COVID-19 Preparedness and Response Plan for On-Site Essential Employees during the COVID-19 Pandemic
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Introduction

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

This document will summarize the preparedness and response actions for the University of Michigan response for COVID-19 based on traditional infection prevention and industrial hygiene practices. It focuses on the implementation of engineering, administrative, and work practice controls and personal protective equipment (PPE), in the effort to control employee exposures to the extent feasible.

This plan is intended to provide information on the risk levels in workplace settings and the appropriate control measures that should be implemented based on the risk present. This document will be adjusted as needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available.


**Note:** These practices are intended to apply to on-site employees only. The practices outlined in this document do not apply to employees who are not working on-site.
About COVID-19

Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

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


How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks.

Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- **Absenteism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline.
- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.
Steps to Reduce Workers’ Risk of Exposure to SARS-CoV-2

Remote Work
To reduce the density of individuals within the workplace, those individuals that can perform their work duties remotely should be moved to a work from home status. Important considerations for moving to remote work include determining the need for employees to take home computers and other items, ensuring access to work share drives and programs and ensuring that workers ensure that their new workspace will not contribute to ergonomic discomfort.

ITS created a Remote resource guide to aid students, staff and faculty to work or learn remotely.

Additionally, EHS created a document regarding considerations for Ergonomics of working from home.

Essential Staff
Some operations of the University are essential and employees must remain on campus to perform duties to support those operations as well as to maintain the campus infrastructure. Careful consideration must be employed when making determinations of which functions are essentials and how many staff are required to perform those functions. The need for employees to be on-site must be carefully balanced with the overall goal to reduce the population density of individuals within a workspace.

Implement Basic Infection Prevention Measures
Protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all should implement good hygiene and infection control practices, including:

- Promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage workers to stay home if they are sick.
- Encourage respiratory etiquette, including covering coughs and sneezes.
- Provide tissues and trash receptacles.
- Employers should employ measures to reduce the density of workers at any given location. Staggered shifts, alternate job locations, etc. can all help increase the physical distance among employees and between employees and others.
- Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer’s instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person’s nose and mouth).

Additional measures in healthcare areas:
- People suspected of having COVID-19 should be isolated separately from those with confirmed cases of
the virus to prevent further transmission using either permanent (e.g., wall/different room) or temporary barriers (e.g., plastic sheeting).

- Restrict the number of personnel entering isolation areas.
- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.

The Centers for Disease Control (CDC) has a great number of resources for individuals and employers. [General information](#) for the public to follow to prevent illness can and should be followed in the workplace as well. Additionally the CDC also creates job specific guidance for certain job categories. For example, there is specific guidance for [healthcare providers](#), [bus transit operators](#), [transit maintenance workers](#), and [law enforcement](#).

**Policies and Procedures for Prompt Identification and Isolation of Sick People**

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others.
- Supervisors should inform and encourage employees to self-monitor for [signs and symptoms of COVID-19](#) if they suspect possible exposure.
- Supervisors should inform employees to stay home or go home if they are experiencing the symptoms. If they need to remain at work for a period of time, an area should be dedicated for isolation of ill individuals that is in a location separated from others co-workers that has closable doors.
- Employees should call OHS 24/7 hotline at 734-764-8021, select option 1 to report their symptoms and be triaged for testing for COVID-19.

**Measures in Place and Communication about Workplace Flexibilities and Protections**

- Employees are actively encouraged to stay home if they are sick.
- Sick leaves policies have been updated to ensure they are flexible and consistent with public health guidelines and posted on the [University Human Resources COVID-19 website](#). Information is also available regarding relaxed documentation standards and additional guidance for the care of ill family members.
- Frequent communication occurs to proper hygiene practices and on-site workers with new PPE requirements are adequately trained so that informed workers can feel safe and protected at work.

**History of Steps taken for the university community of students, faculty and staff:**

- **February 20, 2020** – Statement to Board of Regents.
- **February 27, 2020** – Travel restrictions expanded to include South Korea. Community asked to register all university-related international travel.
- **March 5, 2020** – COVID-19 precautions and recommendations: Included more information on quarantine, enhanced cleaning on campus, preparation at Michigan Medicine, travel information.
- **March 11, 2020** – COVID-19 Update:
  - Classes canceled for March 12-13th; Move to online on March 16th; Effective through April 21, 2020
  - UM Events and other events on campus- cancelled for gatherings greater than 100 people effective March 12, 2020-April 21, 2020
• All university international travel suspended through March 21, 2020 and all domestic strongly discouraged.
• Study Abroad programs altered or suspended.
• Additional reminders about infection prevention precautions and steps taken.

■ March 13, 2020 – COVID-19 Updates and Announcements:
• Confirmed positive COVID-19 case at U-M
• Managers encouraged to provide remote work opportunities while keeping units open for business.
• Students encouraged to move home.
• Commencement ceremony canceled; Exams moved to remote format.
• Created a one-time paid time off bank for employees who are eligible for up to 80 hours of paid time off to be used in the case of quarantine, isolation or family care needs related to COVID-19 exposure, illness or other related scenario or a temporary lack of work.
• Activated the Emergency Operations Center on campus.

■ March 15, 2020 – Message for faculty, staff and students in research workplaces that emphasized reducing density in research spaces, maintaining social distancing and following recommended practices.

■ March 18, 2020 - Updates and Guidance:
• Maintain critical operations, continue remote work to extent feasible to reduce campus density.
• Request for community to stay home when sick, perform frequent handwashing, and limit in person groups to no more than 10.
• Ramp down of non-critical research activities effective 5 pm Friday March 20, 2020.
• Most campus buildings moved to a controlled access status via card reader system.
• Public access to buildings such as libraries, museums and fitness facilities per Governor’s Executive Order 2020-09.
• Added guidance for supervisors with employees that test positive for COVID-19 on the University Human Resources COVID-19 FAQ.
• Modified parking enforcement in lots and structures.

■ March 23, 2020 – U-M Guidelines on Governor’s “Stay at Home, Stay Safe” Executive Order 2020-21 through April 13, 2020. (Note: This order has been rescinded and new orders were issues to extend the date- 2020-42 and 2020-59

■ March 26, 2020- U-M Response to COVID-19 Pandemic at March 2020 Board of Regents Meetings

■ March 27, 2020- Michigan commitment through Crisis


■ April 20, 2020 – Update on COVID-19 – Focus on actions needed to preserve financial resources including options to aid employees in the face of lack of work in non-critical operations.

Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended SARS-CoV-2 infection prevention strategies to implement in workplaces: www.cdc.gov/coronavirus/2019-ncov-specific-groups/guidance-business-response.html.
Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings).

Examples of engineering controls implemented on campus include the following:

- Bus Partitions to create a physical barrier of separation of 6 feet between the bus driver and passengers
- Isolation rooms that provide one-pass air to reduce the need for higher level PPE in the general room area.
- Experimental helmet apparatus for COVID patient use to provide HEPA exhausted enclosure around the patient to eliminate need for upgraded PPE during certain procedures.

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers by replacing face-to-face meetings with virtual communications and implementing telework, if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Developing emergency communications plans, including a forum for answering workers’ concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment on how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands
when they are visibly soiled and after removing any PPE.

- Post handwashing signs in restrooms.
- Practicing social distancing.

**Personal Protective Equipment (PPE)**

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

The University of Michigan Personal Protection Equipment Program provides additional detail regarding hazard assessment, selection, maintenance and use of required PPE.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Current required respirator usage for COVID-19 protection on Campus:

- Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators that are National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better and follow the University of Michigan Respiratory Protection Plan must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. Surgical N95 respirator will be used when both respiratory protection and resistance to blood and body fluids is needed.
- N95 filtering facepiece respirators are required for DPSS transport of suspected COVID-19 individuals.
- PAPRs may be required to be worn by Hospital maintenance personnel if entering a room with a known or suspected to be COVID-19 patient during or within one hour of a aerosolizaton procedure.
- N95 respirators are worn during COVID-19 research if work may generate aerosols or other risk of exposure.
- Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator.

**Follow Existing OSHA Standards**

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. In addition to the PPE standard and Respirator Protection Standard both referenced in the section above, the following may also be relevant:

- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970,
29 USC 654(a)(1), which requires employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”

- MIOSHA’s Bloodborne Pathogens standard applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. Refer to the UM Exposure Control Plan for more information.

EHS stays up to date on all guidance from MIOSHA and OSHA on COVID-19 and will incorporate new information into this plan as it is available.

**Classifying Worker Exposure to SARS-CoV-2**

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the type of work conducted, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2.

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

![Occupational Risk Pyramid for COVID-19](image)

**Very High Exposure Risk**

*Very high exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

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

**High Exposure Risk**

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

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

**Medium Exposure Risk**

*Medium exposure risk* jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, workers in this category may have frequent close contact with the general public.

**Lower Exposure Risk (Caution)**

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

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

For workers who do not have frequent contact with the general public, employers should follow the guidance for “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,” on page 6 of this plan and implement the following control measures:

**Engineering Controls**

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

**Administrative Controls**

- Collaborate with workers to designate effective means of communicating important COVID-19 information.

**Personal Protective Equipment**

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks. Per the State of Michigan Executive Order 2020-59, employees will be provided a cloth face covering for mandatory use when in enclosed public areas.

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

In workplaces where workers have medium exposure risk, employers should follow the guidance for “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,” on page 6 of this plan and implement the following control measures:
Engineering Controls

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

Administrative Controls

- Consider offering face masks to ill employees and patients to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission.
- Where appropriate, limit public access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

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

In rare situations that would require workers in this risk category to use respirators, see the PPE section which provides more details about respirators.

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

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,” on page 6 of this plan and implement the following control measures:

Engineering Controls

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems.
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19.
- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients.

Administrative Controls

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

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19
patients when single rooms are not available.

- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

**Safe Work Practices**

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

**Personal Protective Equipment (PPE)**

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

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section of this plan, which provides more details about respirators.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection.

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

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

**Job Duties Affect Workers’ Exposure Risk Levels**

As workers’ job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Additional examples of workers who may have increased risk of exposure to SARS-CoV-2 include those in:

- Other types of healthcare positions (including pre-hospital and medical transport workers, allied medical care professionals, and support staff)
- Emergency response (e.g., emergency medical services workers, firefighters, and law enforcement officers)
- Research or production laboratory workers
- Solid waste and wastewater management
- Environmental (i.e., janitorial) services
- Residential repair services
- Social, or public health workers in jobs requiring contact with community members who may spread the virus
Transit and delivery drivers, depending on their degree of close contacts with the public

EHS is available to assist in reviewing of job tasks and recommending additional measures that can be put into place to mitigate exposure to SARS-CoV-2.

Workers Travelling Internationally
Currently University International and Domestic Travel is prohibited.
- U.S. Department of State (DOS) travel advisories: travel.state.gov

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

Below are several recommended websites to access the most current and accurate information:
- Occupational Safety and Health Administration website: www.osha.gov
- Centers for Disease Control and Prevention website: www.cdc.gov
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh