilities should promptly resume standard practices.

Guidance

Stockpiled N95 Respirators

Decontamination and Reuse of Filtering Facepiece Respirators

Personal Protective Equipment Burn Rate Calculator

Using PPE

Emergency Use Authorization (EUA) of Respiratory Protective Devices

On February 4, 2020, the HHS Secretary declared that circumstances exist to justify the authorization of emergency use of additional respiratory protective devices in healthcare settings during the COVID-19 outbreak. The FDA is providing frequent updates for manufacturers, facilities, and local/state jurisdictions about Emergency Use Authorizations (EUA) for respirators and other types of personal protective equipment. The FDA has issued EUAs to authorize all [NIOSH approved particulate-filtering air purifying respirators \(APRs\)](#) [↗](#) to be used in healthcare settings, including all NIOSH approved filtering facepiece respirators, elastomeric APRs, powered air purifying respirators, expired NIOSH-approved filtering facepiece respirators, and respirators that have been decontaminated pursuant to the terms and conditions of an authorized decontamination system. The authorized decontamination systems are listed on the FDA EUA website. In addition, [non-NIOSH-approved disposable filtering facepiece respirators within the context of the posted EUA](#) [↗](#) are permitted for use as well.

Page last reviewed: April 22, 2020

CREATING A RETURN TO WORK PLAN

Modifying the Workplace

To prevent the spread of COVID-19 after reopening your doors, your organization may need to make office modifications. These workplace modifications will most often be based on social distancing protocols, as stipulated by the State of Michigan or local orders as a condition of being permitted to reopen.

Your social distancing plan will be unique to your organization and nature of work, but public health experts point to three key factors to consider when creating a social distancing plan and making necessary workplace changes:

1. **Physical Workspace Modifications**— Because COVID-19 spreads through close contact, employers may need to make changes to employees' desks or workstations, and overall floor plans. Some suggested changes include the following:
 - Separating desks and workstations to ensure that there are 6 feet between each station
 - Adding partitions to open floor plans
 - Closing common spaces, including conference rooms, break rooms and cafeterias
 - Modifying high-touch surfaces (e.g., propping doors open) to avoid employees unnecessarily touching surfaces
 - Posting signage around the office to remind employees of social distancing protocols
 - Establishing contactless drop zones for all deliveries including mail, packages and food
 - Banning all workplace visitors and vendors
2. **Workplace Protocols**—To keep employees safe, your organization will need to change protocols for in-person interactions and physical contact. Some suggested changes include the following:
 - Establishing and enforcing a crowd control plan to ensure that as few employees are in the building at once
 - Prohibiting in-person meetings whenever possible and encourage the use of virtual meetings instead
 - Limiting the size of in-person gatherings and meetings to less than 10 people
 - Encouraging employees to avoid sharing workstations or equipment
 - Staggering meal times and breaks to avoid having large groups of employees together at once
 - Banning all business travel until further notice

CREATING A RETURN TO WORK PLAN

3. **Employee Scheduling**—To minimize the number of employees at work at any given time, changes to employee scheduling may need to be made and enforced. Some suggested changes include the following:
- Permitting only essential employees in the office
 - Encouraging all other employees to work remotely, if possible
 - Staggering shifts
 - Creating groups of employees that are to work together in shifts throughout the pandemic response

Disinfecting the Workplace

Before you reopen the workplace, you should clean and disinfect your office or building. Some professional cleaning services may be available to hire for a deep-clean and disinfection of your business. However, if you need to clean your office or building yourself before reopening, keep the following tips in mind.

- **Wear proper PPE**—Don't risk exposure or contamination while cleaning. Be sure to wear PPE, including gloves and a mask, while you're cleaning the workspace. Avoid touching your eyes, face or mouth, or any personal electronic devices, while you clean.
- **Clean first, then disinfect**—Disinfectant works best on already clean surfaces. As such, do a general cleaning before you start disinfecting the office or building. Go beyond the standard cleaning routine, and make sure to pay close attention to the following areas:
 - Entryways and exits
 - High-touch common surfaces (e.g., light switches and plate covers, doors, cabinets, sinks, stair railings, countertops, beverage machines, refrigerators and elevator buttons, if applicable)
 - Employee workstations
 - Electronics
 - Tables, chairs and desks, from the lobby to the conference room
- **Disinfect all spaces with an EPA-registered disinfectant**—Double-check that the disinfectant being used is rated by the Environmental Protection Agency (EPA) and listed on EPA's List N: Disinfectants for Use Against SARS-CoV-2, the virus that causes COVID-19. Disinfect all possible spaces, focusing on high-traffic and commonly touched surfaces.
- **Replace your air filters**—Increasing the ventilation and changing out old air filters can help promote workplace health. Talk to your building owner to learn more about the filters used in your HVAC systems.

CREATING A RETURN TO WORK PLAN

Establishing Employee Screening, Exposure and Confirmed Illness Protocol

Keeping employees safe should be a priority, and given the contagious nature of COVID-19, it may be in your company's best interest to implement formalized screening and exposure protocols.

Employee Screening Protocols

To keep employees safe, consider conducting screening procedures to identify potentially ill employees before they enter the office. The Equal Employment Opportunity Commission permits employers to measure employees' body temperatures before allowing them to enter the worksite. Any employee screening should be implemented on a nondiscriminatory basis, and all information gathered should be treated as confidential medical information under the Americans with Disabilities Act—specifically, the identity of workers exhibiting a fever or other COVID-19 symptoms should only be shared with members of company management with a true need to know. Be sure to notify employees that you will be screening them to avoid any surprises.

Exposure and Confirmed Illness Protocol

Employees who test positive for COVID-19 or believe they have been infected will be instructed to follow the advice of a qualified medical professional and self-quarantine. When self-quarantining, employees should:

- Stay away from other people in their home as much as possible, staying in a separate room and using a separate bathroom if available.
- Not allow visitors.
- Wear a face mask if they have to be around people.
- Avoid sharing household items, including drinking cups, eating utensils, towels and bedding.
- Clean high-touch surfaces daily.
- Continue monitoring their symptoms, calling their health care provider if their condition worsens.

Notably, employees who are symptomatic or who have tested positive should not return to work until the conditions outlined in the table on the next page are met:

CREATING A RETURN TO WORK PLAN

Return to Work Considerations	
Employee was symptomatic but was not tested for COVID-19.	Employee was tested for COVID-19.
The employee may return to work if: <ul style="list-style-type: none">• They have not had a fever for at least 72 hours and have not used fever-reducing medication during that time.• Coughs and other symptoms have improved.• Seven days have passed since they first experienced symptoms.	The employee may return to work if: <ul style="list-style-type: none">• They no longer have a fever.• Coughs and other symptoms have improved.• They have received two negative COVID-19 tests in a row.

When an employee tests positive for COVID-19, deep-cleaning procedures will be triggered. Furthermore, employees who have been in close contact with an individual who has tested positive for COVID-19 will be instructed to self-quarantine.

Creating Employee Safety Training Materials

The success of your return to work action plan, no matter how well-thought-out and comprehensive it may be, is largely contingent upon how well your employees follow your health and safety guidance. Your employee safety training materials should cover the following topics.

Social Distancing Guidelines

Ask employees to follow social distancing best practices throughout your facilities, including but not limited to cafeterias, common areas and office spaces. Specifically, encourage employees to:

- Stay 6 feet away from others when working or on breaks. Where a minimum distance cannot be maintained, engineering or administrative controls will be in place.
- Avoid job tasks that require face-to-face work with others when possible. If this is unavoidable, employees will be provided with face masks, face shields, physical barriers and other workplace controls to ensure their safety.
- Avoid contact with others whenever possible (e.g., handshakes).
- Avoid touching surfaces that may have been touched by others when possible.
- Distance themselves from anyone who appears to be sick.
- Avoid gathering when entering and exiting the facility. Employees should also only enter and exit designated areas.
- Follow any posted signage regarding COVID-19 social distancing practices.
- Disinfect their workspace often.
- Avoid touching their face.
- Avoid nonessential gatherings.

CREATING A RETURN TO WORK PLAN

Use of Personal Protection Equipment

If you've determined that your employees should use PPE while at work, be sure to explain best practices for its use. For example:

- **Gloves**—Employees may contract COVID-19 by touching contaminated surfaces and then touching their face. Gloves are an effective way to prevent COVID-19 from getting on an employee's skin. They are also a good reminder for employees not to touch their face.
- **Face shields, face masks and eye protection**—Viruses can be transmitted through the eyes and mouth via tiny viral particles known as aerosols. Face shields, face masks and eye protection can help protect employees from these particles.

At a minimum, your return to work action plan should include guidance for employees to understand how to put on, take off and care for any PPE provided to them.

Personal Hygiene and Etiquette

Your employee safety training materials should include guidance for employees as it pertains to personal hygiene and etiquette to prevent the spread of COVID-19. Specifically, you should include guidance for the following:

- **Respiratory etiquette and hand hygiene**—Encourage good hygiene to prevent the spread of COVID-19. This can involve:
 - Providing tissues and no-touch disposal receptacles
 - Providing soap and water in the workplace
 - Placing hand sanitizers in multiple locations to encourage hand hygiene
 - Reminding employees to not touch their eyes, nose or mouth
- **Staying home when sick**—Encourage employees to err on the side of caution if they're not feeling well and stay home when they're sick or are exhibiting common symptoms of COVID-19 (e.g., fever, cough or shortness of breath).

Cleaning Responsibilities

Because COVID-19 can remain on surfaces long after they've been touched, it's important that your business frequently cleans and disinfects the facility. Employees should be responsible for ensuring that they do their part in workplace cleanliness. Some best practices to promote cleanliness include:

- Discouraging workers from using other workers' phones, desks, offices, or other tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Providing disposable wipes so that commonly used surfaces can be wiped down by employees before each use.

CREATING A RETURN TO WORK PLAN

I.

Reviewing Workplace Policies

The COVID-19 pandemic has resulted in employers across the country needing to change their workplace policies to adhere to new legislation and to better represent their newfound situation. As such, your company should review its workplace policies to ensure that they're in line with your return to work action plan and in compliance with any applicable laws.



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Farmers to Families Food Box Program FAQs

Food Box Recipient Eligibility and Partnerships

Q: What entities will be eligible to receive food from contracted distributors?

A: Any entity that provides to the supplier proof of its 501(c)(3) tax exempt status or a

government entity (e.g. school food authority, Indian tribe) and who can demonstrate that they have the operational and financial capability to receive, store and distribute requested food items. Governmental organizations that submit requests must have similar operational and financial capability.

Q: How will distributors find non-profit organizations?

A: Distributors have commercial relationships with many non-profit organizations, either through direct purchases or donations. USDA's intent is to leverage the relationships that already exist while encouraging both distributors and non-profit organizations to develop new relationships through the contracting process.

Q: How can distributors know they are delivering to 501(c)(3) organizations in good standing and protect against fraudulent activity?

A: Through its contracting process, USDA will require that distributors participating in the program maintain records showing their deliveries have occurred to appropriate non-profit organizations. Non-profit organizations will be responsible for timely distribution of food.

Q: Will USDA provide guidance to distributors of what non-profit organizations to supply?

A: No. USDA will not offer guidance on what non-profit organizations to supply. Non-profit organizations receiving food must be able to demonstrate operational and financial capability to receive, store and distribute requested food items.

Q: Can USDA provide the list of distributors by state?

A: Once contracts are awarded to distributors, USDA will supply the full list of awardees and their contact information on the Farmers to Families Food Box Program [website](#).

Q: Can a non-profit, faith based or community organization apply to be a distributor?

A: Yes. Non-profit organizations may [apply](#) to be distributors. They will be subject to the same requirements and evaluation criteria as other offerors such as, but not limited to, qualifying support for American agriculture, capability to achieve performance of the contract, past performance and price considerations. Non-profit organizations without these capabilities should consider partnering with contracted entities to determine partnership opportunities.

Q: Can a school district (school nutrition authorities) qualify as a recipient?

A: Yes. A school district or school nutrition authority would qualify as a government entity and would be eligible to receive food boxes. These entities must also be able to demonstrate

that they have the operational and financial capability to receive, store and distribute requested food items.

Q: Are Indian Tribal Organizations (ITOs) eligible?

A: Yes. An Indian Tribal Organization would qualify as a government entity and would be eligible to receive food boxes. These entities must also be able to demonstrate that they have the operational and financial capability to receive, store and distribute requested food items.

Q: What if a non-profit organization doesn't have a pre-existing relationship with a distributor?

A: Once contracts are awarded, non-profit organizations should contact the distributor that has been awarded the contract for their service area. A list of distributors that have been awarded contracts will be available on USDA's website.

Q: What if an organization is interested in providing additional logistical support to connect distributors with hard to reach rural or tribal areas?

A: Organizations may partner with contracted distributors to determine partnership opportunities, including additional support logistics.

Q: How will non-profit organizations know the volume each distributor is able to provide or make available?

A: Distributors will work directly with non-profit organizations to determine details regarding delivery, including volume and delivery schedules.

Q: Can food banks play a role in distributing to non-agency non-profit partners?

A: Yes. Food banks and other non-profits may work with identified distributors serving their area to assist in the distribution process.

Q: What will USDA be doing to ensure that non-profit organizations in rural areas will be able to participate in the program?

A: USDA reserves the right to negotiate with distributors to serve rural areas through the procurement process if no offers are received. However, if offers are not received for specific areas of the country, there is a possibility non-profit organizations in that area will not be able to receive products under this program. USDA recommends non-profit organizations work with their local distributors or manufacturers to ensure they submit an offer.

Q: Could non-profit organizations have this delivered by the pallet rather than in boxes?

A: No. Distributors will be required as part of the contract with USDA to package products into boxes which allows for easier distribution at non-profit organizations with limited volunteer assistance. A non-profit might instead receive a pallet of pre-packed boxes.

Box Offerings and Overhead

Q: Will different distributors handle specific types of products exclusively– for example, will some distributors only handle produce while other distributors handle all three product categories?

A: Distributors may submit a proposal to provide: a fresh fruit and vegetable box, a dairy products box, a pre-cooked meat box, a combination box that can contain any combination of those items, or fluid milk.

Q: Can distributors partner with non-profit organizations to assemble the box using products provided by the distributor?

A: Distributors will be able to partner with other entities, including non-profit organizations, to provide logistical support, such as box assembly. If a distributor subcontracts with another entity the distributor would be required to pay for this service.

Ordering Process

Q: Will USDA utilize the Web Based Supply Chain Management (WBSCM) system to manage vendors such as processors and distributors for the food orders?

A: Yes, WBSCM will be utilized to manage contracts and make payments. Distributors and non-profit organizations should agree on a mutually agreeable quantity, delivery location and delivery schedule prior to the distributor submitting an offer, negating the need for orders to be placed in WBSCM.

Orders will not be placed in WBSCM. Distributors and non-profit organizations should arrange mutually agreeable quantity, delivery location and delivery schedule prior to the distributor submitting an offer.

Q: Is it a first come first serve process? Or will there be caps on volume?

A: The total dollar amount available for each product category is the limit on volume. USDA will make every attempt within the offers received to distribute the available funds to maximize the delivery of food products to non-profit organizations across the country.

Q: What are the reporting requirements?

A: Contractors must submit an invoice package that indicates the number of boxes delivered, contents of the boxes and proof of delivery to a non-profit or other organization in the contract. There are no reporting requirements for the non-profit or government organizations.

Product Specifications**Q: How many pounds of food per box of dairy, protein and produce?**

A: Distributors and non-profit organizations will be allowed to mutually agree on the size and weight of the box, as well as the pack sizes of products within the box.

Q: What are the “standard” contents per box?

A: While USDA will provide a list of desired products to support specific agricultural markets, the contents of the box can be determined by the distributor and the non-profit organization, based on local and national availability, local preferences, etc.

Q: For boxes containing produce, will there be a USDA inspection process for sites receiving product?

A: USDA will provide oversight throughout the contract period, conducting audits to ensure food safety plans are followed, that only domestic produce is provided and quality products are delivered.

Q: Will USDA purchase bulk shelf stable items from food distributors?

A: USDA will not be purchasing these types of products through the Farmers to Families Food Box Program. However, through USDA's existing programs and additional funding provided by Congress USDA will be making additional purchases of these products. These will include purchases made with Section 32, Families First Coronavirus Response Act and CARES Act funds and made available to the Emergency Food Assistance Program (TEFAP).

Q: Will USDA purchase frozen produce items from food distributors?

A: USDA will only purchase fresh produce through the Farmers to Families Food Box Program. However, through USDA's existing programs and additional funding provided by Congress USDA will be making additional purchases of these products. These will include purchases made with Section 32, Families First Coronavirus Response Act and CARES Act funds and made available to the Emergency Food Assistance Program (TEFAP).

Food Safety & Oversight

Q: Will a box of each type of food be packed separately – meat box, produce box, dairy box?

A: Although not a requirement, for food safety reasons and differing storage temperatures, it is anticipated that produce will be in a separate box.

Q: Do distributors need to comply with any specific food safety guidelines?

A: Distributors must comply with regular commercial, Federal and local food safety guidelines. USDA will provide oversight throughout the contract period, conducting audits to ensure food safety plans are followed

Trade Mitigation

Q: Does USDA still plan on spending the \$700 million left for trade mitigation purchases planned through this Fiscal Year, and distributing that through TEFAP?

A: Yes, USDA will continue to make purchases for existing programs and trade mitigation efforts.

Interaction with USDA FNS Food Distribution Programs

Q: Is this program being administered through the Food and Nutrition Service (FNS) and how does it impact FNS food distribution programs?

A: No. This program is being administered by the Agricultural Marketing Service, not FNS. It is separate and apart from FNS' Food Distribution Programs, such as The Emergency Food Assistance Program (TEFAP), the Commodity Supplemental Food Program (CSFP) and the Food Distribution Program on Indian Reservations (FDPIR).

Q: Will orders for delivery go through the Food and Nutrition Service?

A: No. USDA will partner with regional and local distributors whose workforce has been significantly impacted by the closure of many restaurants, hotels and other food service entities, to purchase \$3 billion in fresh produce, dairy and meat products. These products will be provided in a pre-approved box of fresh produce, dairy and meat products from distributors directly to food banks and other non-profits serving Americans in need.

Q: Will this disrupt availability of foods for the Food and Nutrition Service's (FNS) Food Distribution Programs?

A: No. These products are not typically the types/sizes of products available through FNS Food Distribution Programs, and were intended for different outlets (e.g., restaurants).

Publication Date: 04/20

Programs & Offices: [Commodity Procurement](#)

AVAILABLE SERVICES

- Quality Grading
- Grain Inspection
- Packers & Stockyards
- Market Research & Analysis
- Plant Variety Protection
- Auditing & Accreditation
- Grain Standardization
- Warehouse Services
- Grants & Opportunities
- Organic Certification
- Import/Export Certificates
- Commodity Procurement
- Transportation Research

Guidance for Reopening Process of Your Organization

With the governor's decision allowing select businesses to re-open, here are some links on cleaning facilities and PPE supplies.

Cleaning & Disinfecting Your Facility:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

<https://www.epa.gov/coronavirus/guidance-cleaning-and-disinfecting-public-spaces-workplaces-businesses-schools-and-homes>

Respirators and Face Masks

<https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>

<https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Strategies to Optimize the Supply of PPE and Equipment:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

SAFE RETURN TO WORK CHECKLIST

DISCLAIMER - LEGAL STATEMENT

Please be advised that some or all of the information contained in this document may not be applicable to ALL businesses or places of work. We strongly recommend that before implementing any of the ideas contained herein you carefully evaluate, and consult with outside legal counsel as appropriate, the legality, applicability and potential efficacy of this information in your place of business. Please note this document may not be up to date with current CDC recommendations, or federal, state or local guidelines, executive orders, or mandates.

The manual covers a wide range of topics, including:

- Step-by-step guides for setting up a pandemic response team
- Cleaning and disinfection procedures
- Staggering shifts and lunch breaks and other social distancing strategies
- On-site health screening
- Protocols for isolating employees who become ill at work

This has been a difficult time for everyone, and reestablishing a workplace where employees feel comfortable performing their jobs safely is a multi-faceted challenge. It is our hope that by sharing this resource we can help your organization accomplish the same goals, as everyone adapts to new operating protocols in today's still challenging conditions.

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Employee Training

Return to Work Training Plans

Pre-Return to Work Trainings

First Day Trainings/Operations

Health & Wellness

#	Topic	Task
1	Pandemic Response Team (PRT)	<ul style="list-style-type: none"> Set up the Pandemic Response Team (PRT) Have a plan in place to adopt this corporate framework and develop site-specific protocols
2	Preventative Material Inventory	<ul style="list-style-type: none"> Confirm operation has an adequate supply of soap, disinfection, hand sanitizer, paper towels and tissues Confirm stock of face masks, face shields, gloves, and glasses on-site and on order with lead time Have "non-touch" thermometers on-site for employee screening
3	Personal Protective Equipment	<ul style="list-style-type: none"> Review and understand protocol
4	Disinfection Measures	<ul style="list-style-type: none"> Disinfect plant prior to anyone returning to work Replace HVAC air filters or clean/disinfect Implement the General Disinfection Procedures
5	Deep-Cleaning and Disinfection Protocol	<ul style="list-style-type: none"> Review, understand, and prepare for the triggering of the Deep-Cleaning and Disinfection Protocol
6	Inbound Parts/Materials/Packages	<ul style="list-style-type: none"> Manage incoming supplies in accordance with playbook standards
7	Layered Audit Checklist	<ul style="list-style-type: none"> Implement Audit
8	Transportation	<ul style="list-style-type: none"> Hold meetings with transportation provider(s) to review protocols and implement the Transportation Disinfection Checklist protocol for buses
9	Isolation Protocol & Coordinator Training	<ul style="list-style-type: none"> Review and understand protocol Isolation Coordinator (volunteer) identified and trained Protocol in place to isolate employees if symptomatic on site Print out forms and protocol to be available as needed
10	Social Distancing Protocol	<ul style="list-style-type: none"> Review and understand protocol Complete and continue to adhere to the Social Distancing
11	On-Site Health Screening	<ul style="list-style-type: none"> Ensure protocol for pre-shift screening prior to plant entry Ensure barriers are in place to prevent anyone from missing screening protocol
12	Daily Self-Screening Protocol	<ul style="list-style-type: none"> Daily Self-Screening protocol is distributed to all employees for voluntary, home self-screening HR team prepared to receive inquiries or reports of symptomatic employees prior to shift
13	Self-Quarantining and Return to Work Protocol	<ul style="list-style-type: none"> Review and understand protocol and adjust as necessary for local, legal and cultural environment
14	Visitors & Contractors Self-Screening	<ul style="list-style-type: none"> Plan in place for screening Visitors and Contractors Visitors & Contractor Self-Screening Checklist printed and available as needed
15	Labor Relations Alignment	<ul style="list-style-type: none"> Educate local union on Lear's pandemic response plan and return to work protocols for their cooperation
16	Employee Trainings	<p>Host Pre-Return to Work Trainings:</p> <ul style="list-style-type: none"> Review of Safe Work Playbook with Salaried employees Training for Health Screeners & Isolation Coordinators Training for Disinfection Team & HR Team <p>Host First Day Trainings/Orientation:</p> <ul style="list-style-type: none"> Localize playbook presentation & materials to be consistent with facility Host first-day training orientation for all plant staff
17	Health & Wellness	<ul style="list-style-type: none"> Self-Screening Checklist Health & Wellness Video
18	Signage	<ul style="list-style-type: none"> Facility Signage

Pandemic Response Team

Tasks



- Set up the Pandemic Response Teams
- Have a plan in place to adopt this corporate framework and develop site-specific protocol

Plant Manager - Site manager who has overall responsibility for the site's pandemic preparedness & response plan, coordinating and aligning with regional/global EHS and the COVID-19 Crisis Team.

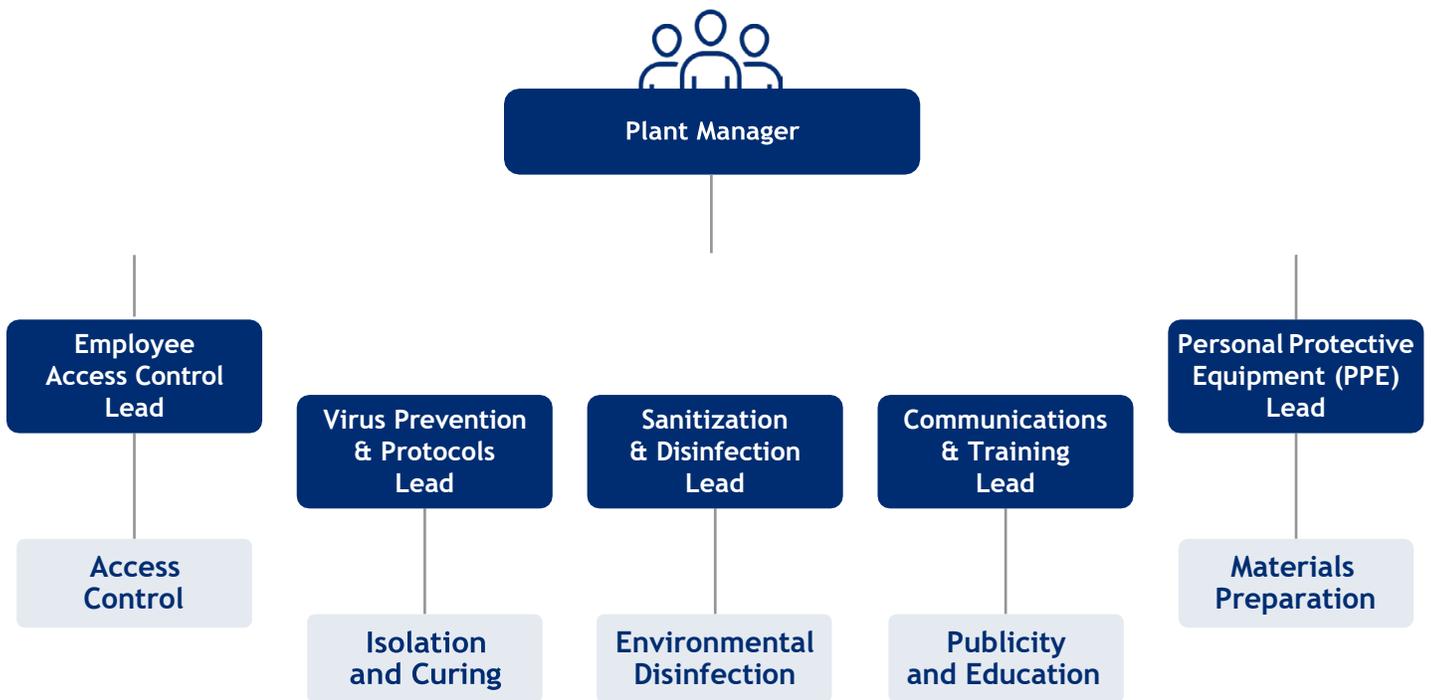
Employee Access Control Lead - Works with the site to manage social distancing logistics in regards to arriving and departing shifts, as well as visitors and contractors. Will further support the Virus Prevention & Protocol leader by providing site specific options regarding social distancing within the plant, including potential mitigation measures to manage risk of employees required to work < 1 meter from others.

Virus Prevention & Protocols Lead - Works to develop protocols to ensure the wellness of all employees, and the overall pandemic preparedness and response plan, ensuring alignment with Global EHS and the COVID-19 Crisis Team.

Sanitization & Disinfection Lead - Works to manage daily and periodic disinfection logistics, including routine and deep cleaning, disinfection processes, in accord to the protocols set up by the Virus Prevention & Protocol leader. Drives process continual improvement and ensure 100% compliance of Lear's disinfection protocol, and any approved regional or site variations.

Communication & Training Lead - Works to manage all pandemic related communications, in accord with regional and global Communications and HR. Manages the training function across the site related to pandemic preparedness and response, including both employee, management and pandemic response team training, in accord with Lear's playbook and COVID-19 Policy and Guidelines directive.

PPE & Materials Lead - Works to secure all necessary supplies to implement and sustain the site pandemic preparedness & response plan, including direct procurement by the plant, as well as coordination with management related to accessing centrally located supplies from other company facilities.



Details:

- The PRT should start to meet daily once established
- Include Union Leadership as appropriate
- Leverage Health and Safety Teams/Committees and Members
- Work with Facilities to maintain a sterile Isolation Room see **Isolation Protocol**

Preventative Material Inventory

Tasks



- Confirm operation has an adequate supply of soap, disinfection, hand sanitizer, paper towels and tissues
- Confirm stock of face masks, face shields, gloves, and glasses on-site and on-order with proper lead time
- Have “touchless” thermometers on-site for employee screening

Disinfectant Supplies:

- Confirm operation has an adequate supply of soap, disinfection spray, hand gel, paper towels and tissue.
- Facilities should keep a minimum quantity of 30-day supply of disinfectant supplies.
- Disinfection portable stations are recommended for each line except for restricted/sensitive areas due to manufacturing processes.

PPE:

- Confirm stock of face masks, gloves, and glasses on-site and on-order with proper lead time.
- Facilities should keep a minimum quantity of 30-day supply of PPE.
- Medical employees, screeners, and cleaning crew are required to wear gloves, masks, and glasses.

#	Item	Spec	Quantity
1	Mask (surgical)	Disposable surgical masks (1-day)	Min. 30-day supply
2	Nitrile gloves	Touchflex/ Surgical Nitrile Gloves	Min. 30-day supply
3	Infrared thermometer	Medical infrared thermometer/ Measures ranges 32°C to 42.5°C meets ASTM E965-1998 (2003)	1 per 30-50 employees/shift
4	Disinfectant spray/wipes	10% bleach (sodium hypochlorite) solution made fresh daily, or a hospital-grade disinfectant (refer to approved disinfectant listing)	Min. 30-day supply
5	Spray bottles	1-liter plastic spray containers	Min. X bottles
6	Sanitization floor stand	Hand sanitizer dispenser floor stand	1 available in work area per 50 employees
7	Hand sanitizer (refills)	Sanitizer with Alcohol 70%/Local Brand “Sanitizer”	Min. 30-day supply
8	Hand soap	Hand soap / Local brand “Serviquim”	Min. 30-day supply
9	Paper towels	Paper Towel “Tork”	Min. 30-day supply
10	Glasses/face shields	Safety glasses / Polycarbonate	Min. 30-day supply
11	Bio-hazard container	Bags that can be sealed and tagged as contaminated material (Please see ‘refuse’ section of the COVID-19 Policy and Guidelines Directive)	Min. 30-day supply
12	Clorox Total 360 (optional)	https://www.cloroxpro.com/products/clorox/total-360/	

Personal Protective Equipment (PPE)

Tasks



- Review and understand protocol for PPE

About:

Protection of the company's general workforce is afforded via the protective triad of:

1. Personal hygiene
2. Social distancing
3. Frequent disinfection of common surfaces

The PRT and Team Leads for PPE and Sanitization are responsible for ensuring there are adequate supplies as required per your company's Pandemic Plan.

Masks



Face masks are required PPE for a very limited number of pandemic response and management personnel within each facility:

- Medical and isolation team members
- Shift health screeners
- Disinfection team members
- Those with broad exposure to other employees (e.g. cafeteria workers and security guards)

Note: N95, FFP2(3), or equivalent protection must be prioritized for use by isolation and medical team members as they are more likely to be exposed to employees who are COVID-19 symptomatic.



Face Shields

Face shields may be worn as a precautionary measure when employees working within 1 meter (3 feet) of other employees.



Gloves

Our top priority is always protecting people. Based on CDC findings, the company does not require or recommend that our employees wear gloves except for:

Gloves

1. Isolation Team Members and,
2. Those performing disinfection of common surfaces per the company guidelines and protocols. However, the company should provide gloves if mandated by local laws.

Note: Gloves put employees at higher risk of exposure and are not recommended for general protective use for the following reasons:

- The COVID-19 virus does not harm your hands, so gloves provide no protection, and touching your face with contaminated hands, whether gloved or not, poses a significant risk of infection.
- Gloves often create a false sense of security for the individuals wearing them; people are more likely to touch contaminated surfaces because they feel they are protected from the virus because of the gloves when in reality, they are not.
- When wearing gloves, people are less inclined to wash their hands; this is counterproductive and puts others at higher risk; we want people to wash their hands because it is the number-one defense against any virus.
- Proper removal of gloves takes training; if contaminated gloves are not removed properly, our employees are exposed to greater risk.

Disinfection Measures

Tasks



- Disinfect plant prior to anyone returning to work.
- Replace HVAC air filters or clean/disinfect.
- Implement the General Disinfection Measures; the cleaning steps outlined should be taken routinely, based on frequency mentioned to disinfect work place surfaces, chairs, tables, etc. and protect employees.

The goal is to establish a sanitary baseline before the facility opens. The facility should be 100% disinfected prior to anyone returning to work.

Utilize your regional Environmental, Health and Safety (EH&S) Leader for specific guidance. Take unique site-specific circumstances into consideration when sanitizing and disinfecting.

Providers or employees should sanitize and disinfect all areas of the plant with special attention to:

- Tools
- Workstations and equipment
- Restrooms
- Cafeterias
- Lockers
- Common surface areas
- Computer screens and keyboards
- *ADD AS NEEDED*

Put tight controls in place on who enters and exits the site during the cleaning shutdown:

- Security
- Sanitization vendors
- PRT team members, as needed

General Disinfection Measures:

- This checklist should be implemented in facilities to reduce the risk of spread of infection
- The cleaning steps outlined below should be taken routinely, based on frequency mentioned to disinfect workplace surfaces, chairs, tables, etc. and protect employees
- Along with these workplace disinfection activities, proper personal sanitary practices including washing hands after bathroom use are also necessary

Disinfection Frequency in Workshops and Offices

#	Area/Place	Disinfection Content	Disinfectant	Disinfection Measures	Frequency
1	Work cell common surfaces	Including control buttons, tools, and other common surfaces	Hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution), as appropriate	Spray with handheld sprayer or wipe	Minimum at the end of each shift
2	Offices, desk, and conference rooms	Table and chair surface		Spray with handheld sprayer or wipe	At the end of each meeting and end of day
3	Conveyor belts	Wipe areas of common employee interphase		Spray with sprayer	At least once respectively in the morning and afternoon
4	Moveable trays or containers	Handles and other commonly touched areas		Spray with sprayer	Based on use; Once per shift if contacted by 1 person only; otherwise, between users
5	General objects often used or touched	Doors and windows, handles, faucets, sinks, and bathrooms		Spray with handheld sprayer or wipe	At least four times per day
6	Cafeteria/Canteen	Table and chair surfaces, dispensers, vending machines, etc.		Spray with sprayer	Generally, 3 or more times per shift to include after all breaks and meals
7	Tableware	Disinfection of tableware	Hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution), as appropriate	Place in high-temperature disinfection cabinet, with temperature higher than 60°C, and time longer than half an hour	After use
8	Vending machines	Interface surfaces (pay, selection and vending surfaces)		Spray with sprayer	Generally, 3 or more times per shift to include after all breaks and meals
9	Forklifts	Wipe areas of common human interaction		Spray with sprayer	After each use
10	Multi-user safety vest and other PPE	All surfaces		Spray with sprayer	Not applicable/ not allowed
11	Transport vehicles	Common surfaces (e.g. seat surfaces rails, belts, door and window controls)		Spray with sprayer	Before and after each use
12	All floors and walls	All general floors and walls at site		Mop	Periodic, where frequently touched; mop hard surfaces daily

Deep-Cleaning and Disinfection Protocol

Tasks



- Review, understand, and prepare for the triggering of the Deep-Cleaning and Disinfection Protocol

About:

The **General Disinfection Measures Protocol** should be followed regularly whereas the Deep-Cleaning and Disinfection Protocol is triggered when an active employee is identified as positive for COVID-19 by testing.

Corona Virus COVID-19 - Deep Cleaning and Disinfection

COVID-19 “deep-cleaning” is triggered when an active employee is identified as being COVID-19 positive by testing. Sites may opt to have a deep cleaning performed for presumed cases, at their discretion.

Deep cleaning should be performed as soon after the confirmation of a positive test as practical. If a delay is proposed of greater than a shift, the site is to gain consensus from both their regional Operations and EHS leaders and take steps to perform an additional disinfection of potentially impacted common surfaces during the interim period.

While the scope of deep cleaning is presumed to be the full plant, sites may reduce the footprint to be deep cleaned if there is sufficient rationale to do so, and they gain consensus of their regional Operations and EHS leaders.

Notwithstanding the above, if an active employee is confirmed to have a COVID-19 positive test, sites may in lieu of performing deep cleaning shut down the plant for a period of at least 72 hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

1. Identify an approved external company that should carry out the deep cleaning activity; this company must have the minimum requirements of:
 - Trained personnel to execute the process of cleaning, disinfection and disposal of hazardous waste
 - Proper equipment and PPE to perform the task
 - All necessary procedures and local authorizations or permits to perform disinfection services and manage any wastes generated.
 - Use of approved COVID-19 disinfectant chemicals to perform this activity (see Lear disinfectant protocol)
2. The plant Pandemic Crisis Management Team must coordinate and supervise the cleaning and disinfection process. They must ensure that:
 - There is a specific plan and strategy to clean all site, machinery / equipment, common areas, offices and any typical areas where employees interact
 - Only authorized people can access the site during the cleaning operation
 - All 3rd party team members are using any required PPE and that it is also properly disposed at the end of the process
 - Assure that employees are made aware that the work areas have been disinfected

Note: For the company's purpose, deep cleaning is defined as a more comprehensive cleaning using advanced technologies and more aggressive cleaning solutions that are administered by an external 3rd party.

3. Personal Protective equipment (PPE) requirements for the Deep Cleaning team:
 - The use of PPE is to be determined by the cleaning contractor based on the chemicals used to conduct the disinfecting process including proper wearing, storage, cleaning, decontamination and disposal of PPE as biohazard waste.
4. Disposal
 - At the end of the process the Cleaning company must follow the local regulations to dispose all the PPE and cleaning material used in the proper manner.

Reference: www.epa.gov

Inbound Parts/Materials/Packages

Tasks



- Manage incoming supplies in ordinance with company's playbook standards

The World Health Organization advises it is safe to receive packages from areas where COVID-19 has been reported, advising that,

“The likelihood of an infected person contaminating commercial goods is low, and the risk of catching the virus that causes COVID-19 from a package that has been moved, traveled, and exposed to different conditions and temperature is also low.”

The virus does not survive on surfaces for long and the length of shipment time and other environmental factors should inactivate the virus.

If you receive an expedited package from an area where COVID-19 is present and are concerned about possible surface contamination, consider these steps:

- Wash your hands frequently with soap and water
- Use hand sanitizer when soap and water are not available
- Avoid touching your face, eyes, nose or mouth

If packaged materials have been in transit and/or storage at the plant for more than 48 hours from last human contact, no further action need to be taken. While not necessary, where employee apprehension remains high, sites may suggest the following additional precautions:

- Personal protective equipment usage, such as disposable nitrile gloves and/or the use of disposable surgical masks.
- Disinfection of surfaces with a 10% bleach (sodium hypochlorite) solution made fresh daily, or a hospital-grade disinfectant - as appropriate to the surface(s) being treated (noting that these chemical agents should only be used by trained and authorized personnel).

Layered Audit Checklist

Tasks



- Implement Audit

Conforming Audit Card

Shift:		Card #
Inspection Area:		
<p>General Disinfection Measures</p> <ol style="list-style-type: none"> 1. Did the cleaning crew / employees receive training about the disinfection method and frequency? 2. Was hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution) used as appropriate? 3. Did the team conduct a comprehensive cleaning in all work cell common surfaces (control buttons, tools conveyors, trays, containers, forklifts, machines)? 4. Did the team conduct a comprehensive cleaning in all offices, desk and conference rooms (cabinets, desk, table and chair surface)? 5. Did the team conduct a comprehensive cleaning in all general objects often used or touched (doors, windows, handles, faucets, sinks, bathrooms)? 6. Did the team conduct a comprehensive cleaning in cafeteria/canteen (tables, chair surfaces, dispensers, vending machines, etc.)? 7. Did the team conduct a comprehensive cleaning in all common surfaces of personnel buses (Seat surfaces, rails, belts, door, windows, floor)? 8. Did the team conduct a comprehensive cleaning in floors, walls and multiuse areas (tables, chair surfaces, dispensers, vending machines, etc.)? 		
<p>2nd Layer Audit Audit of the above performed by a higher-level manager</p> <p>9. Were non-conformities raised? Y/N</p> <p>10. If yes, were they actioned?</p> <p>11. If no, please provide reasons:</p>	<p>3rd Layer Audit Audit of Layer 2 by EHS or a higher-level manager</p> <p>13. Were all non-conformities closed? Y/N</p> <p>14. If no, please provide reasons:</p>	

Transportation

Tasks



- Hold meetings with transportation provider(s) to review protocols and implement disinfection protocol for buses

Transportation Sanitation Checklist					
Division					
Plant					
Date					
Before Starting Pick Up					
Supplier Name	Task		Action (in case it applies)	Date	Responsible
	Yes	No			
Is there antibacterial gel?					
Clean / Sanitize - Aisle					
Clean / Sanitize - Stairs					
Clean / Sanitize - Upper Rail					
Clean / Sanitize - Seats & Armrests					
After Employees Arrive to Plant					
Is there antibacterial gel?					
Clean / Sanitize - Aisle					
Clean / Sanitize - Stairs					
Clean / Sanitize - Upper Rail					
Clean / Sanitize - Seats & Armrests					
After Final Employee Drop-off					
Is there antibacterial gel?					
Clean / Sanitize - Aisle					
Clean / Sanitize - Stairs					
Clean / Sanitize - Upper Rail					
Clean / Sanitize - Seats & Armrests					
Auditor Name / Signature			Driver Responsible		
Name			Name		
Signature			Signature		

Isolation Protocol & Coordinator Training

Tasks

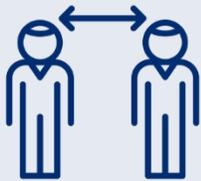


- Review and understand protocol
- Isolation Coordinator (volunteer) identified and trained (see Pre-Return to Work Trainings for training materials)
- Protocol in place is to isolate employees if they are symptomatic on site
 - Must include: room to isolate the employee, PPE, communication with local health authorities and transport based on their instructions, disinfection of the room
- Print out forms and protocol to be available as needed

Isolation Protocol for employees who become ill at work: Advise employees that if a person feels ill, or if someone observes that another person is exhibiting symptoms of COVID-19 at work, they are to contact an Isolation Coordinator as determined by each plant (see below).

Note: DO NOT use the infirmary as the Isolation Room.

Telephone communications are preferable, so the Isolation Coordinator can wear the appropriate PPE prior to aiding an ill employee.



Isolation Coordinators, determined by each plant, should be selected from the following employees, as appropriate:

- Doctors and/or Nurses
- Health and Safety Leader
- Human Resources Manager
- Supervisor
- Emergency team and/or First Aid team leaders

If the Isolation Coordinator is directly contacted by an employee with a suspected infection, they must ask the employee to go directly to the designated Isolation Room by the most direct route.

Procedure

1. Once the suspected infected employee arrives in the Isolation Room, immediately provide them with a mask and nitrile gloves. Explain to them that it is to help protect other employees and prevent the spread of a potential virus.
2. The Isolation Coordinator must complete a **Suspected COVID-19 Case Form** and call the local health authority or medical office to seek advice regarding transportation and location.

3. The Isolation Coordinator, and any others attending the suspected infected person, should also wear a protective mask and nitrile (surgical) gloves while working with the suspected infected person.
4. The Isolation Coordinator should direct the ill employee to leave work and go home or to the nearest health center as advised by the local health authority. Public transportation should not be used.
 - If the infected person is well enough to drive their own vehicle, ask them to use it.
 - If the PRT team is to transport the person in another vehicle, ensure that the infected person always keeps the mask on their face and wears a pair of nitrile gloves.
 - The driver must wear a mask and gloves whilst making the journey and keep them on for the return journey for proper disposal.
 - Once the vehicle has returned to the site, ensure that it is cleaned, and all surfaces, seats, dashboards, door handles seatbelts etc., have been washed down with a disinfectant solution. All persons cleaning the vehicle must wear a mask and gloves whilst doing so.
5. The Isolation Coordinator, in coordination with Human Resources (HR) and EH&S, must:
 - Identify persons who may have been in contact with the suspected infected employee. Unless required by the local health authority, the name of the infected employee should not be provided.
 - Advise employees that they may have been in contact with a suspected infected employee, to carry out a self-screening check every morning, and based on the results, contact the HR department.
 - Advise employees to contact a physician to obtain medical clearance to return to work.
6. Ensure that both the isolation area and suspected employee's workstation or office is thoroughly cleaned and disinfected, in addition to all other common surfaces recently touched by the infected employee. All persons carrying out this cleaning must wear disposable nitrile (surgical type) gloves, and all support persons' PPE should be appropriately discarded prior to resuming normal work functions.

Location

Where possible, the isolation room should be an exterior room (building or tent structure). If not, then an enclosed area away from the general population can be used.

PPE

Although isolation workers are not expected to touch the virus, nitrile gloves are recommended if a non-touchless scenario occurs.

Sample COVID-19 Case Form

Report for employees/visitors presenting symptoms at work

Name:

Date:

Visitor Employee Contractor

Job Title:

Worksite:

Location of Isolation:

Address:

Symptoms noticed:

- Temperature >38°C (100.40F) or higher
- Shortness of breath, difficulty breathing
- Cough
- Running nose
- Sneezing
- Muscle Pain
- Tiredness

Time of fever on-set: _____ Time of isolation: _____

Symptoms and isolation periods will be updated periodically as information becomes available following the emergence of a pandemic virus strain.

Where referred to:

Notes:

DETAILS OF REPORTER

Name:

Job title:

Telephone Number:

Coronavirus preparation and arrangements to be made for employees who become ill at work

Employee Symptom & Isolation Protocols



Employee is Symptomatic

COVID-19 Symptoms detected at site entry

Sent to isolation area for further assessment

COVID-19 Symptoms detected on the shop floor

Take temperature after 5 minutes to confirm

COVID-19 Symptoms detected

Line manager reports to EHS, HR, GM

Report symptoms to line manager

Symptoms not detected
Send to Work

Send Home

**Radio / telephone communication is preferred*

Employee goes to designated Isolation Room for further evaluation

Isolation Room Protocol

Transportation Guidelines:

- If employee is well enough, they may drive their own car
- If the employee is transported in another car, all passengers must wear masks and nitrile gloves
- Disinfect the car; all persons cleaning the car must wear masks and gloves

Negative COVID-19

Once the suspected infected employee arrives at the isolation room immediately give them a mask and nitrile gloves

The Isolation Coordinator completes a **Suspected COVID-19 Case Form** (see page 24)

COVID-19 Symptoms detected

Isolation Coordinator directs the employee to leave work and go home or to a healthcare provider

Positive COVID-19

**The Isolation Team and any employee coming into contact must wear appropriate PPE prior to assisting the symptomatic employee*

COVID-19 Symptoms are not detected

Discretion is taken by employee and supervisor to return to work or send home

Employee may return to work

Persons identified

- Provide a copy of the **Self-Screening Protocol** (see page 36)
- Advise employees to carry out a daily self-screening check and contact local HR if symptomatic
- Follow the **Self-Quarantine Protocol** (see page 36)

Employees must see a doctor or medical professional and provide a note to local HR to confirm COVID-19 status

Disinfect the Isolation area and employee's workstation, in addition to all other surfaces recently touched by employee following the **Disinfection Protocol**

Isolation Coordinator, HR and EHS identify persons that may have been in contact with the suspected infected employee

Social Distancing Protocol

Tasks

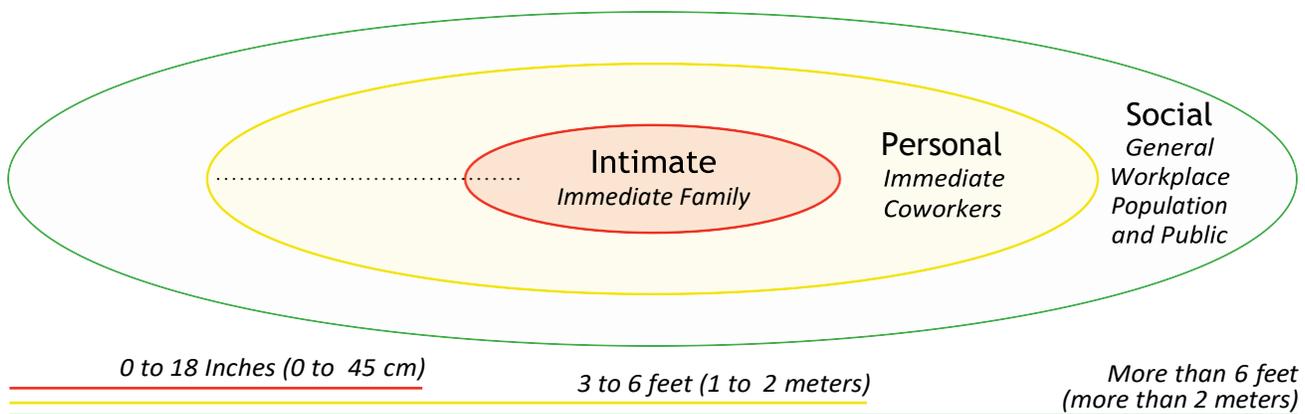


- Review and understand the Social Distancing Protocol
- Complete and continue to adhere to the Social Distancing checklist

Social distancing is a simple yet very effective mechanism to prevent potential infection, that relies on simple distance to avoid infection.

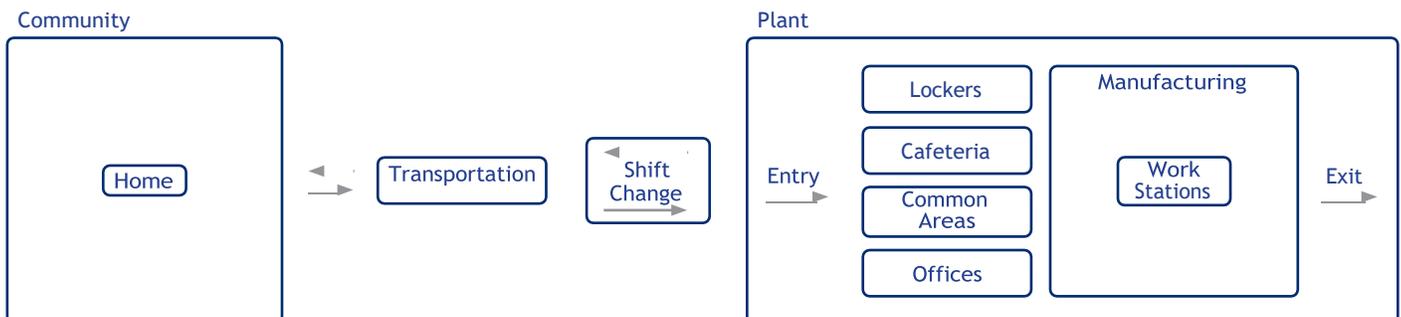
In practice this means:

- Staying 1 to 2 meters (3 to 6 feet) away from others as a normal practice
- Eliminating contact with others, such as handshakes or embracing coworkers, visitors, or friends
- Avoiding touching surfaces touched by others, to the extent feasible
- Avoiding anyone who appears to be sick, or who is coughing or sneezing



Note: The company should not allow any meeting of greater than 10 persons to occur until further notice, even when the meeting area is large enough to accommodate appropriate social distancing.

This practice of social distancing includes but is not limited to production lines, cafeterias, common areas, entrance/exit areas of work locations, and offices. These are examples, but the principle of social distancing is universally applicable.



Social Distancing in Manufacturing

Social distancing in manufacturing is intended to provide a safe environment reducing risk of any potential person-to-person infection.

Guideline:

- Maintain a social distance of 1 to 2 meters (3 to 6 feet) throughout the manufacturing process and operations.
- Where a minimum distance cannot be maintained due to workplace design, one or more mitigation strategies need to be implemented including engineering, PPE and/or administrative controls as appropriate.

Recommended

Work Stations

- Whenever possible, work stations should be arranged to allow separation of 1 meter (3 feet)
- Clear signage about the desired position of the operators may be placed in each work station but is not required
- Utilize production transfer aids (such as inclined shelves, push boards) to minimize the risk to social distance violations
- Conveyor lines need to have operator boundaries clearly marked on the floor. Operators need to stay within their marked areas
- Workers are strongly encouraged to disinfect their own work space multiple times during the shift, giving special attention to common surfaces
- Employees must be reminded to avoid touching their faces and must wash their hands thoroughly with soap and water several times during the work hours to reduce risk and prevent person-to-person potential infections

What to do if the work stations are less than the recommended spacing?

- Work designs should avoid face-to-face operations with less than the minimum requirement (1 meter or 3 feet). If this condition cannot be met, then employees should be provided with alternative measures to mitigate their exposure such as the following:
 - Face Masks
 - Face Shields
 - Body Orientation
 - Physical barriers may also be installed where practical; the barriers must be cleaned multiple times a shift
- Employees with symptoms of illness and/or if other employees make a complaint – reference **Isolation Protocol & Coordinator Training** (see page 22)

Social Distancing During Shift Changes

Shift changes must be managed thoughtfully to reduce infection risk and to leverage the opportunity they present to ensure optimal disinfection of the workplace. Start times must be staggered for plants and add a gap of time in between each designated time.

Recommended

- Employees are to enter and exit at the designated entrances and exits – these locations will be easily identified and posted
- Plants with less than 200 on a shift should implement a method that works best for their plant like this example
 - Ex. Row 1 Teams 1 to 4 – 6:00 to 6:10am
 - Ex. Row 2 Teams 5 to 8 – 6:15 to 6:25am
 - Ex. Row 3 Teams 9 to 13 – 6:30 to 6:40am
- For plants over 200 employees, the plant should increase the number of staggered start times
- End of shift times should be scheduled to release the employees in the order they arrived

Helpful Tips to Communicate

- Avoid gathering when entering and exiting the facility
- Remain in your car until your scheduled window of start time
- Ensure 1 to 2 meters (3 to 6 feet) of space between each person while you wait in line to enter the plant
- When you talk to someone in line, make sure you do not point your head directly at them
- Do not touch the time clock or entry door handle with an exposed finger(s) or hand
- Do not touch your face before you have had a chance to wash your hands

Things to consider

- Security stationed near entry doors at start and stop times
- Waiting lines outside of plant in Inclement Weather
- How and when to hand out PPE
- Do you have the ability to prop doors open at shift change to minimize door handle touching or to install toe kicks on the doors?
- Turnstiles, lead with elbow
- Time clocks must be wiped off each time it is touched by an employee
- Station an employee to observe the time clock at a safe 2 meters (6 feet) distance to disinfect the clock if it is inadvertently touched, so not to hold up the line
- Consider if it is practical and effective to do away with punching in and out for a few weeks and pay employees an automatic 40 hours and reconcile the time by the Team Leader or Coach or Supervisor

Shop Floor Information and/or Start-up Meetings

- Safe meeting spaces could be painted on the floor to encourage the Social Distancing of 1 to 2 meters (3 to 6 feet).
- No more than 10 employees at any meeting; times for meetings may be staggered and larger groups must be divided to meet the 10 employee maximum.
- Several meeting spaces can be designated for one large area; for example, meetings may be held at the same time on different conveyor/assembly lines, in different manufacturing cells, meeting rooms, offices, etc.

Social Distancing During Breaks

Management of employee breaks to provide social spacing and proper hygiene is necessary. Start and end times should be staggered.

Recommended

For facilities with less than 100 on a shift example:

1st Break

- Team 1 – 8:00 to 8:10 a.m.
- Team 2 – 8:20 to 8:30 a.m.
- Team 3 – 8:40 to 8:50 a.m.

2nd Break

- Teams 1 – 1:00 to 1:10 p.m.
- Team 2 – 1:20 to 1:30 p.m.
- Team 3 – 1:40 to 1:50 p.m.

**For plants with over 100 employees, the number of times might need to be increased*

Helpful Tips to Communicate

Seating and Capacity

- Count the optimal number of allowable seats in the break room considering the acceptable distances of 1 to 2 meters (3 to 6 feet)
- Limit and/or space chairs appropriately
- Place signage on table to ensure proper social distancing in each seat – sign says yes or no to sit
- Post capacity of the break room
- Consider allowing employees to sit only on one side of table
- Remind employees not to arrive early to break

Break Times

- Separate times by 10 minutes to have enough time to wipe tables, seats, all surfaces, refrigerator, vending machines and microwave ovens after each use

Cleanliness and Sanitation

- Station one to two employees to observe the safe 2 meter (6 feet) distance and to disinfect the items noted above if they are inadvertently touched
- Provide enough supplies for employees to clean up after themselves. Ex: wiping down tables, etc.

Food Storage

- Consider adding as many refrigerators and/or shelving to accommodate additional bags if you are limiting locker access

Social Distancing During Lunch Break

Manage lunch breaks to provide social spacing and proper hygiene. Stagger start and end times to limit the amount of people within the lunch area at a given time.

Recommended

For facilities with less than 100 on a shift example:

Separate the plant into two groups

- Alternating days or weeks - Group A will be asked to go to their car/truck for lunch, allow 5-10 extra minutes for travel time to incent employees to go to their vehicle (if reasonable and practical)
- Group B will be able to use the lunchroom. Or, limit entry to a certain number and all others will go to the vehicle. In effect employees can choose which option they prefer.

Facilities with full-service Cafeterias

- Do not allow any self-service in full cafeteria service
- Place a permanent mark on the floors to ensure proper distance (anywhere where there is a line)

Additional Options:

- Schedule Food trucks that have the necessary municipality credentials and certified by the local Health Department
- Designate their parking space(s)
- Place a permanent mark on the pavement to ensure proper distance (anywhere where there is a line)
- Use outside pavilions
- Increase the number of seats
- Place signage on tables to ensure proper social distancing in each seat – sign says yes or no to sit
- Post capacity

Bathroom usage during the workday and at break times

Increase cleaning intervals to ensure clean environment at all times and make sure social distancing is maintained.

Recommended

- Establish maximum capacity for the facility that allows for social distancing
 - Post the maximum capacity
- Cleanliness & Sanitation
 - Station one to two employees to observe the safe 2 meters (6 feet) distance and to disinfect the items noted above if they are inadvertently touched
 - Provide enough supplies for employees to clean up after themselves. Ex: wiping down tables, etc.)

Social Distancing for Locker Room

Recommended

- Access to locker room
 - Follow shift start and end times, break and lunch schedule

Helpful Tips to Communicate

- Re-assign lockers to ensure distancing by each employee group's start time
- Ensure proper social distancing during shift change

Additional Options

- Limit access to only employees who must have a locker as a matter of health or safety and/or clothes
- Subsidies with food – limiting the lockers for females or people who need it
- Shelves in lunch room to put lunch boxes

Social Distancing in Common Areas

- Increase cleaning intervals to ensure clean environment at all times
- Ensure social distancing is maintained
- Avoid non-essential gatherings

Recommended

Access to locker room

- Social distancing is a simple yet very effective mechanism to prevent potential infection, that relies on simple distance to avoid infection. In practice this means:
- Staying a minimum of 1 but preferably 2 meters (3 to 6 feet) from others as a normal practice
- Eliminating contact with others, such as handshakes or embracing coworkers, visitors, or friends
- Avoiding touching surfaces touched by others to the extent feasible
- Avoiding anyone that appears to be sick, or is coughing or sneezing

Social Distancing in Offices

- Office work should be organized to ensure social distancing to keep separation of employees between 1 to 2 meters (3 to 6 feet) as a minimum
- Avoid face-to-face desk layouts

Recommended

- Cubicles should have dividers when people are working in 1 meter (3 feet) of one another
- Meeting rooms should be organized to hold no more than 10 chairs with the appropriate spacing and 10 employees at a time. Sitting or standing positions should not exceed the minimum distance required.
- Communicate similar messages and arrange meetings over two or three shifts when possible to help reduce the number of people in office at any given point in time

- Interaction to exchange information or quick meetings on the office floor space should respect the Social Distancing of 1 to 2 meters (3 to 6 feet)
- Remote work may be assigned when possible or when mandated by the government to keep the operation efficient and communications flowing
- Self-cleaning of the work space is encouraged multiple times during the shift with special attention of the most used surfaces such keyboards, monitors, chair arm rest, desks, cubicle divider among others

Communal Transportation

Individual commuting to and from work is preferable; however, when using transportation public or provided by a third party the following guidelines shall be followed:

Recommended

Buses

- It is the supplier's responsibility to ensure drivers are in good health condition

Note: A bus driver is considered a contractor/visitor and must follow the company's Visitors and Contractors Self-Screening Protocol.

- Bus drivers must always wear a mask while providing the service
- Temperature check of drivers must be done before the start of the route and must be documented
- Service provider must disinfect the buses multiple times following Lear EH&S requirements and as a minimum:
 - Right before starting a route to pick up employees
 - Right after employees arrived at facilities
- The mandatory use of masks is defined by local authorities for public transportation; the use of masks is encouraged for vulnerable people or people with pre-existing health conditions
- Employees must not use buses if they suspect they are sick or if they have symptoms such fever, or difficulty to breath or have been in contact in the past 14 days with other people confirmed sick of any respiratory disease

On-Site Health Screening

Tasks



- Ensure protocol for pre-shift screening prior to plant entry
- Ensure barriers are in place to prevent anyone from missing screening protocol

Overview of Health Screening Procedure

1. Temperature reading
2. Observation for overt symptoms
3. Verbal/non-verbal confirmation of daily self-screening

Details:

- The Global Prevention Team and/or Operational Leadership will advise regions and facilities once this determination has been made.
- Perform screenings at plant entry gates. Ensure barriers are in place to prevent anyone from missing screening protocol.
 - Reference the Preventative Material Inventory for details on the Touchless Thermometer.
- Develop a vehicle drive-thru at the parking lot entrance for employee in-vehicle screening where applicable and safe.
- This is a pre-shift screening only; screening does not need to be completed between shift start to end.
- EPT and Team Lead for Access Protocols organize the process and select additional team members to help.
- Reference the Self-Quarantine and Return to Work Protocol for employees that are confirmed positive for COVID-19 by a medical professional.



On-Site Health-Temperature Screening Protocol

The company should periodically update company guidance on current recommendations from the Centers for Disease Control (CDC) and the World Health Organization (WHO).

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, temperature and health screenings will be implemented at all company sites in pandemic phase 5 or earlier if two COVID-19 positive infections occur at a given facility.

On-site screening will cease to become mandatory when a site regresses to pandemic phase 4 or less, or when 15 days have passed without a COVID-19 positive case. The Global Pandemic Team or Operational leadership will advise regions or facilities when this has occurred, and they may cease mandatory on-site screening.

On-site screenings to be completed daily by medical or site personnel (internal or external) of all incoming employees/contractors/suppliers before accessing company facilities/offices:

If temperature is 38°C (100.4°F) or higher, or the employee exhibits visible symptoms of illness consistent with COVID-19, the employees will be invited to attend a clinic (CAP) for a checkup, in accordance with the country Health Department recommendations/guidelines.

Employees returning to work from an approved medical leave should be directed to contact their HR representative and to submit to that representative a medical certificate releasing them to return to work.

Note: Please refer to the country Health Department recommendation/guidelines to manage medical leaves due to COVID-19.

- If an employee does not accept the screening, the company will request the employee depart work, obtain medical clearance and provide an official certificate prior to returning to the company premises, following the country's medical leave regulation. (Legal requirements should be reviewed in each country.)
- If an employee is confirmed to have COVID-19, the company will inform employees in the immediate work area. Unless required by the local health authority, the name of the infected employee should not be provided. Quarantine of any healthy employees will be determined upon consultation with local health officials, generally occurring when COVID-19 is not prevalent in the vicinity, but not where the virus is prevalent in the community. Employee personal data and confidentiality must be protected.
- Communication of current protocol to all employees needs to be delivered with a preventive approach to avoid alarm.

Daily Self-Screening Protocol

Tasks



- Daily Self-Screening protocol is distributed to all employees for voluntary, home self-screening
- HR team prepared to receive inquiries or reports of symptomatic employees prior to shift

The Daily Self-Screening Protocol is in place to try and prevent sick or symptomatic employees from leaving their homes and decrease the likelihood of spreading infection.

- If the employee does not recognize symptoms in their Daily Self-Screening and:
 - If the employee is deemed symptomatic upon reporting to work, reference the On-Site Health Screening Protocol.
 - If the employee is deemed symptomatic during the employee's shift or after the employee has spent any time in the facility (after the On-Site Health Screening), reference the Isolation Protocol.
- Reference the Self-Quarantine and Return to Work Protocol for employees who are confirmed positive for COVID-19 by a medical professional.

[Daily Screening PDF](#)

Self-Quarantining and Return to Work Protocol

Tasks



- Review and understand protocol and adjust as necessary for local, legal and cultural environment

Note: Any adjustments made to the standard playbook protocol (below) should comply with local legal requirements and health authority direction.

Guidance for Self-Quarantining and Return to Work: COVID-19

Clarification of "self-quarantine" requirement: Employees are requested to remain off the property for 14 days if COVID-19 symptoms are present (see the COVID-19 Self-Screening Information), directly exposed to COVID-19 or if a test shows positive results. Employees should avoid leaving the home if possible, but if necessary should practice exceedingly good hygiene and social distancing. Work while at home is expected to continue where possible.

Additional Guidance

- Stay away from other people in your home as much as possible, staying in a separate room and using a separate bathroom if available.
- No visitors unless the person needs to be in your home.
- If you need medical attention, call ahead to ensure you're going to the right place and taking the necessary precautions.
- Wear a face mask if you must be around other people, such as during a drive to the doctor's office.

- When you cough/sneeze: cover your mouth and nose with a tissue; immediately throw tissues in garbage; wash your hands with soap and water for at least 20 seconds; if that's not available, clean with hand sanitizer that has at least 60% alcohol.
- Avoid sharing household items, including drinking cups, eating utensils, towels or even bedding. Wash these items thoroughly after using.
- Clean high-touch surfaces daily using a household cleaner or wipe. These include: "counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables," the CDC says.
- Clean surfaces that may be contaminated with blood, stool or bodily fluids.
- Shared spaces in the home should have good airflow—use an air conditioner or open windows.
- Continue monitoring for any symptoms. If they worsen, such as you if you begin to have difficulty breathing, call your health care provider.
- Arrange to have groceries and toiletries delivered by local or state health departments. Also, make sure to inform health care providers of any medications you'll need, so they can arrange drop-offs of prescriptions as well. In terms of getting laundry done for those without machines at home, ask health care providers about that as well.

Returning to Work After Home Isolation

People with COVID-19 themselves, presumed or tested, or have been directly exposed to others with COVID-19 who have been under home isolation/quarantine can return to work under the following conditions, consistent with WHO/CDC guidelines:

If you will not have a test to determine if you are still contagious, you can leave home after these three things have happened:

- You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers) AND
- other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
- at least 7 days have passed since your symptoms first appeared

If you will be tested to determine if you are still contagious, you can leave home after these three things have happened:

- You no longer have a fever (without the use of medicine that reduces fevers) AND
- other symptoms have improved (for example, when your cough or shortness of breath have improved) AND you received two negative tests in a row, 24 hours apart. Your doctor will follow local health authority or CDC guidelines.

Please contact your local Human Resources team prior to returning to work to advise you have met one of the above criteria for your return, and to discuss documentation that may be required prior to return to company premises.

Visitors and Contractors Self-Screening

Tasks



- Put a plan in place for screening Visitors and Contractors
- Ensure Visitors and Contractors Self-Screening Checklist printed and available as needed

Visitor Restrictions:

- The company no longer allows normal visitation to our facilities until further notice. Meetings should take place virtually going forward, to ensure the protection of both employees and visitors.
- Where business-critical, in-person visits do occur, such as to allow equipment or facilities to remain operational, they should be in accord with the company's pandemic preparedness and response plan.
- Note that the Visitor Self-Screening Checklist forbids visits from persons who have had known exposure to persons with COVID-19 within the past 14 days, or who are exhibiting symptoms of illness consistent with COVID-19.
- **Visitors & Contractors COVID-19 Self-Screening Checklist** (see page 40)



COVID-19 Visitor & Employee Self-Screening Form

The safety of our employees, customers and visitors, remains the company's primary concern. As the coronavirus (COVID-19) outbreak continues to evolve and spread globally, the company is monitoring the situation closely and will periodically update company guidance on current recommendations from the Center for Disease Control and Prevention the World Health Organization.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the building.

Thank you for your time and co-operation.

I am a: Company employee Visitor

Contact Information:

Name: Mobile Number:

E-mail Address: Location Name:

Employee Details:

Payroll ID:

Visitor Details:

Visitor's Company Name:

Name of Company Host:

If the answer to question 1 below is yes, access to the facility will be denied.

1. Are you showing any signs of one or more of the following symptoms?

Temperature >38°C (100.4 °F) or higher, cough, shortness of breath, difficulty breathing, tiredness?

Yes No

2. Is the information you provided on this form true and correct to the best of your knowledge?

Yes

Host Directions for Visitors and Contractors

Please adhere to the company's pandemic preparedness and response plan with respect to visitors and contractors. This means:

- Visitation or contractor work is forbidden if there has been any YES response to the COVID-19 Self-Screening Checklist. If yes is checked for any response, please advise the visitor to leave the premises, notifying appropriate site personnel to disinfect any common surfaces touched by the visitor and advising EH&S and HR of the incident.
- Visits or contractor work that do occur should limit exposure to employees to the extent feasible, by:
 - Ensuring visitors/contractors take a direct route to meeting or work areas and do not unnecessarily interact with employees.
 - Practicing Social Distancing themselves at all times, and instructing visitors regarding our expectations regarding social distancing (e.g. no handshakes or embraces, keeping 1-2 meters (3-6 feet) distance when interacting, etc.).
 - Practicing expected hygiene regarding washing hands and covering coughs/sneezes, pointing out or providing company guidance on this topic.
 - For visitors, use dedicated meeting rooms where possible, which should have common surfaces disinfected between meetings.

Labor Relations Alignment

Tasks



- Educate local union on company's pandemic response plan and return-to-work protocols for their cooperation

For Unionized plants, communication, partnership, and alignment with the bargaining leaders will help ensure that the protocols will be followed, and employees stay healthy and safe.

Details:

- For Unionized plants, communication, partnership and alignment with the bargaining leaders will help ensure that protocols will be followed, and employees stay healthy and safe.
- Develop a cadence of conversations with Union Leadership to inform them of the plans in place is suggested.
- If possible, involve Union Leadership and assign to the **Pandemic Response Team (PRT)** (see page 9).



EMPLOYEE TRAINING

Return to Work Training Plans

Pre-Return to Work Trainings

First Day Trainings / Operations

Return to Work Training Plans

Tasks



Host Pre-return to Work Trainings

- Host training for salaried employees while working remotely to review and ensure understanding of the Safe Workplace Playbook
- Host training for Isolation Coordinators
- Host training for Disinfection Team
- Host training for HR

Host First-Day Trainings/Orientation

- Localize presentation materials to be consistent with facility environment and changes
- Host first-day training orientation for all plant staff (COVID-19 Signs/Symptoms & Isolation Protocol, Social Distancing, Personal Hygiene, COVID-19 Disinfection Procedures)

It is very important that ALL facility employees understand the safety requirements, protocols, and expectations to ensure everyone and their communities stay safe and prevent the spread of COVID-19.

We structured this training plan to effectively disseminate this information to the site's various teams and audiences.

Pre-Return to Work Trainings (see page 45)

To be presented remotely in order to ensure management's understanding and preparedness in alignment with the playbook.

First-Day Trainings/Orientation (see page 46)

To present the protocols and procedures to staff as aligned with the playbook but consistent with location.

Details

- All training topics can be reinforced with **signage** (see page 50) in the plants.
- For unionized facilities, if possible, please work with the Union for ongoing support and endorsement of training content and delivery methods.

Pre-Return to Work Trainings

Tasks



- Deliver trainings on the topics detailed on this page so all plant management employees are aligned with the playbook protocols and guidelines.

Topic	Audience	Content Included
Overview of company's Covid-19 Safe Place Playbook response protocols and resources	All plant salaried employees working remotely	<p>Virtual Overview of Safe Workplace Playbook</p> <p>Can be reviewed through Skype Virtual Training (1 week prior) or Daily review with Operations Directors</p> <p>Plant Operating Protocols:</p> <ul style="list-style-type: none"> • Plant Startup Checklist • Pandemic Response teams • Preventative Material Inventory • Personal Protective Equipment • Disinfection Measures • Transportation • Isolation protocol • Social distancing protocol • On-site health screening • Daily self-screening protocol • Self-quarantining and return to work • Visitors and contractors screening • Labor relations alignment • Health and Wellness • Signage <p>Next Steps:</p> <ul style="list-style-type: none"> • Checklist Items • 1st Day Back Training • Other Trainings
Disinfection Team Training	Varies- internal cleaning crew or external vendor	<p>In-depth review of the role, responsibilities and safety requirements for the disinfection team.</p> <p>PPE – content from Personal Protective Equipment (PPE) (see page 12)</p> <p>General Disinfection Measures Presentation</p> <p>Deep Cleaning – Understand protocol, but they will not be the ones practicing. External group to perform</p>
Isolation Coordinator and Health Screening Leads	On site-health screeners and volunteer Isolation Coordinator(s)	<p>In-depth review of the role, responsibilities and safety requirements for the Isolation Coordinator and on-site health screeners</p> <ul style="list-style-type: none"> • PPE • Isolation Protocol (see page 22) • Self-Screening (daily & on-site) • Self-Quarantine
HR/Attendance Policy	HR Team	<p>In-depth review of the protocols related to employee attendance</p> <p>Isolation Protocol</p> <p>Self-Quarantining and Return to Work Protocol</p> <p>Visitors and Contractors self-screening</p>

First Day Trainings/Operations

Tasks



- Modify or create new training materials from the Playbook to be consistent with site
- Deliver training on all topics described on this page to all plant staff

Staff Training Program:

Material	Content
Full Training - Return to Work from COVID-19.pptx	<ul style="list-style-type: none">• Company's COVID-19 Response• Signs & Symptoms of COVID-19• Daily self-screening for symptoms• Isolation Protocol for symptomatic employees• Social distancing measures• Personal Hygiene• Disinfection measures

Training Logistics:

- Host training on the first day of facility reopening
- Invite all staff
- Staff clocks-in for training
- Meeting area must ensure to adhere to social distancing protocol (will vary by plant)
 - Might be divided by department, etc.



HEALTH & WELLNESS

Sample COVID-19 Case Form

Report for employees/visitors presenting symptoms at work

Name:

Date:

Visitor Employee Contractor

Job Title:

Worksite:

Location of Isolation:

Address:

Symptoms noticed:

- Temperature >38°C (100.40F) or higher
- Shortness of breath, difficulty breathing
- Cough
- Running nose
- Sneezing
- Muscle Pain
- Tiredness

Time of fever on-set: _____ Time of isolation: _____

Symptoms and isolation periods will be updated periodically as information becomes available following the emergence of a pandemic virus strain.

Where referred to:

Notes:

DETAILS OF REPORTER

Name:

Job title:

Telephone Number:

Coronavirus preparation and arrangements to be made for employees who become ill at work

Health and Wellness Recommendations

You can utilize **COVID-19 Awareness PowerPoints** for Health and Wellness recommendations throughout your locations.



WEBSITES & LINKS

Interim Guidance for Businesses & Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Resources for Businesses and Employers

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

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

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

General Business Frequently Asked Questions

<https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html>

Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

OSHA Guidance on Preparing Workplaces for COVID-19

<https://www.osha.gov/Publications/OSHA3990.pdf>

OSHA Safety & Health Topics for COVID-19

<https://www.osha.gov/SLTC/covid-19/standards.html>

Other states have developed good information including Minnesota. Below is a template issued by the State of Minnesota on April 23rd.

Minnesota Business Plan Template

https://www.dli.mn.gov/sites/default/files/pdf/COVID_19_business_plan_template.pdf

COVID-19 Preparedness Plan template and instructions Executive Order 20-40, issued by Gov. Tim Walz on April 23, 2020, requires each business in operation during the peacetime emergency establish a “COVID-19 Preparedness Plan.”

A business’s COVID-19 Preparedness Plan shall establish and explain the necessary policies, practices and conditions to meet the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines for COVID-19 and federal Occupational Safety and Health Administration (OSHA) standards related to worker exposure to COVID-19. The plan should have the strong commitment of management and be developed and implemented with the participation of workers. The Minnesota Department of Labor and Industry, in consultation with MDH, has the authority to determine whether a plan is adequate.

Your COVID-19 Preparedness Plan must include and describe how your business will implement at a minimum the following:

1. infection prevention measures;
2. prompt identification and isolation of sick persons;
3. engineering and administrative controls for social distancing;
4. housekeeping, including cleaning, disinfecting and decontamination;
5. communications and training for managers and workers necessary to implement the plan; and
6. provision of management and supervision necessary to ensure effective ongoing implementation of the plan.

This document includes a sample COVID-19 Preparedness Plan that meets the criteria listed above. No business is required to use this model. If you choose to use this model, you must adapt it to fit the specific needs of your business.

COVID-19 Preparedness Plan for [Company name]

[Company name] is committed to providing a safe and healthy workplace for all our workers. To ensure that, we have developed the following Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among workers and management. Only through this cooperative effort can we establish and maintain the safety and health of our workers and workplaces.

Management and workers are responsible for implementing and complying with all aspects of this Preparedness Plan. [Company name] managers and supervisors have our full support in enforcing the provisions of this policy.

Our workers are our most important assets. We are serious about safety and health and keeping our workers working at [company name]. Worker involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our workers in this process by [Describe how worker concerns have been addressed, how worker suggestions and feedback have been requested, and how those have been integrated into developing the plan]. Our Preparedness Plan follows Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines and federal OSHA standards related to COVID-19 and addresses:

- hygiene and respiratory etiquette;
- engineering and administrative controls for social distancing;
- housekeeping – cleaning, disinfecting and decontamination;
- prompt identification and isolation of sick persons;
- communications and training that will be provided to managers and workers; and
- management and supervision necessary to ensure effective implementation of the plan.

Screening and policies for employees exhibiting signs and symptoms of COVID-19

Workers have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess workers' health status prior to entering the workplace and for workers to report when they are sick or experiencing symptoms. ***[Describe how you will address topics such as health screening, how workers will communicate with the business if they are sick or experiencing symptoms while at home, how workers report they are sick or experiencing symptoms while at work and how workers will be isolated in the workplace until they can be sent home.]***

[Company name] has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. [Describe your sick leave, the Family Medical Leave Act (FMLA) and other policies addressing these situations.] Accommodations for workers with underlying medical conditions or who have household members with underlying health conditions have been implemented. ***[Describe policy.]***

[Company name] has also implemented a policy for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time. ***[Describe policy.]***

In addition, a policy has been implemented to protect the privacy of workers' health status and health information. ***[Describe policy.]***

Handwashing

Basic infection prevention measures are being implemented at our workplaces at all times. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the toilet. All visitors to the facility will be required to wash their hands prior to or immediately upon entering the facility. Some workplaces may have hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) that can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled. ***[Describe how necessary handwashing and/or sanitizer facilities will be provided, supplied and maintained, and that workers will be allowed to perform handwashing to meet this precaution.]***

Respiratory Etiquette: Cover Your Cough or Sneeze

Workers and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes, with their hands. They should dispose of tissues in the trash and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and visitors. ***[Describe how these instructions and reminders will be communicated.]***

Social Distancing

Social distancing is being implemented in the workplace through the following engineering and administrative controls: ***[Describe what your company is doing to: use telework, flexible work hours, staggered shifts and additional shifts to reduce the number of employees in the workplace at one time; maintain six feet of distance between workers; provide signage or instructions for employees and visitors; regulate riding in or sharing of vehicles; support communications plans to address employee concerns; etc. Describe how you will provide recommended protective supplies, such as masks, gloves, disinfectant, shields, etc. Also describe any physical workplace changes, such as increased distance between workstations or between workers on production lines, use of barriers when spacing cannot be increased, etc.]*** Workers and visitors are prohibited from gathering in groups and confined areas, including elevators, and from using other workers' personal protective equipment, phones, computer equipment, desks, cubicles, workstations, offices or other personal work tools and equipment.

Housekeeping

Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, and areas in the work environment, including restrooms, break rooms, lunch rooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, elevator panels, railings, copy machines, etc. ***[Describe your cleaning schedule, who will be conducting the cleaning, what products you will be using to clean the workplace and how you will disinfect the workplace if a worker is diagnosed with COVID19.]***

Communications and Training

This Preparedness Plan was communicated ***[explain how]*** to all workers ***[date]*** and necessary training was provided. Additional communication and training will be ongoing ***[explain how]*** and provided to all workers who did not receive the initial training. Managers and supervisors are to monitor how effective the program has been implemented by ***[explain how]***. Management and workers are to work through this new program together and update the training as necessary. This Preparedness Plan has been certified by ***[Company name]*** management and was posted throughout the workplace ***[date]***. It will be updated as necessary.

Certified by:

[Signature]

[Title of management official]

Appendix A - Guidance for developing a COVID-19 Preparedness Plan

General

www.cdc.gov/coronavirus/2019-nCoV
www.health.state.mn.us/diseases/coronavirus
www.osha.gov
www.dli.mn.gov

Handwashing

www.cdc.gov/handwashing/when-how-handwashing.html
www.cdc.gov/handwashing
<https://youtu.be/d914EnpU4Fo>

Respiratory etiquette: Cover your cough or sneeze

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
www.health.state.mn.us/diseases/coronavirus/prevention.html
www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Social distancing

www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
www.health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping

www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Employees exhibiting signs and symptoms of COVID-19

www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
www.health.state.mn.us/diseases/coronavirus/basics.html

Training

www.health.state.mn.us/diseases/coronavirus/about.pdf
www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html
www.osha.gov/Publications/OSHA3990.pdf

Guidance for Reopening Process of Your Organization

With the governor's decision allowing select businesses to re-open, here are some links on cleaning facilities and PPE supplies.

Cleaning & Disinfecting Your Facility:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

<https://www.epa.gov/coronavirus/guidance-cleaning-and-disinfecting-public-spaces-workplaces-businesses-schools-and-homes>

Respirators and Face Masks

<https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>

<https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Strategies to Optimize the Supply of PPE and Equipment:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>