COVID-19 (Coronavirus) Action Plan

This interim guidance is based on what is currently known about the transmission of the coronavirus disease (COVID-19) as provided by the Centers for Disease Control and Prevention (CDC). COVID-19 is a respiratory illness that can spread from person to person, especially between people who are physically near each other (within about 6 feet). People who are infected but do not show symptoms can also spread the virus to others. The CDC will update their guidance as additional information becomes available.

[Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace | Occupational Safety and Health Administration (osha.gov)](https://www.osha.gov/coronavirus/safework)

Implementing a workplace **COVID-19 prevention program** is the most effective way to mitigate the spread of COVID-19 at work.

Purpose

This program is designed to help COMPANY protect workers who are unvaccinated (including people who are not fully vaccinated) or otherwise at-risk, including if they are immunocompromised, and also implement new guidance involving workers who are fully vaccinated but located in areas of substantial or high community transmission.

This program is intended to help COMPANY and workers not covered by the OSHA’s COVID-19 Emergency Temporary Standard (ETS) for healthcare, helping them identify COVID-19 exposure risks to workers who are unvaccinated or otherwise at risk even if they are fully vaccinated (e.g., if they are immunocompromised).

This program is also intended to help COMPANY and workers who are located in areas of substantial or high community transmission, who should take appropriate steps to prevent exposure and infection regardless of vaccination status. The U.S. Centers for Disease Control and Prevention (CDC) reports in its latest Interim Public Health recommendations for Fully Vaccinated People that infections in fully vaccinated people (breakthrough infections) happen in only a small proportion of people who are fully vaccinated. Moreover, when these infections occur among vaccinated people, they tend to be mild, reinforcing those vaccines are an effective and critical tool for bringing the pandemic under control.

However, preliminary evidence suggests that fully vaccinated people who do become infected can be infectious and can spread the virus to others.

Recommendations for Fully Vaccinated People

This evidence has led the CDC to update recommendations for fully vaccinated people to reduce their risk of becoming infected and potentially to spread it to others, including by:

* Wearing a mask in public indoor settings in areas of substantial or high transmission.
* Choosing to wear a mask regardless of the level of transmission, particularly if individuals are at risk or have someone in their household who is at increased risk of severe disease or not fully vaccinated.
* Get tested if experiencing COVID-19 symptoms.
* Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
* Getting tested 3-5 days following known exposure to someone with suspected or confirmed COVID-19 and wearing a mask in public indoor settings for 14 days after exposure or until a negative test result.
* Continue to follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

Scope

While this program addresses most workplaces, many healthcare workplace settings will be covered by the **mandatory OSHA COVID-19 Emergency Temporary Standard (ETS).**  Pursuant to the Occupational Safety and Health Act (the Osh Act or the Act), employers in those settings must comply with that standard.

This program is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of existing **mandatory OSHA standards**, the latter of which is clearly labeled throughout. The recommendations are advisory in nature and informational in content and are intended to assist COMPANY in recognizing and abating hazards likely to cause death or serious physical harm as part of their obligation to provide a safe and healthful workplace.

Interventions to Protect Unvaccinated and Otherwise At-Risk Workers

Under the OSH Act, COMPANY is responsible for providing a safe and healthy workplace free from recognized hazards likely to cause death or serious physical harm.

CDC’s Interim Public Health Recommendations for Fully Vaccinated People explains that under some circumstances, fully vaccinated people need to not take all the precautions that unvaccinated people should take, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. However, the CDC updated its guidance to recommend that even people who are fully vaccinated wear a mask in public indoor settings in areas of substantial or high transmission, or if they have had a known exposure to someone with COVID-19 and have not had a subsequent negative test 3-5 days after the last date of that exposure.

COMPANY should engage with workers to determine how to implement multi-layered interventions to protect unvaccinated and otherwise at-risk workers and mitigate the spread of COVID-19, including:

### Facilitate employees getting vaccinated

COMPANY should grant paid time off from employees to get vaccinated and recover from any side effects.

### Physical Distancing for Unvaccinated and Otherwise At-Risk Workers

Implement physical distancing in all communal work areas for unvaccinated and otherwise at-risk workers. Generally, at least 6 feet of distance is recommended, although this is not a guarantee of safety, especially in enclosed or poorly ventilated spaces.

COMPANY could also limit the number of unvaccinated or otherwise at-risk workers in one place at any given time, for example, by:

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

At fixed workstations where unvaccinated or otherwise at-risk workers are not able to remain at least 6 feet away from other people, transparent shields or other solid barriers can separate these workers from other people. Barriers should block face-to-face pathways between individuals in order to prevent direct transmission of respiratory droplets, and any openings should be placed at the bottom and made as small as possible. The height and posture (sitting or standing) of affected workers, directional airflow, and fire safety should be considered when designing and installing barriers, as should the need for enhanced ventilation.

### Personal Protective Equipment

COMPANY will provide workers with face coverings or surgical masks, as appropriate, unless their work task requires a respirator or other PPE. In addition to unvaccinated and otherwise at-risk workers, CDC recommends that even fully vaccinated people wear masks in public indoor settings in areas of substantial or high transmission and notes that fully vaccinated people may appropriately choose to wear masks in public indoor settings regardless of community-level of transmission, particularly if they are at risk or have someone in their household who is a risk or not fully vaccinated.

Workers should wear a face covering that covers the nose and mouth to contain the wear’s respiratory droplets and to help protect others and potentially themselves. Face coverings should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face.

COMPANY should provide face coverings to workers who request them at no cost and make replacements available to workers when they request them.

Respirators, if necessary, must be provided and used in compliance with 29 CFR 1910.134.

For operations where the face-covering can become wet and soiled, provide workers with replacements daily or more frequently, as needed.

Workers in a setting where face coverings may increase the risk of heat-related illness indoors or outdoors or cause safety concerns due to the introduction of a hazard (for instance, straps getting caught in machinery) may wish to consult with occupational safety and health professionals to help determine the appropriate face-covering/respirator use for their setting.

### Visitors

Suggest or require that unvaccinated customers, visitors, or guests wear face coverings in public-facing workplaces and that all customers, visitors or guests wear face coverings in public indoor settings in areas of substantial or high transmission.

This could include posting a notice or otherwise suggesting or requiring that people wear face coverings, even if no longer required by your jurisdiction.

### Ventilation

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

Adequate ventilation will protect all people in a closed space. Key measures include ensuring heating, ventilation and air conditioning (HVAC) systems are operating in accordance with the manufacturer’s instructions and design specifications, conducting all regularly scheduled inspections and maintenance procedures, maximizing the amount of outside air supplied, installing air filters with a Minimum Efficiency Reporting Value 13 or higher where feasible, maximizing natural ventilation in buildings without HVAC systems by opening windows or doors, when conditions allow (if that does not pose a safety risk) and considering the use of portable air cleaners with High-Efficiency Particulate Air (HEPA) filters in spaces with high occupancy or limited ventilation.

### Cleaning and Disinfection

Perform routine cleaning and disinfection. If someone who has been in the facility within 24 hours is suspected of having or confirmed to have COVID-19, follow CDC cleaning and disinfection recommendations:

* Close off areas used by the person who is sick and does not use those areas until after cleaning and disinfecting.
* Wait as long as possible (at least several hours) before you clean and disinfect.
* Open doors and windows and use fans or HVAC settings to increase air circulation in the area.
* Use products from EPA List N according to the instructions on the product label.
* Wear a mask and gloves while cleaning and disinfecting.
* Focus on the immediate areas occupied by the person who is sick or diagnosed with COVID-19 unless they have already been cleaned and disinfected.
* Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter and bags, if available.
	+ While vacuuming, temporarily turn off in-room, window-mounted or on-wall recirculation heating, ventilation, and air conditioning systems to avoid contamination of HVAC units.
	+ Do NOT deactivate central HVAC systems. These systems provide better filtration capabilities and introduce outdoor air into the area that they serve.
* Ensure safe and correct use and storage of cleaning and disinfectant products, including storing such products securely and using PPE needed for the cleaning and disinfection products.

If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough. You may choose to also disinfect depending on certain conditions or everyday practices required by your worksite.

If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning beyond regular cleaning practices is needed.

### Record and Report COVID-19 Infections and Deaths

Under mandatory OSHA rules in 29 CFR part 1904, COMPANY is required to record work-related cases of COVID-19 illness on OSHA’s Form 300 logs if the following requirements are met:

1. The case is a confirmed case of COVID-19
2. The case is work-related (as defined by 29 CFR 1904.5)
3. The case involves one or more relevant recording criteria (set forth in 29 CFR 1904.7)(e.g., medical treatment, days away from work)

COMPANY must follow the requirements in 29 CFR part 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA.

In addition, COMPANY should be aware that Section 11© of the Act prohibits reprisal or discrimination against an employee for speaking out about unsafe working conditions or reporting an infection or exposure to COVID-19 to COMPANY. In addition, mandatory OSHA standard 29 CFR 1904.35(b) also prohibits discrimination against an employee for reporting a work-related illness.

Isolation & Quarantine

### Isolation

Regardless of vaccination status, employees should isolate from others when they have COVID-19. Employees should isolate if they are sick and suspect they have COVID-19 but do not yet have test results.

If the test results are positive, follow the full isolation recommendations below. If results are negative, the employee can end isolation.

* If test is Negative
	+ Employee can end isolation
* If test is Positive
	+ If employee has No Symptoms:
		- **Day 0** is the day the employee tested, not the day the positive test results were received.
		- **Day 1** is the first full day following the day tested.
		- If the employee develops symptoms within 10 days of when they were tested, the clock restarts at **Day 0** on the day of symptom onset.
	+ If employee has Symptoms:
		- **Day 0** of isolation is the day of symptom onset, regardless of when tested positive.
		- **Day 1** is the first full day after the day symptoms started.

If the employee tested positive for COVID-19, sty home for at least 5 days and isolate from others in the home. Employees are likely most infectious during these first 5 days.

* Wear a high-quality mask if must be around others.
* Do not go places where unable to wear a mask, including travel and public transportation settings.
* Stay home and separate from others as much as possible.
* Take steps to improve ventilation at home, if possible.
* Don’t share personal household items, like cups, towles and utensils.
* Monitor symptoms, if emergency warning signs develop (like breathing), seek emergency medical care immediately.

### Ending Isolation

End isolation based on how serious COVID-19 symptoms were.

* If had No Symptoms:
	+ End isolation after 5 days
* If have Symptoms:
	+ End isolation after 5 days if:
		- Fever-free for 24 hours, without the use of fever-reducing medication
		- Symptoms are improving
* If employee still has fever or other symptoms have not improved, continue to isolate until they improve.
* If employee had moderate illness, experienced shortness of breath or had difficulty breathing, or severe illness, hospitalized due to COVID-19, or employee has a weakened immune system, isolate through Day 10.
* If employee had severe illness or have a weakened immune system, consult a physician before ending isolation. Ending isolation without a viral test may not be an option.

Regardless of when ending isolation, avoid being around people who are more likely to get very sick from COVID-19 until at least Day 11.

Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

### Quarantine

CDC dropped the COVID quarantine recommendations.

Measures Appropriate for Workplaces with Mixed-Vaccination Status Workers

COMPANY should take additional steps to mitigate the spread of COVID-19 among unvaccinated or otherwise at-risk workers due to the following types of workplace environmental factors, especially in locations of substantial or high transmission:

* Close Contact – where unvaccinated and otherwise at-risk workers are working close to one another. Such workers may also be near one another at other times, such as during breaks or in locker/changing rooms.
* Duration of Contact – where unvaccinated and otherwise at-risk workers often have prolonged closeness to coworkers (e.g., 6-12 hours per shift). Continued contact with potentially infectious individuals increases the risk of SARS-CoV-2 transmission.
* Type of Contact – where unvaccinated and otherwise at-risk workers may be exposed to the infectious virus through respiratory particles in the air – for example, when infected workers in a manufacturing setting cough or sneeze, especially in poorly ventilated spaces. Confined Spaces without adequate ventilation increase the risk of viral exposure and transmission. It is also possible, although less likely that exposure could occur from contact with contaminated surfaces or objects such as tools, workstations, or break room tables.

In all workplaces with heightened risk due to workplace environmental factors where there are unvaccinated or otherwise at-risk workers in the workplace:

* Stagger break times in these generally high-population workplaces or provide temporary break areas and restrooms to avoid groups of unvaccinated or otherwise at-risk workers congregating during breaks. Such workers should remain at least 6 feet of distance from others at all times, including on breaks.
* Stagger workers’ arrival and departure times to avoid congregations of unvaccinated or otherwise at-risk workers in parking areas, locker rooms, etc.
* Provide visual cues (e.g., floor markings, signs) as a reminder to maintain physical distancing,
* Require unvaccinated or otherwise at-risk workers and also fully vaccinated workers in areas of substantial or high community transmission to wear masks whenever possible; encourage and consider requiring customers and other visitors to do the same.
* Implement strategies (tailored to your workplace) to improve ventilation that protects workers

Training

Educate and train workers on COVID-19 policies and procedures. Train managers on how to implement COVID-19 policies.

* Basic facts about CVOVID-19, including how it is spread and the importance of physical distancing, ventilation, vaccination, use of face coverings and hand hygiene.
* Workplace policies and procedures implemented to protect workers from COVID-19 hazards.

Ensure workers understand their rights to a safe and healthful work environment, whom to contact with questions or concerns, and their rights to raise workplace safety and health concerns free from retaliation.