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*Note: This document provides a framework to help businesses create a detailed safety policy for returning to work following a pandemic. Each business can use this document to guide development or revision of their own plan in response to the current pandemic threat.  Verbiage and implementation may vary for different industries and states. Please refer to OSHA, the CDC and your state and federal websites for more information.*

* *ATTENTION: Workplace Safety Is Your Responsibility. MEMIC Loss Control makes no representation or warranty that any recommendation, report, action, statement, or other communication made by us or any of our service providers will assure that any practices, procedures, premises or operations are safe or healthful or in compliance with any law, rule or regulation.*
* *Our safety surveys and recommendations relate primarily to underwriting concerns and do not constitute an assumption or undertaking by us or our service providers of your obligations to provide a safe and healthful environment. Neither you nor your employees, agents, or invitees are entitled to rely upon any loss control activities provided by us and engaging in such activities is not a delegation to us of any of your legal responsibilities.*
* *We exercise no control over your premises, operations, or employees, and have no responsibility or authority to implement loss control recommendations, the implementation of which is your sole responsibility. Maintaining a safe, healthful workplace in accordance with all applicable laws is your responsibility as a business owner.*

*This Pandemic Recovery Safety Policy template is intended for employers large and small. The MEMIC Group of companies is a workers’ compensation insurance carrier serving employers along the entire Eastern seaboard with offices in Maine, New Hampshire, Connecticut, New York, New Jersey, Pennsylvania, Virginia, and Florida. For more information about The MEMIC Group, visit www.memic.com.*

# **MANAGEMENT LEADERSHIP**

* 1. The <COMPANY> Executive Management takes the health and safety of our employees very seriously. During times of serious risk to public safety and health such as epidemics, pandemics, and other natural disasters, our Company must remain vigilant in protecting all employees from work-related hazards.
     1. The <COMPANY> corporate/executive team shall demonstrate commitment to this Pandemic Recovery Safety Policy as follows:
     2. At all times, <COMPANY> management will make strategic and operational decisions based upon the best available knowledge, information, and guidance from local, state, regional and national entities (both public and private).
  2. Management will commit to reviewing and approving this policy annually. Persons reviewing and approving, along with the approval date will be maintained on the title page of the Pandemic Response Plan. All changes will be maintained in the Revision Tracking Document - -Appendix G
  3. **DEPARTMENT DIRECTORS/MANAGERS** will impart the intent of this policy to all subordinate supervisors and employees. Responsibilities include:
     1. Must be familiar with this plan and be ready to answer questions from their employees.
     2. Ensure an open and direct line of communication is always available between all levels of the organization.
     3. Disseminate timely information and guidance to subordinate employees.
     4. Always set a good example by following this plan.
     5. Mid-level management will conduct a documented annual meeting to review this plan with their direct reports. Documentation shall be maintained through <COMPANY’s> normal training process.
  4. **FRONT LINE SUPERVISORS** have the greatest impact on the successful execution of this plan. Responsibilities include:
     1. Provide training and guidance to employees about the policies and expectations of this plan.
     2. Maintain situational awareness of corporate decisions or actions, and assess the impact on employee safety, health, and well-being.
     3. Communicate regularly with employees to ensure they are complying with the policies and expectations of this plan and are equipped to protect themselves from hazards throughout the duration of the event.
     4. Safety meetings will be conducted between front-line supervisors and all employees at time of hire, annually, as work responsibility changes and/or as risk levels change.
        1. Documentation of safety meetings will be completed using the form Appendix A Job Safety Analysis, submitted to [NAME/TITLE] and maintained on file.

# **WORKER PARTICIPATION**

Shall consist of the following activities:

* 1. Attend the required policy training session(s).
  2. During epidemic/pandemic events, employees with identified work-related exposure to other workers, external customers, and/or the public will complete (at a frequency to be determined by <COMPANY>) a contact tracing log (Appendix B). These will be submitted to <NAME/TITLE>.
  3. Adhere to the requirements of the policy.
  4. Obtain and use PPE and sanitizing materials as required by the policy.
  5. Provide feedback to management as to the effectiveness of the policy after implementation.

# **HAZARD IDENTIFICATION AND ASSESSMENT**

The primary hazard identified in this policy is a viral pathogen that leads to illness. The pathogen is readily spread by airborne or community transmission. The specific type of pathogen and associated risk levels shall be determined as follows:

## Community Risk Level Assessment

Shall be performed by contacting one, or more, of the following agencies to determine the presence and severity of a communicable pathogen and the status of the hazard in the community:

* + 1. Local Emergency Management Agencies
    2. County and State CDC
    3. Federal CDC
    4. World Health Organization

## Community Risk Level Employee Notification

Communicate ongoing changes in local, state, and federal government policies regarding risk levels and general workplace practices, recordkeeping shall be performed as follows:

* + 1. Use **Appendix C** to document agency reference, date/time, contact person, type of communication, and to summarize information received.
    2. On a periodic basis, **Appendix C**, or an equivalent summary, will be posted using a method that employees can readily access (email, bulletin boards, intranet, etc.)

## Risk Level Categorization

Because microscopic pathogen transmission can be airborne or can occur from contact with surfaces that are touched by many, the risk levels for employees under this Pandemic Recovery Safety Policy as defined by OSHA:

* + 1. Very High Exposure Risk jobs are those with high potential for exposure to known or suspected sources of [COVID-19 OR CURRENT PANDEMIC THREAT] during specific medical, postmortem, or laboratory procedures. Workers in this category include:
       1. Healthcare performing aerosol-generating procedures on known or suspected [COVID-19 OR CURRENT PANDEMIC THREAT] patients.
       2. Healthcare or laboratory personnel collecting or handling specimens from known or suspected [COVID-19 OR CURRENT PANDEMIC THREAT].
       3. 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 OR CURRENT PANDEMIC THREAT] at the time of their death.
    2. High Exposure Risk jobs are those with high potential for exposure to known or suspected sources of [COVID-19 OR CURRENT PANDEMIC THREAT]. Workers in this category include:
       1. Healthcare delivery and support exposed to known or suspected [COVID-19 OR CURRENT PANDEMIC THREAT] patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high).
       2. Medical transport workers moving known or suspected [COVID-19 OR CURRENT PANDEMIC THREAT] patients in enclosed vehicles.
       3. Mortuary workers involved in preparing the bodies of people who are known to have, or suspected of having, [COVID-19 OR CURRENT PANDEMIC THREAT] at the time of their death.
    3. 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 OR CURRENT PANDEMIC THREAT], but who are not known or suspected [COVID-19 OR CURRENT PANDEMIC THREAT] patients. This category is further defined as follows:
       1. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread [COVID-19 OR CURRENT PANDEMIC THREAT] transmission.
       2. In areas where there is ongoing community transmission, workers in this category may have contact be with the general public
    4. 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 OR CURRENT PANDEMIC THREAT], and that do not require 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.

## Employee Risk Level Notification

shall be formally communicated to the employee as follows:

* + 1. At time of hire and/or when work assignment changes the employee shall receive a copy of Appendix A Job Safety Analysis (JSA) for their risk level assessment.
    2. When changes in local, state, or federal government policies alter an employee’s risk level.
    3. The front-line supervisor shall review the JSA with each employee, signing and dating the JSA.
    4. A copy of each signed and dated JSA shall be forwarded to Human Resources.

# **HAZARD PREVENTION AND CONTROL**

The following measures shall be taken to prevent worker exposure to hazards that are identified in Section 3 Hazard Identification and Assessment:

## Building Operations

* + 1. Elimination of hazards shall be undertaken as follows:
       1. Ventilation controls: Consider air exchanges, fresh air circulation, etc. per Facilities Managers.
       2. <COMPANY> will have employee self-screening procedures and stay at home policies in place. <COMPANY> will establish its own appropriate screening procedures, see Appendix D for examples.
       3. Employees with symptoms (per CDC) shall notify Supervisor and stay at home.
       4. Employees with exposure to ill or suspected contacts will notify Supervisor for discussion.
       5. Employees will conduct electronic conferencing meetings with internal and external customers whenever feasible, appropriate, and warranted.
    2. Engineering controls shall be implemented as follows:
       1. <COMPANY> will ensure clear 6-foot distances for community spaces (conference rooms, break rooms, lobbies, elevators, restrooms, etc.).
       2. <COMPANY> will ensure 6-foot distance between workspaces/workstations.
       3. Consider physical cues to distancing such as plexiglass, floor markings (arrows), signage, etc.
    3. Administrative controls shall be used as follows:
       1. Potential external customers (vendors, deliveries, meetings) may be contacted no less than 12 hours prior to scheduled arrival to be screened for [COVID-19 OR CURRENT PANDEMIC THREAT] symptoms.
       2. External customers and employees will be screened prior to entry into the building for [COVID-19 OR CURRENT PANDEMIC THREAT] symptoms. Results will be documented. See Appendix D.
       3. <COMPANY> will develop procedures to maximize 6-foot or greater distance for deliveries and vendor activities.
       4. Employees will limit the number of physical materials used and distributed, such as printed documents.
       5. Electronic distribution of communications should be utilized where appropriate.
       6. <COMPANY> will ensure facility cleaning and/or disinfecting in accordance with CDC recommendations:
          1. CDC Guidance on Cleaning and Disinfection and
          2. EPA approved disinfectants for use against COVID-19
          3. Follow manufacturer’s instructions for cleaning shared electronic devices (keyboards, phones, touchpads, headsets, etc.).
       7. Should a person diagnosed with [COVID-19 or current pandemic threat] have been in the building the following steps are to be taken:
          1. The appropriate team should begin to identify the workers the diagnosed individual has been in contact with and the spaces the worker has been in over the past 14 days. (Appendix E)
          2. Workers identified as potentially exposed to the pandemic contagion will be required to self-quarantine for a minimum of 14 days after last exposure. While at home, self-monitor for symptoms by checking temperature twice a day, be aware of new and persistent cough, or shortness of breath.

Follow CDC guidance if symptoms develop.

* + - * 1. Return to work guidance can be found under Appendix F
        2. The necessary steps to prevent possible infection as identified above are to be followed. (See 3.1.3.6)
    1. Personal Protective Equipment (PPE) shall be provided as identified in hazard assessment related to pertinent exposure. In cases where recommended social distancing guidelines cannot be maintained, PPE may be used on a voluntary basis as follows:
       1. Affected employees may use protective gloves where appropriate. If worn, the employee must take steps to prevent cross contamination in accordance with their training.
       2. While not required by this policy, if affected employees choose to wear a disposable respirator or surgical mask, it must also be disposed of in a proper receptacle and steps must be taken to prevent cross contamination in accordance with their training.

## Travelling Workers

Prior to traveling to visit a customer, the company’s risk level must be assessed using Section 3.3 – Risk Level Categorization.

* + 1. Customers assessed as having high or very high exposure shall not be visited in person unless a control plan is in place and approved by direct supervisor/management.
    2. Customers assessed as having medium or low exposure shall control hazards identified during the assessment using the following control hierarchy:
    3. Elimination of hazards shall be undertaken as follows:
       1. Affected employees may conduct video conferencing meetings with customers and vendors whenever feasible, appropriate, and warranted.
    4. Engineering controls may be implemented as follows:
       1. Prior to in-person meetings the affected employee(s) will ensure that adequate meeting room is available to allow six (6) foot distancing before during and after the meeting.
       2. Other controls (as appropriate).
    5. Administrative controls shall be used as follows:
       1. Potential meeting members exhibiting viral symptoms will be prevented from attending the meeting to prevent possible infection of others. Requirements for notification of policy is included in Section 7 of this policy.
       2. Affected employees will limit the number of printed documents distributed to prevent possible infection of others.
    6. Personal Protective Equipment (PPE) shall be provided as identified in hazard assessment related to pertinent exposure. In cases where recommended social distancing guidelines cannot be maintained, PPE may be used on a voluntary basis as follows:
       1. Affected employees may use protective gloves where appropriate. If worn, the employee must take steps to prevent cross contamination in accordance with their training.
       2. While not required by this policy, if affected employees choose to wear a disposable respirator or surgical mask, it must also be disposed of in a proper receptacle and steps must be taken to prevent cross contamination in accordance with their training.
    7. List of PPE provided by the company: disposable gloves, disposable N-95 respirators, disinfecting wipes, hand sanitizing gel shall be maintained by all travelling workers:
       1. Supply item 1
       2. Supply item 2
       3. Supply item 3
       4. Supply item 4

1. **EDUCATION AND TRAINING**

To ensure affected employees are properly educated and trained regarding the Pandemic Recovery Safety Policy, Terminal and Enabling Objectives are established as follows:

* 1. Terminal Objectives – Prior to entering the workplace, affected employees can:
     1. identify airborne and/or contact transmission hazards and can implement protective measures for themselves and the public.
     2. recognize situations that should be avoided to prevent potential exposures.
     3. prevent potential exposures during travel to and from the workplace.
  2. Enabling objectives shall be used to ensure the terminal education and training objectives are met as follows:
     1. Classroom training on this Policy can be conducted using video conferencing with two-way communication, including documentation of attendance and return demonstration of comprehension of information by attendee.
        1. <Company defined training module(s) listed here. Examples include respiratory protection, Bloodborne Pathogens, infection control, PPE (gloves and respirators), cross contamination.>
        2. Content to include how to recognize potential hazards and take steps to eliminate them.
     2. Hands on training with the PPE and materials as defined in Section 4.1.5 shall include:
        1. how to put on and take off PPE.
        2. use, limitations, proper storage and service life of all materials and equipment used as part of this policy.
        3. prevention of cross contamination
  3. Documentation **–** Classroom/video conferencing and practical training shall be based upon exposures and controls outlined on Appendix A, Job Safety Analysis (JSA) and training completion form filed <in Company-designated location>.
  4. Frequency of Training for affected employees, to encourage proficiency and retention of knowledge, the schedule of training shall be as follows:
     1. Before re-entering workplace.
     2. When elements or contents of this policy are changed.
     3. Annually.
     4. Retraining of affected employee(s) will occur if employee(s) do not show requisite proficiency or are found to have been in violation of the policy.

# **PROGRAM EVALUATION AND IMPROVEMENT**

* 1. To ensure this Pandemic Recovery Safety Policy remains current and effective, a review shall be undertaken as follows:
     1. Whenever an incident occurs where a worker is exposed to a potential or actual hazard in the workplace – and no protective measures are in place.
     2. Whenever a State or National health agency changes their warning or risk levels.
     3. When changes in the workplace may alter the effectiveness of this Policy.
     4. Whenever a change in technology or protective equipment may increase the level of protection of affected employees.
     5. Annually.
  2. Top management shall sign the Revisions Document contained in Appendix G whenever a review is conducted and/or changes are made to this policy.

# **COMMUNICATION AND COORDINATION OF CUSTOMERS, VENDORS AND SUBCONTRACTORS**

* 1. Postings that communicate hazards to employees, as outlined in Section 3.3 of this policy shall be provided to all contractors, vendors and staffing workers who work in <define workplace>.
  2. Vendors must accompany a <Business Name> supervisor/competent person while on premises.
  3. Outside contractor and staffing workers may work unattended on the premises when:
     1. All workers have attended classroom and hands-on practical training that meets, or exceeds, the requirements detailed in Section 5 of this policy.
     2. Documentation confirming education and training required by Section 5 of this policy has been forwarded to <COMPANY MANAGER>.

# **Appendix A: Job Safety Analysis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sample Job Hazard Analysis (JHA) & PPE Assessment for Exposure to COVID-19** | **Job Title:**  General possible exposure to COVID-19 | | **Date:**  March 12, 2020 | **Status:** Active  **Issuance:** New Revised |
| **Title:** All Personnel in Affected Areas | **Supervisor:**  All | **Prepared By:**  [Responsible Company Representative] | |
| **Offices:**  All | **Locations:**  All | **Departments:**  All | **Reviewed By:**  [Responsible Company Representative] | |
| **Required or Recommended Personal Protective Equipment: depending on the identified risk exposure:** surgical masks, nitrile gloves, N95 respirator, protective outer garments, gown, shoe coverings, face shield or non-vented goggles | | | **Approved by:**  [Responsible Company Representative] | |
| **Note**: This JHA only applies to the 2019 Novel Coronavirus (SARS-CoV-2) or the disease known as “COVID-19”.  For the most up to date information about COVID-19 visit the [Centers for Disease Control (CDC) COVID-19 page.](https://www.cdc.gov/coronavirus/2019-ncov/index.html)  **Risk Assessment:** Incomplete information regarding incubation, infectious period, and transmissibility, as well as evolving circumstances make a definitive risk assessment difficult. Awareness and precautions based on job/task exposure are warranted. [Company Name] personnel should continue to maintain situational awareness during times of elevated community or company risk levels.  While COVID-19 is a respiratory disease and the use of N95 respirators and other PPE is needed in certain conditions and work environments as outlined in this JHA below, the use of PPE is one component of COVID-19 disease prevention and the use of N95 respirators and masks is NOT the most effective or primary way of preventing disease transmission. All personnel can take these basic steps to prevent exposure to and transmission of COVID-19.   1. wash hands frequently, 2. cover your cough or sneeze, 3. stay away from work if you are ill and contact your health provider for guidance, 4. avoid unnecessary settings where COVID-19 exposure is more probable such as gathering in groups or pairs, 5. avoid touching mouth, eyes, nose, and mucous membranes.   **Note:** Risk categories (Very High, High, Medium, and Low) come from the [OSHA Guidance document 3990](https://www.osha.gov/Publications/OSHA3990.pdf) and are to be used in conjunction with this document only and do not necessarily correlate with the probability of contracting the virus. | | | | |

Appendix A: Job Safety Analysis (Cont.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Job or Operation** | **Exposure Risk Categories** | **Hazards** | **Protective Measures/PPE Guidance** |
| 1. **Work areas/Job Tasks with no casual or close contact with non [Company Name] personnel or general public.** 2. **Work areas/Job Tasks where there is casual or close contact with [Company Name] personnel who meet the following:**  * Have no signs of a fever or a measured temperature above 100.3 degrees, no cough or trouble breathing in the last 24 hours. * Have not come in *close contact* with an individual DIAGNOSED WITH COVID-19. *Close contact* is defined as the following:   + living in the same house as a person who has TESTED POSITIVE FOR COVID-19   + caring for someone for a person who has TESTED POSITIVE FOR COVID-19   + being within 6 feet of a person who has TESTED POSITIVE FOR COVID-19 for greater than 15 minutes   + coming in direct contact with secretions (shared utensils, coughed on, sneezed on) from a person who has TESTED POSITIVE FOR COVID-19 * Have not been asked to self-isolate or quarantine by their doctor or local public official or [Company Name] | **Low** | **Casual or Close Contact of Coronavirus cases is not expected.**   * **Signs and Symptoms of**   COVID-19 include:   * + Fever   + Cough   + Difficulty breathing   + Other Flu Like Symptom | * Use of engineering, elimination, or administrative controls to maintain appropriate physical distancing * Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories, and updates. See more information on page 8. * Use the following disease prevention practices in ALL activities.   + Frequent hand washing.   + Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19.   + Avoid touching mouth, nose, and eyes.   + Cover your cough/sneeze with a tissue or inside your elbow * PER OSHA Guidance for this Exposure Risk Level –   + Use of N95 respirators or surgical masks is NOT recommended. * Voluntary use of N95 respirators, although not recommended at the time of development of this JHA, is allowed with supervisor approval and in accordance with existing **[Company Name]** policy on the use of respirators. * All use of N95 respirators should be in accordance with OSHA 1910.134 and **[Company Name]** policies. * If you think you have been exposed to someone with COVID-19, notify your   supervisor and your health provider.   * Use Appendix 2.1.1 Daily/Weekly Contact form to track any contact inside 6ft longer than 10 seconds. |

Appendix A: Job Safety Analysis (Cont.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Job or Operation** | **Exposure Risk Categories** | **Hazards** | **Protective Measures/PPE Guidance** |
| **3. Disinfection and cleanup of Contaminated Surfaces –**  **General Guidance** | Low | General exposure potential where **no lab confirmed cases of** COVID-19 persons have been  Risk of Exposure Expected to Be Low During Routine Disinfection and Cleaning | * COVID-19 can live for prolonged periods (from hours to a couple days depending on conditions, temp, etc.) of time on hard surfaces, doorknobs, handrails, light switches, and other frequently touched surfaces. * Frequent cleaning and disinfection should be performed when working with potentially infected populations. * Surface disinfection should be performed after interaction with a suspected sick individual as well as periodically through a work shift. * There are everyday products such as Clorox and Lysol wipes, sprays, and bottles (for large clean-up jobs) that are recommended and effective against COVID-19. * Always follow manufacturers’ cleaning and disinfection guidance and use prescribed PPE for large jobs, especially where COVID-19 is known to have been present. * For a complete list of EPA Registered COVID-19 cleaners and disinfectants check the [EPA list of COVID-19 Cleaning and Disinfection Products here](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).   General cleaning and disinfection of these areas MUST be done in accordance with manufacturers recommendations in order to avoid damage to equipment |

**References:**

* CBP COVID-19 Resource Portal: <http://cbpnet.cbp.dhs.gov/HRM/Pages/covid19_resources.aspx>
* CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
* CDC COVID-19 Frequently Asked Questions (FAQ’s): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
* OSHA COVID-19 Webpage: <https://www.osha.gov/SLTC/novel_coronavirus/>
* CBP Respirator Medical Clearance’s Website <https://resp-eval.foh.psc.gov/login/>
* CDC Guidance For Law Enforcement Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
* OSHA Guidance For Border Workers: <https://www.osha.gov/SLTC/covid-19/controlprevention.html#border>

Appendix A: Job Safety Analysis (Cont.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Job or Operation** | **Exposure Risk Categories** | **Hazards** | **Protective Measures/PPE Guidance** |
| **1. Work areas/Job Tasks with casual or brief close contact with non [Company Name] personnel or general public.**  **Work areas/Job Tasks where casual or brief close contact with [Company Name] personnel who are** at increased risk of COVID-19.   * Increased Risk: Someone who:   + has traveled to a high-risk location (possible virus hotspot or outside the USA) within the past 14 days   + Or has not met the following:   + Have no signs of a fever or a measured temperature above 100.3 degrees, no cough or trouble breathing in the last 24 hours.   + Have not come in *close contact* with an individual DIAGNOSED WITH COVID-19. *Close contact* is defined as the following:     - living in the same house as a person who has TESTED POSITIVE FOR COVID-19     - caring for someone for a person who has TESTED POSITIVE FOR COVID-19     - being within 6 feet of a person who has TESTED POSITIVE FOR COVID-19 for greater than 15 minutes     - coming in direct contact with secretions (shared utensils, coughed on, sneezed on) from a person who has TESTED POSITIVE FOR COVID-19   + Have not been asked to self-isolate or quarantine by their doctor or local public official or [Company Name] | **Medium** | **Casual or Brief Close Contact** with persons with increased risk of COVID-19 is identified as probable.   1. Casual Contact (outside 6 feet) 2. Brief Close Contact (inside 6 feet for more than 10sec) | * Stay up to date on latest information from DHS, CBP, CDC, WHS, and other COVID-19 alerts, advisories, and updates. See more information on page 8. * Use the following disease prevention practices in ALL activities.   + Frequent hand washing.   + Stay home if you are ill and contact your health provider right away if you notice any signs or symptoms similar to COVID-19.   + Avoid touching mouth, nose, and eyes.   + Cover your cough/sneeze with a tissue or inside your elbow * Use Appendix 2.1.1 Daily/Weekly Contact form to track contact inside 6ft. * Passive observation of persons for signs of illness. * Avoid close or direct contact with employees/contractors/public Who have a traveled to a high-risk location (possible virus hotspot or outside the USA) within the past 14 days or that exhibit symptoms * Wear disposable nitrile gloves and take steps to prevent cross contamination in accordance with their training. * Voluntary use of N95 respirators, although not recommended at the time of development of this JHA, is allowed with supervisor approval and in accordance with existing **[Company Name]** policy on the use of respirators. * All use of N95 respirators should be in accordance with OSHA 1910.134 and **[Company Name]** policies. * If you think you have been exposed to someone with COVID-19, notify your supervisor and your health provider. |

Appendix A: Job Safety Analysis (Cont.)

**<COMPANY PANDEMIC JOB SAFETY ANALYSIS>**

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE: | DEPARTMENT: | DATE: | REV DATE: |
| REVIEWED BY: | APPROVED BY: | RISK LEVEL ASSESSMENT: | EMPLOYEE SIGNATURE: |

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | **EXPOSURE** | **CONTROL(S) (Including PPE)** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix B: Daily Contact Tracing Log** | | | | | | | | | | | | |
| Logs must be completed daily by each employee and turned immediately at the end of the shift to [RESPONSIBLE DEPARTMENT/EMPLOYEE] | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Log assigned to:** | | Check the box in the column that | | | |  | **Log Date Range:** | | Check the box in the column that | | | |
|  |  | represents your contact time closer | | | |  |  |  | represents your contact time closer | | | |
|  |  | than 6ft. "C" or "S" | | | |  |  |  | than 6ft. "C" or "S" | | | |
| **Department** | **Employee Name:** | 10-30sec | 30-60sec | 1-10min | >10min |  | **Department** | **Employee Name:** | 10-30sec | 30-60sec | 1-10min | >10min |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Employee Completing Report: | | | |  |  |  |  | Comments: |  |  |  |  |
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| Print Name: | |  |  |  |  |  |  |  |  |  |  |  |
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| Signature: | |  |  |  | Date: |  |  |  |  |  |  |  |

Appendix B: Daily Contract Tracing Log (Cont.)

**Instructions:**

1. Forms can be pre-filled out with employee names, broken out by department.
2. Forms can be done for a day or a date range (no longer than 5 consecutive days)
3. Forms are to be reviewed and any contact in the RED are to be reviewed and a new JSA completed within 24 hours.
4. All encounters in ORANGE are to be reviewed by the supervisor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Log assigned to:** | | Check the box in the column that most closely | | | | **Log Date Range:** | |
| Al E. Cat |  | represents your contact time closer than 6ft | | | | MM/DD//YY to | |
|  |  | Use a "C" or "S" to indicate sneeze or cough | | | | MM/DD/YY | |
| **Department** | **Employee Name:** | 10-30sec | 30-60sec | 1-10min | >10min |  |  |
| **Shipping** | Bill Bo |  |  | X |  |  |  |
|  | Jill Smith |  |  |  | X |  |  |
|  | John Mac |  |  |  |  |  |  |
|  | Miles Durn | S |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Receiving | John Brown |  |  |  |  |  |  |
|  | Mike Black |  | X |  |  |  |  |
|  | June Green |  |  |  |  |  |  |
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**Please Note:**

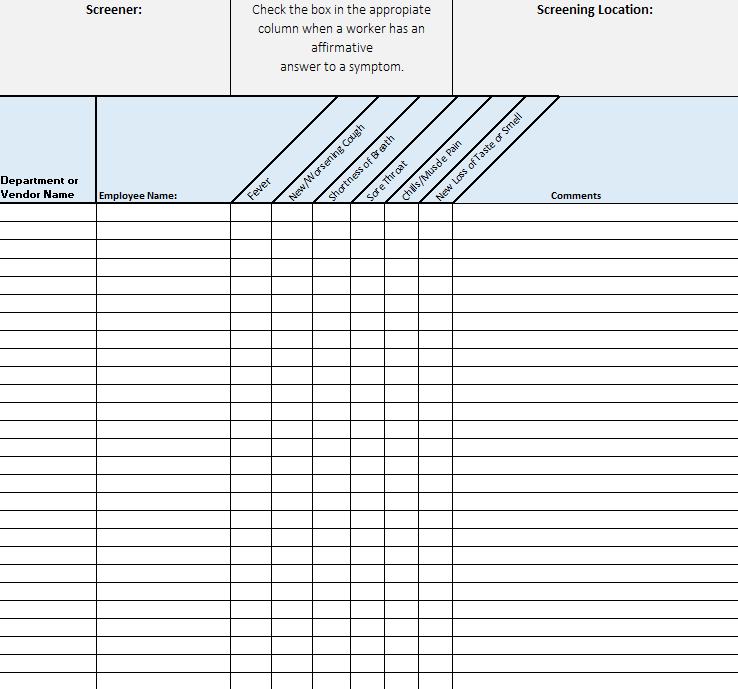
* Any RED or ORANGE encounters where new controls cannot be put in place by the supervisor, must be escalated to the next level of management for solution. All contact forms are to be reviewed daily by the supervisors. Data collected will be tabulated and provided to management at a frequency no greater than weekly for the duration of the physical distancing measures.

# **Appendix C: Community Risk Level Employee Notification Form**

|  |  |  |
| --- | --- | --- |
| EMPLOYEE: | DEPARTMENT: | SUPERVISOR: |
| DATE: | TIME: | AGENCY:  CONTACT: |
| AGENCY CONTACT METHOD (Phone, video conference, in-person meeting, text, etc. | | |
| REFERENCE: | | |
| INFORMATION SUMMARY AND ACTION TAKEN:  *This section is used to summarize the information received by or communicated to a specific agency related to the pandemic. Further, what action was taken with this information, i.e., were employees notified individually, was there a mass communication such as an email, was there an online meeting, were telephone calls made, etc.* | | |

# **Appendix D: Employee Vendor Screening Tool**

Logs must be completed daily by each employee and turned in immediately at the end of the shift to [RESPONSIBLE DEPARTMENT/EMPLOYEE].



Screener Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Appendix D: Employee Vendor Screening Tool Specific to COVID-19**

Modified From: <http://dph.illinois.gov/sites/default/files/Employee%20Monitoring%20Tool.docx%2003092020.pdf>

Worker/Vendor Name: Dept/Company: Date: Time: \_\_\_\_\_\_\_

Screener Name: Location selected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

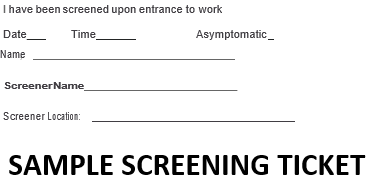
**Screening Location Considerations:**

1. Select place close to entrance for screening. Ideally a separate employee entrance with limited traffic.
2. Ask person to knock on door and screen for symptoms of respiratory illness.

**Ask the employee or vendor all the following Screening Questions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you currently have or had in the last 72 hrs. a:** | **Yes** | **No** | **Comments** |
| Fever |  |  |  |
| New or worsening cough |  |  |  |
| Shortness of breath |  |  |  |
| Sore throat |  |  |  |
| Chills/Muscle Pain |  |  |  |
| New Loss of Taste or Smell |  |  |  |

**If employee answers NO** to **ALL** screening questions, the screener should complete a screening ticket for employee to give to shift supervisor. Employee may begin work shift.



**If a Vendor, provide the vendor with a ID badge indicating they are cleared to enter the facility.**

**If employee or vendor answers YES** to any of the screening questions:

* 1. **Employee:** The employee should not work. The employee should self-isolate at home. Contact the supervisor, Human Resources. Building Maintenance should be contacted for cleaning of the screening area.
  2. **Vendor:** The vendor should not be allowed into the facility and the vendor office contacted by [Responsible Company Position]. Building Maintenance should be contacted for cleaning of the screening area.

**If the employee does NOT** have a fever, new or worsening cough, shortness of breath, or a sore throat, **but, is experiencing mild respiratory illness** the employee may work if they have been fever-free for 72 hours and their symptoms are improving. While at work, the employee must don a facemask. The facemask must always be worn while working.

**READ BELOW to EMPLOYEE:**

IF developing ANY NEW symptoms (cough, shortness of breath, fever) please do the following:

* **IF at Work**: Immediately STOP work, perform hand hygiene, put on a non-N95 mask, notify your supervisor, and wait for instructions.
* I**F at HOME: STAY HOME**, self-isolate and contact your healthcare provider, and let your manager know you are not coming to work.

# **Appendix E: Sample Weekly Event Log**

DIAGNOSED INDIVIDUAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER OR RELATIONSHIP TO EMPLOYEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED DATE OF EXPOSURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the contact tracing tool is used, this form can be completed with data compiled from the contact tracing forms.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WEEK 1 DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **WEEK 2 DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **DATE** | **EMPLOYEE** | **SPACE** | **DATE** | **EMPLOYEE** | **SPACE** |
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# **Appendix F: Returning to Work After A 14-Day Quarantined Due to COVID-19 Exposure**

[Modified from: Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance) -](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

**Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy):**

* A person who has not exhibited/reported symptoms during or after a 14-day self-quarantine may return to work after:
  + Contacting <COMPANY DESIGNATED REPRESENTATIVE> to report on status and review any changes at work relative to the Pandemic.
* A person who has exhibited/reported symptoms during or after a 14-day self-quarantine may return to work under the following conditions:
  + At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
  + Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
  + At least 7 days have passed *since symptoms first appeared*.

**Test-based strategy:**

* **A person who has exhibited/reported symptoms during or after a 14-day self-quarantine may return to work under the following conditions:**
  + Resolution of fever without the use of fever-reducing medications and
  + Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
  + Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart\*\*\* (total of two negative specimens).
    - See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.
* **Persons with laboratory-confirmed COVID-19 who have not had any symptoms may return to work after:**
* At least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic.

CDC Recommends - For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present.

In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

# **Appendix G: Revisions Tracking Document**

The table below is used to register all changes made to the documents that are part of this Pandemic Recovery Safety Policy. Each time the document is updated it shall be given a version number containing information in the following order: Year-Month-Day. An example is: Version 2020-04-24.

The version number, in the footer of this document, shall be changed to the current date with each policy update.

*Note: Printed versions of this document are updated by replacing affected pages with ones that have the current document version number in their footer.*

For columns not applicable, enter “N/A”.

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| **Published Date** | **Document Version Number** | **Affected Page(s)** | **Description of Revision**  **(Include Reason for change)** | **Approved By** |
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