CITY OF STAMFORD

GOVERNMENT CENTER REOPENING POLICIES AND PROCEDURES MANUAL

Purpose of Manual

This manual provides guidance in maintaining a safe environment for all city employees and visitors to the Government Center during and following the COVID-19 pandemic. The manual addresses the CDC Guidance, the Governor's and the Mayor's Executive Orders on reopening public buildings to the public and employees. The manual includes the following components:

I. Building safety requirements for employee and visitors; visitor appointment protocols.
II. Service relocation and use of technology for certain services within the Government Center.
III. City and Public Meetings in the Government Center.
IV. Employee Assistance and COVID-19 Vaccination and Testing Resources

APPENDICES

Appendix I   Mayor's Executive Order – Reopening Government Center
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In developing and implementing these policies and procedures the City has incorporated Center for Disease Control recommendations (CDC), State of Connecticut guidance, applicable safety regulations under the Occupational Safety and Health Act (OSHA), and other evolving federal, state, and local public health and COVID-19 safety guidelines.

I.   **Building safety requirements for employee and visitors; visitor appointment protocols**.

1. The City has begun the process of returning all employees to the workplace. Each department should develop a phase-in plan to the return all employees to the workplace. Safety is of the utmost importance during this return-to-office process, and we have made numerous changes to our policies and procedures, including those set forth in this manual. We expect all employees to return to the workplace by Labor Day. Any employee who believes that they have a health reason not to return to the work place as directed should notify their department head and consult with Human Resources.

    All employees shall enter the building through the main lobby. Employees should not enter the building through the 2nd floor entrance in the parking garage.

2. The City will be issuing a revised remote work policy permitting employees to work remotely based on the employee's COVID-19 related medical or family need, ability of the employee to perform their work remotely, approval of the department head and if other conditions as set forth in the policy are met.

3. Employees and visitors should not enter the building if they are experiencing or have any of the following:

    - Symptoms of COVID-19:
        o Fever or chills
        o Cough
        o Shortness of breath or difficulty breathing
        o Fatigue
        o Muscle or body aches
        o Headache
        o New loss of taste or smell
        o Sore throat
        o Congestion or runny nose
        o Nausea or vomiting
        o Diarrhea
    - Under an order of isolation or quarantine;
    - Pending a COVID-19 test result.

4. With the reopening of the Government Center and employees returning to the workplace we continue to require certain safety protocols as not all employees or visitors have been fully vaccinated. The CDC has issued guiding principles for fully vaccinated people indicating that indoor and outdoor activities pose minimal risks to fully vaccinated people. The following face covering/mask policy will be in effect at the Government until further notice:

a. Employees who are fully vaccinated are not required to wear a face covering while in the Government Center except at times when interacting with the public when wearing a face covering shall be required. Procedures to validate that an employee is fully vaccinated will be issued within the next several weeks.

b. The general public will be required to properly wear a face covering at all times while in the Government Center.

c. Employees who are not fully vaccinated are required to wear a face covering at all times while in the Government Center and maintain social distancing protocols.

Visitors may request a facemask from the lobby security desk. A properly worn face covering/mask should:

- Cover your nose and mouth and fit securely to your chin.

- Fit snugly against the sides of your face.

- Do not touch the facemask or face covering and, if you do, wash your hands or use a hand sanitizer to disinfect.

Signage has been posted throughout the Government Center reminding employees and visitors of the mask, elevator and other safety requirements.

2. All visitors are required to have an appointment for entry to floors 3 and above. Visitors shall report to the lobby security desk and indicate the department and name of the employee they are scheduled to meet with, and time of their appointment. An escort from the department will meet the visitor in the lobby and escort the visitor to the department. Upon completion of their business, the visitor will be escorted back down to the lobby. Within the next several all visitors will be issued an ID badge upon arriving at the security desk in the lobby where they will indicate the time of appointment and the name of the department visiting. Visitors shall wear their ID badge at all times while in the Government Center.

5. Lobby and garage elevators shall have a maximum capacity of four individuals. When elevators are at this capacity, individuals should wait for the next available elevator. During peak periods, the freight elevator will be made available for employees. Floor markers in each elevator indicate the standing location for each individual. The use of the building's stairwell is restricted to city employees. Employees shall not gain entry to the building through the 2nd floor garage access. All access to the building shall be through the main lobby.

6. Workspace layouts, partitions and seating arrangements have been revised to allow for social distancing. Meeting rooms, break rooms and other communal areas have reduced seating and capacity limits. Operations will post the capacity

limits for each meeting room. If additional revisions are required, please contact the Office of Operations.

7. Hand sanitizers are available in the lobby and on each floor for employees and visitors. Employees shall routinely use hand sanitizer throughout the workday including upon entering the building and while accessing various touch points throughout the building (i.e. door handles, elevator buttons, etc.). Each department should ensure that they order sufficient hand sanitizer for each employee's desk and conference room in their department (see Appendix IV).

8. Employees, after each use, are responsible for sanitizing shared printers, scanner, phones, computer monitors etc. Sanitizing wipes are available for employees for this purpose.

9. The Office of Operations is responsible for addressing the routine sanitizing of all touch points in the building and individual department needs for employee safety such as installing approved barriers and relocating workspaces to maintain social distancing (see Appendix IV).

II.   Service relocation and use of technology for certain services within the Government Center.

When possible and/or appropriate, the City will make changes to services and technology to facilitate the reopening of the Government Center, including but not limited to:

- Physically relocate services; kiosk in lobby
- Provide additional IT infrastructure and software enhancing remote work, on-line customer services and remote meetings.

III. City and Public Meetings

City Employee Internal Meetings

Internal in-person meetings may be held subject to following CDC guidance, which includes: maintaining social distancing of six feet, wearing of facemask or facial covering, and proper hand sanitizing. When scheduling an in-person meeting consult with Operations as to the maximum number of people that such room can accommodate with proper social distancing.

Even when in-person meetings are permissible based on current health and safety guidelines, gatherings organized and/or sponsored by the City should continue to offer virtual options when possible both to reduce in-person attendance and to support anyone who is not comfortable or not able to meet in person can still participate.

All appointed City Boards and Commissions will continue to conduct their meetings remotely until further notice.   Elected Boards are strongly encouraged to conduct their meetings remotely until further notice.

Note that these protocols are subject to change including implementing different protocols for vaccinated and non-vaccinated employees.

Public Meetings

Meeting space within the Government Center may be used by the public in accordance with established procedures subject to the following:

- All attendees must properly wear a facemask or face covering at all times while in the building.

- Attendees at meetings or gatherings approved for outdoors are not required to wear a face covering or mask while outdoors (Reopen CT guidelines).

- Social distancing of six feet must be maintained at all times during the meeting.

- Operations will post the maximum capacity for all meeting rooms to ensure proper social distancing .

IV. **Employee Assistance and COVID-19 Vaccination and Testing Resources**

Employee Assistance Programs

CIGNA Employee Assistance & Work Life Support Programs 24/7

- For all employees, except uniform police officers and public safety dispatchers, CIGNA Employee Assistance is a resource for all employees. CIGNA employee assistance can be reached at 1-877-622-4327 or at www.mycigna.com

- For uniform police officers and public safety dispatchers, Behavioral Health is a resource for those employees. Behavioral Health can be reached at 1-800-864-2742 or www.bhcservices.com

Managers/Employees COVID-19 Related Questions

- Contact the Department of Health contact tracing team for guidance at 203 977-4846.

Vaccination and Testing Resources (please check web sites as these resources are subject to change)

- COVID-19 Vaccines

  City of Stamford Department of Health Laboratory, 8th Floor Government Center Tuesday and Thursdays 10 AM – 2 PM. (City Employee Only) 203-276-7300

  For information as to where and how to obtain the COVID-19 vaccine please go to the State of Connecticut website:

  https://portal.ct.gov/Vaccine-Portal or www.stamfordct.gov

- COVID-19 Testing

  For information as to where and how to obtain a COVID-19 test please go to the State of Connecticut website:

  https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/COVID-19-Testing

  or

  www.stamfordct.gov

Pursuant to emergency powers as set forth in Connecticut General Statute Section 28-8a and Section C3-10-10 of the Charter of the City of Stamford, I hereby issue the following Executive Order.

MAYOR'S EXECUTIVE ORDER
REOPENING GOVERNMENT CENTER

The prior Executive Order entitled, "City Employee Leave Time and Staffing COVID-19 Pandemic," issued on March 16, 2020 (amended April 1, 2020) and prior Executive Order entitled "City Employee Safety When Working at the Government Center During the COVID-19 Pandemic" issued July 31, 2020, are hereby rescinded. The City's Continuity of Operations Plans (COOP) which went into effect Tuesday March 17, 2020, as part of that Executive Order, is discontinued.

Effective Monday, July 12, 2021, the Government Center will reopen to all employees and visitors. Department Managers should begin to schedule all employees to report to the office. All employees must be back in the office by Labor Day. Human Resources will be issuing a revised policy on remote work, to be limited in scope to accommodate special circumstances on a temporary basis where the business needs of the department can be accomplished. A number of safety protocols and new processes have been instituted to continue to provide for the safety of employees and visitors. The City has prepared a "Government Center Reopening Policies and Procedures Manual," which details these safety protocols and new processes. This manual will be distributed to all city employees at the Government Center and posted to the city's web site.

I am announcing the reopening of the Government Center and the discontinuance of the COOP as our Federal, state and local public health authorities have eased COVID-19 restrictions as the number of positive cases has dramatically declined. Vaccination rates are improving and approaching the numbers necessary for adult herd immunity. As a result, both private and public organizations in the State of Connecticut – and throughout the country – are reopening and employees are returning to the workplace.

With the reopening of the Government Center and employees returning to the workplace we continue to require certain safety protocols as not all employees or visitors have been fully vaccinated. The CDC has issued guiding principles for fully vaccinated people indicating that indoor and outdoor activities pose minimal risks to fully vaccinated people. The following face covering mask policy will be in effect at the Government Center until further notice:

- Employees who have been validated by the Human Resources Department as being fully vaccinated are not required to wear a face covering while in the Government Center except at times when interacting with the public when wearing a face covering shall be required.

- The general public will be required to properly wear a face covering at all times while in the Government Center.

- Employees who are not fully vaccinated are required to wear a face covering at all times while in the Government Center and maintain social distancing protocols.

We have also utilized technology to continue to move many of our services on-line. Kiosks have been set up in the lobby of the Government Center to reduce the traffic in the building, which will aide in maintaining social distancing. Consistent with state statute, many public meetings will continue to be held remotely. On a case-by-case basis, in-person meetings can be scheduled if the necessary social distancing and other safety protocols are maintained.

This Executive Order shall take effective July 12, 2021.
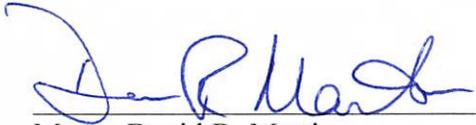
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Mayor David R. Martin

July 7 2021
Date
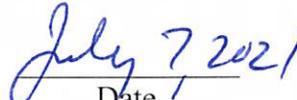
STATE OF CONNECTICUT

BY HIS EXCELLENCY

NED LAMONT

EXECUTIVE ORDER NO. 12A

PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC – REVISED ORDER FOR MASKS AND FACE COVERINGS

WHEREAS, on March 10, 2020, I declared public health and civil preparedness emergencies throughout the State of Connecticut as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and Connecticut; and

WHEREAS, on September 1, 2020, I renewed the March 10, 2020 declaration of public health and civil preparedness emergencies and also issued new declarations of public health and civil preparedness emergencies, which new and renewed emergencies remained in effect until February 9, 2021; and

WHEREAS, on January 26, 2021, I renewed the March 10, 2020 and September 1, 2020 declarations of public health and civil preparedness emergencies and also issued new declarations of public health and civil preparedness emergencies, which new and renewed emergencies shall run concurrently and remain in effect until April 20, 2021; and

WHEREAS, on March 31, 2021, I signed into law Special Act 21-2, through which the General Assembly ratified the previously mentioned declarations and endorsed a renewal and extension of such declarations through May 20, 2021; and

WHEREAS, pursuant to such declarations, I have issued various executive orders to protect public health, limit transmission of COVID-19, and mitigate the effects of the COVID-19 pandemic (the "COVID-19 Orders"); and

WHEREAS, on April 19, 2021, I renewed the March 10, 2020 and September 1, 2020 declarations of public health and civil preparedness emergencies and also issued new declarations of public health and civil preparedness emergencies, which new and renewed emergencies shall run concurrently and remain in effect until through May 20, 2021; and

WHEREAS, on May 13, 2021, I signed into law House Bill 6686, through which the General Assembly endorsed a renewal and extension of such declarations and authorized me to continue to exercise the emergency powers provided in Sections 19a-131a and 28-9 of the Connecticut General Statutes through July 20, 2021; and

WHEREAS, on May 18, 2021, I renewed the March 10, 2020, September 1, 2020, January 26, 2021 and April 19, 2021, declarations of public health and civil preparedness emergencies and

also issued new declarations of public health and civil preparedness emergencies, which new and renewed emergencies shall run concurrently and remain in effect until through July 20, 2021; and

WHEREAS, COVID-19 is a respiratory disease that spreads easily from person to person and may result in serious illness or death; and

WHEREAS, the World Health Organization has declared the COVID-19 outbreak a pandemic; and

WHEREAS, the COVID-19 pandemic remains a grave threat to public health and safety and civil preparedness in the State of Connecticut; and

WHEREAS, public health experts have determined that it is possible to transmit COVID-19 even before a person shows symptoms and through aerosol transmission; and transmission or "shedding" of the coronavirus that causes COVID-19 may be most virulent before a person shows any symptoms; and

WHEREAS, the CDC has recommended that people with mild symptoms consistent with COVID-19 be assumed to be infected with the disease; and

WHEREAS, to reduce the spread of COVID-19, the United States Centers for Disease Control and Prevention (CDC) and the Connecticut Department of Public Health (DPH) recommend implementation of community mitigation strategies to slow transmission of COVID-19, including maintaining a safe distance from others and wearing masks or face coverings; and

WHEREAS, because COVID-19 has caused unanticipated health effects that are not fully understood by the medical community, residents, businesses, and government, agencies face new and unanticipated economic, fiscal, and operational challenges as a result of the COVID-19 pandemic; and

WHEREAS, Connecticut continues to successfully conduct a campaign to vaccinate as many residents as possible against COVID-19, including having opened eligibility to all residents aged 12 or older and having vaccinated a large percentage of those most vulnerable to serious health effects from COVID-19; and

WHEREAS, I have previously announced that consistent with improved vaccination rates and reductions in COVID-19 infection rates, certain outdoor activities, could resume safely on May 1, 2021, and that on May 19, 2021, most remaining business and social gathering restrictions could be lifted; and

WHEREAS, Executive Order No. 7NNN, Section 1 required the use of masks of cloth face coverings both indoors and outdoors wherever people could not maintain a safe distance of six feet from others; and

WHEREAS, on May 13, 2021, the Centers for Disease Control issued guidance that, because of data showing that vaccinated people are highly unlikely to transmit or contract COVID-19 people who have been fully vaccinated need not wear face masks or face coverings except for in certain rare settings such as correctional facilities, transportation facilities, schools, healthcare facilities, and homeless shelters; and

WHEREAS, in certain indoor settings where the risk of COVID-19 infection is higher because of the concentration of large numbers of people, the presence of people with underlying conditions or compromised immune systems, the difficulty of ascertaining who has been vaccinated may require the universal wearing of masks and face coverings; and

WHEREAS, on May 18, I issued Executive Order No. 12, which revised rules for wearing masks in accordance with the principles above; and

WHEREAS, providing the Commissioner of Public Health with authority to issue and amend rules specifying the settings and locations where mask and face coverings shall be required will provide the most efficient and expeditious method of communicating and, when necessary, modifying such rules in response to changing public health conditions;

NOW, THEREFORE, I, NED LAMONT, Governor of the State of Connecticut, by virtue of the authority vested in me by the Constitution and the laws of the State of Connecticut, do hereby **ORDER AND DIRECT:**

Executive Order No. 12 is repealed. Effective immediately, any person while indoors in a public place who does not maintain a safe social distance of approximately six feet from every other person and who is not fully vaccinated for COVID-19 shall cover their mouth and nose with a mask or cloth face covering. A person shall be considered [fully vaccinated 14 days after receiving the final recommended dose](#) of a vaccine approved for use against COVID-19 by U.S. Food and Drug Administration, or as otherwise defined by the Centers for Disease Control.

a. Nothing in this order shall require the use of a mask or cloth face covering by anyone for whom doing so would be contrary to his or her health or safety because of a medical condition, behavioral condition, or disability, or anyone under the age of 2 years. Any person who declines to wear a mask or face covering because of a medical condition, behavioral condition, or disability shall be exempt from this order and any requirement to wear masks or face coverings promulgated in or pursuant to any COVID-19 Order, but only if such person provides written documentation that the person is qualified for the exemption from a licensed or certified medical provider, psychologist, marriage and family therapist, professional counselor, social worker, or behavior analyst, the Department of Developmental Services or other state agency that provides or supports services for people with emotional, intellectual or physical

disabilities, or a person authorized by any such agency. Such documentation shall not be required to name or describe the condition that qualifies the person for the exemption.

b. The Commissioner of Public Health shall issue a rule setting forth a comprehensive list of facilities, venues, and other locations where masks and cloth face coverings are required and will amend said rule as the Commissioner determines is warranted by public health conditions.

  i. Any person who fails to wear a mask or cloth-face covering as required by section (b) above, other than a person who qualifies for the exemption set forth in subsection (a) of this order, shall be guilty of a violation and fined one hundred dollars. An employer, rather than the employee, is liable for the fine for any employee's failure to wear a required mask or cloth-face covering while at work.

  ii. Section 51-164n(b) of the Connecticut General Statutes is amended to authorize the Commissioner of Public Health, local health directors, district health directors, and their designees; state and municipal police officers and peace officers as defined in Section 53a-3(9) of the Connecticut General Statutes; and public safety departments of institutions of higher education to issue fines for the violation of the rule established in section (b) above. All fines collected pursuant to this order shall be distributed to the General Fund. In any case in which a person is charged with a violation pursuant to this order, the procedures set forth in Section 51-164n through 51-164r of the Connecticut General Statutes shall apply. Nothing in this Section shall be construed to limit, alter, modify, or suspend any penalties or remedies that otherwise apply to violation of orders issued pursuant to the civil preparedness and public health emergencies.

c. Masks shall not be required while eating or drinking.

d. This order shall supersede and preempt any current or future municipal order whenever such order conflicts with this order.

e. Any business, nonprofit organization, property owner, or state, regional, or municipal government or agency may require, subject to the exceptions in subsection (a) of this order, the universal use of masks or face coverings or require staff to wear masks in settings under their ownership or control, including, but not limited to, offices, places of public accommodation, public venues, or public meetings.

f. Nothing in this order shall limit the authority of the Commissioner of Education or the Commissioner of Early Childhood to issue operational rules, including but not limited to mask or face covering requirements, pursuant to Executive Order No. 9, Section 1.

This order shall take effect immediately and remain in effect through July 20, 2021 unless earlier modified or terminated.

Dated at Hartford, Connecticut, this 20th day of May, 2021.

Ned Lamont
Governor

By His Excellency's Command

Denise W. Merrill
Secretary of the State

APPENDIX III

CDC Interim Public Health Guidance for Fully Vaccinated People
(May 28, 2021)

CDC Guidance is subject to change. The most recent CDC guidance can be found here:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Overview

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Additionally, a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection or transmit SARS-CoV-2 to others. How long vaccine protection lasts and how much vaccines protect against emerging SARS-CoV-2 variants are still under investigation.

For the purposes of this guidance, people are considered fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson & Johnson [J&J]/Janssen)±; there is currently no post-vaccination time limit on fully vaccinated status. Unvaccinated people refers to individuals of all ages, including children, that have not completed a vaccination series or received a single-dose vaccine.

At this time, there are limited data on vaccine protection in people who are immunocompromised. People with immunocompromising conditions, including those taking immunosuppressive medications (for instance drugs, such as mycophenolate and rituximab, to suppress rejection of transplanted organs or to treat rheumatologic conditions), should discuss the need for personal protective measures with their healthcare provider after vaccination.

This guidance provides recommendations for fully vaccinated people, including:

- How fully vaccinated people can safely resume activities
- How fully vaccinated people should approach domestic and international travel
- How fully vaccinated people should approach isolation, quarantine, and testing

CDC will continue to evaluate and update public health recommendations for fully vaccinated people as more information, including on new variants, becomes available. Further information on evidence and considerations related to these recommendations is available in the Science Brief.

Guiding Principles for Fully Vaccinated People

- Indoor and outdoor activities pose minimal risk to fully vaccinated people.
- Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people.
- Fully vaccinated people should still get tested if experiencing COVID-19 symptoms.

- Fully vaccinated people should not visit private or public settings if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Fully vaccinated people should continue to follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

Recommendations for Indoor and Outdoor Settings

Risk of SARS-CoV-2 infection is minimal for fully vaccinated people. The risk of SARS-CoV-2 transmission from fully vaccinated people to unvaccinated people is also reduced. Therefore, fully vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. Fully vaccinated people should also continue to wear a well-fitted mask in correctional facilities and homeless shelters. Prevention measures are still recommended for unvaccinated people.

Travel

Fully vaccinated travelers are less likely to get and spread SARS-CoV-2 and can now travel at low risk to themselves within the United States. International travelers need to pay close attention to the situation at their international destinations before traveling due to the spread of new variants and because the burden of COVID-19 varies globally.

CDC prevention measures continue to apply to all travelers, including those who are vaccinated. All travelers are required to wear a mask on all planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

Domestic travel (within the United States or to a U.S. territory)

- Fully vaccinated travelers do not need to get a SARS-CoV-2 viral test before or after domestic travel, unless testing is required by local, state, or territorial health authorities.
- Fully vaccinated travelers do not need to self-quarantine following domestic travel.
- For more information, see Domestic Travel During COVID-19.

International Travel

- Fully vaccinated travelers do not need to get tested before leaving the United States unless required by their destination.
- Fully vaccinated air travelers coming to the United States from abroad, including U.S. citizens, are still required to have a negative SARS-CoV-2 viral test result or documentation of recovery from COVID-19 before they board a flight to the United States.
- International travelers arriving in the United States are still recommended to get a SARS-CoV-2 viral test 3-5 days after travel regardless of vaccination status.
- Fully vaccinated travelers do not need to self-quarantine in the United States following international travel.
- For more information, see International Travel During COVID-19.

Recommendations for Isolation, Quarantine and Testing

The following recommendations apply to non-healthcare settings. Guidance for residents and staff of healthcare settings can be found in the Updated Healthcare Infection Prevention Control Recommendations in Response to COVID-19 Vaccination.

Fully vaccinated people with COVID-19 symptoms

Although the risk that fully vaccinated people could become infected with COVID-19 is low, any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care.

Fully vaccinated people with no COVID-like symptoms following an exposure to someone with suspected or confirmed COVID-19

Most fully vaccinated people with no COVID-like symptoms do not need to quarantine, be restricted from work, or be tested following an exposure to someone with suspected or confirmed COVID-19, as their risk of infection is low.

However, they should still monitor for symptoms of COVID-19 for 14 days following an exposure.

Exceptions where testing (but not quarantine) is still recommended following an exposure to someone with suspected or confirmed COVID-19 include:

- Fully vaccinated residents and employees of correctional and detention facilities and homeless shelters.

Fully vaccinated people with no COVID-19-like symptoms and no known exposure to someone with suspected or confirmed COVID-19

It is recommended that fully vaccinated people with no COVID-19-like symptoms and no known exposure should be exempted from routine screening testing programs, if feasible.

APPENDIX IV

CDC Guidance for Businesses and Employers Responding to Coronavirus Disease
(March 8, 2021)

Purpose

This guidance is based on what is currently known about the transmission of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). 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.

Implementing this guidance may help prevent workplace exposures to SARS-CoV-2 in non-healthcare settings; separate guidance is available for healthcare settings. CDC also has guidance for critical infrastructure work settings. Unless otherwise specified, this interim guidance for businesses and employers applies to critical infrastructure workplaces as well.

Role of Businesses and Employers in Responding to COVID-19

Businesses and employers can play a key role in preventing and slowing the spread of SARS-CoV-2 within the workplace. Employers' COVID-19 preparedness, response, and control plans should take into account workplace factors such as feasibility of social distancing in the workplace, ability to stagger employee shifts, degree to which employees interact with the public in person, feasibility of accomplishing work by telework, geographical isolation of the workplace, whether employees live in congregate housing, proportion of employees at increased risk for severe illness, policies regarding sick leave for staff, and priority for continuity of operations. Employers should also consider the level of COVID-19 disease transmission in their communities.

Businesses and employers are encouraged to coordinate with state and local external health officials to obtain timely and accurate information to inform appropriate responses. Local conditions will influence the decisions that public health officials make regarding community-level strategies.

As an employer, if your business operations were interrupted, resuming normal or phased activities presents an opportunity to update your COVID-19 preparedness, response, and control plans. All employers should implement and update as necessary a plan that:

- Is specific to your workplace,
- Identifies all areas and job tasks with potential exposures to SARS-CoV-2, and
- Includes control measures to eliminate or reduce such exposures.

Talk with your employees about planned changes and seek their input. Additionally, collaborate with employees and unions to effectively communicate important COVID-19 information.

See the OSHA Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace for more information on how to protect workers from potential exposures, according to their exposure risk. Plans should consider that employees may be able to spread COVID-19 even if they do not show symptoms.

All employers need to consider how best to decrease the spread of SARS CoV-2, the virus that causes COVID-19, and lower the impact in your workplace. This should include activities to:

- prevent and reduce transmission among employees,
- maintain healthy business operations, and
- maintain a healthy work environment.

Prevent and Reduce Transmission Among Employees

Monitor federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website.

Actively encourage sick employees to stay home

- Employees who have symptoms should notify their supervisor and stay home. CDC recommends testing for people with any signs or symptoms of COVID-19 and for all close contacts of persons with COVID-19.
- Employees who are sick with COVID-19 should isolate and follow CDC-recommended steps. Employees who are asymptomatic (have no symptoms) or pre-symptomatic (not yet showing symptoms) but have tested positive for SARS-CoV-2 infection should also isolate and follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers.
- Employees who are well but who have a sick household member with COVID-19 should notify their supervisor and follow CDC-recommended precautions.
- Employers are encouraged to implement flexible, non-punitive paid sick leave and supportive policies and practices as part of a comprehensive approach to prevent and reduce transmission among employees. Some employees may be eligible to take leave under the Family Medical Leave Act (FMLA) or the Families First Coronavirus Response .

Consider conducting daily in-person or virtual health checks (e.g., symptom and temperature screening) of employees before they enter the facility, in accordance with state and local public health authorities and, if available, your occupational health services. Screening and health checks are not a replacement for other protective measures such as social distancing, mask wearing (unless respirators or facemasks are required), and engineering controls, including proper ventilation. Symptom and temperature screening cannot identify people with SARS-CoV-2 infection who are asymptomatic (do not have symptoms) or are presymptomatic (have not developed signs or symptoms yet but will later).

For **virtual health checks**, encourage individuals to self-screen prior to coming onsite. An electronic monitoring system could be implemented in which, prior to arrival at the facility, employees report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-

CoV-2 infection in the prior 10 days, confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days, and confirm they are not undergoing evaluation for SARS-CoV-2 infection such as pending viral test (nucleic acid amplification test or antigen test).

For **in-person health checks**, conduct them safely and respectfully and in a way that maintains social distancing of workers in and entering the screening area. Workers should not enter the worksite past the screening area if any of the following are present:

- Symptoms of COVID-19
- Fever of 100.4 degrees Fahrenheit (^{o}F) or higher or report feeling feverish
- Undergoing evaluation for SARS-CoV-2 infection (such as pending viral test)
- Diagnosis of SARS-CoV-2 infection in the prior 10 days
- Close contact to someone with SARS-CoV-2 infection during the prior 14 days

Follow guidance from the Equal Employment Opportunity Commission regarding confidentiality of medical records from health checks. To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual's medical status and history.

Ensure personnel performing in-person screening activities are appropriately protected against exposure to potentially infectious workers entering the facility. Methods known to reduce risk of transmission include social distancing, physical barriers, and mask wearing. If social distance or barrier controls cannot be implemented during screening, personal protective equipment (PPE) can be used when the screener is within 6 feet of an employee. However, reliance on PPE alone is a less effective control and may be more difficult to implement given PPE shortages and training requirements. Ensure screeners are trained on proper use and reading of thermometers per manufacturer standards; improper calibration and use can lead to incorrect temperature readings.

Below are examples that can be incorporated into the in-person screening process.

- **Social Distancing:** Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace. Upon their arrival, stand at least 6 feet away from the employee and:
  - Ask the employee to confirm that their temperature is less than 100.4^oF (38.0^o C)
  - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks, sweating inappropriately for ambient temperature, or difficultly with ordinary tasks
  - Screening staff do not need to wear PPE if they can maintain a distance of 6 feet; however, screening staff and employees being screened should wear masks.

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

- o Make a visual inspection of the employee for signs of illness, which could include flushed cheeks, sweating inappropriately for ambient temperature, or difficulty with ordinary tasks.
- o Conduct temperature and symptom screening
  - ▪ Put on disposable gloves.
  - ▪ Check the employee's temperature, reaching around the partition or through the window. Make sure the screener's face stays behind the barrier at all times during the screening.
  - ▪ Contact thermometers need to be cleaned and disinfected after each screened employee according to manufacturer's instructions and facility policies. Non-contact thermometers should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- o Remove and discard gloves, and wash hands with soap and water for at least 20 seconds between each employee. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
  - ▪ If disposable or non-contact thermometers are used and the screener does not have physical contact with the individual, the screener's gloves do not need to be changed before the next check. Gloves should be removed and discarded if soiled or damaged. Gloves should not be worn continuously for more than for four hours. After removing gloves, screeners should wash their hands with soap and water for at least 20 seconds or use hand sanitizer if soap and water are not available. Gloves should be removed and discarded anytime they are soiled or damage.
- **PPE:** Screeners need to be trained on how to properly put on, take off and dispose of all PPE. Upon arrival, the screener should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol and put on a facemask or respirator, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. Extended use of a facemask or respirator and eye protection may be implemented. A gown could be considered if extensive contact with an employee is anticipated.
  - o Make a visual inspection of the employee for signs of illness, which could include flushed cheeks, sweating inappropriately for ambient temperature, or difficulty performing ordinary tasks.
  - o Conduct temperature and symptom screening
    - ▪ If performing a temperature check on multiple individuals, **the screener should change their gloves and wash their hands or use hand sanitizer** with at least 60% alcohol **between each employee.**
    - ▪ **Contact thermometers need to be cleaned and disinfected after each screened employee** according to manufacturer's instructions and facility policies. Non-contact thermometers should be cleaned and disinfected according to manufacturer's instructions and facility policies.
    - ▪ If disposable or non-contact thermometers are used and the screener does not have physical contact with the individual, the screener's gloves do not need to be changed before the next check. Gloves should not be worn continuously for more than for four hours. After removing gloves, screeners should wash their hands with soap and water for at least 20 seconds or use hand sanitizer if soap and water are not available.

- Any PPE, including gloves, facemask, respirator, eye protection, and gown, should be removed and discarded if soiled or damaged.

Consider incorporating testing for SARS-CoV-2 into workplace preparedness, response, and control plans

- Consider implementing an approach to testing based on the guidance for select non-healthcare workplaces.

- Approaches may include initial testing of all workers before entering a workplace, periodic testing of workers at regular intervals, or targeted testing of new workers or those returning from a prolonged absence such as medical leave or furlough, or some combination of approaches. Several factors may be helpful in determining the interval for periodic testing, including availability of testing, results of previous testing, and level of community transmission.

Identify where and how workers might be exposed to individuals with COVID-19 at work

Employers are responsible for providing a safe and healthy workplace. Conduct a thorough hazard assessment of the workplace to identify potential workplace hazards related to COVID-19. Use appropriate combinations of control measures from the hierarchy of controls to limit the spread of COVID-19, including engineering controls, workplace administrative policies, and PPE to protect workers from the identified hazards (see table below):

- Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties.
- When engineering and administrative controls cannot be implemented or are not fully protective, employers are required by OSHA standards to:
  - Determine what PPE is needed for their workers' specific job duties,
  - Select and provide appropriate PPE to the workers at no cost, and
  - Train their workers on its correct use.
- Ensure all employees wear masks in accordance with CDC and OSHA guidance as well as any state or local requirements. This applies if the hazard assessment has determined that they do not require PPE, such as a respirator or medical facemask for protection.
  - CDC recommends wearing a mask, which covers the nose and mouth and fits snugly against the sides of the face, as a measure to contain the wearer's respiratory droplets and help protect their co-workers and members of the general public. Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - Masks are meant to help prevent workers who do not know they have the virus that causes COVID-19 from spreading it to others; however, masks might provide some protection to wearers.
  - Masks do not provide the same level of protection as a medical facemask or respirator and should not replace PPE required or recommended at the workplace.

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- Remind employees and customers that CDC recommends wearing masks in public settings and when around people who do not live in their household, especially when other social distancing measures are difficult to maintain. Wearing a mask, however, is not a substitute for social distancing. Masks should still be worn in addition to staying at least 6 feet apart.
- See the OSHA COVID-19 webpage for more information on how to protect workers from potential SARS-CoV-2 exposures and guidance for employers, including steps to take for jobs according to exposure risk.

Separate sick employees

- Employees who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors, and sent home.
- Have a procedure in place for the safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.

Take action if an employee is suspected or confirmed to have COVID-19

Follow the CDC cleaning and disinfection recommendations:

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2external icon, the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting
- Ensure there is adequate ventilation when using cleaning and disinfection products to prevent from inhaling toxic vapors.
- You may need to wear additional PPE depending on the setting and disinfectant product you are using. For each product you use, consult and follow the manufacturer's instructions for use.

Determine which employees may have been exposed to the virus and may need to take additional precautions:

- Employers have an obligation to manage the potentially exposed workers' return to work in ways that best protect the health of those workers, their co-workers, and the general public.
- Inform employees of their possible close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with confirmed or suspected SARS-CoV-2 infection in the workplace, but maintain confidentiality as required by the Americans with Disabilities Act (ADA)external icon.
- Most workplaces should follow the Public Health Recommendations for Community-Related Exposure. The most protective approach for the workplace is for exposed employees (close contacts) to quarantine for 14 days, telework if possible, and self-monitor for symptoms. This approach maximally reduces post-quarantine transmission risk and is the strategy with the greatest collective experience at present.
- Although CDC continues to recommend a 14-day quarantine, options are provided for shorter quarantine that may end after day 7 or after day 10 based on certain conditions.

Alternatives to the 14-day quarantine are described in the Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing. Shortening quarantine may increase willingness to adhere to public health recommendations. However, shortened quarantine may be less effective in preventing transmission of COVID-19 than the currently recommended 14-day quarantine.

- Workplaces could consider these quarantine alternatives as measures to mitigate staffing shortages, but they are not the preferred options to mitigate staffing shortages. Workplaces should understand that shortening the duration of quarantine might pose additional transmission risk. Employers should also consider workplace characteristics when considering if this additional transmission risk is acceptable (e.g., level of community transmission, ability to maintain social distancing, proportion of employees at increased risk for severe illness, and priority for continuity of operations). Employers should counsel workers about the need to monitor for symptoms and immediately self-isolate if symptoms occur during the 14 days after their exposure and the importance of consistent adherence to all recommended mitigation strategies (e.g., mask wearing, social distancing, hand hygiene, cleaning and disinfection, and proper ventilation).
- Implementation of testing strategies can supplement measures to reduce transmission in the workplace. Repeated testing over time, also referred to as serial testing, may be more likely to detect infection among workers with exposures than testing done at a single point in time.
- Critical infrastructure workplaces should follow COVID-19 Critical Infrastructure Sector Response Planning and guidance on Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is identified.

Educate employees about steps they can take to protect themselves at work and at home

- Encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, and work meetings and travel.
- Advise employees to:
  - Stay home if they are sick, except to get medical care, and to learn what to do if they are sick.
  - Inform their supervisor if they have a sick household member at home with COVID-19 and to learn what to do if someone in their home is sick.
  - Wear a mask when out in public and when around people who do not live in their household, especially when other social distancing measures are difficult to maintain. Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees that if their hands are visibly dirty, they should use soap and water instead of hand sanitizer. Key times for employees to clean their hands include:
    - Before and after work shifts
    - Before and after work breaks
    - After blowing their nose, coughing, or sneezing
    - After using the restroom
    - Before eating or preparing food
    - After putting on, touching, or removing cloth face coverings

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- o Avoid touching their eyes, nose, and mouth with unwashed hands.
- o Cover their mouth and nose with a tissue when you cough or sneeze or use the inside of their elbow. Throw used tissues into no-touch trashcans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol. Learn more about coughing and sneezing etiquette on the CDC website.
- o Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2, the cause of COVID-19, and are appropriate for the surface.
- o Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
- o Practice social distancing by avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible.

For employees who commute to work using public transportation or ride sharing, consider offering the following support

- If feasible, offer employees incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ask employees to follow the CDC guidance on how to protect yourself when using transportation.
- Allow employees to shift their hours so they can commute during less busy times.
- Ask employees to clean their hands as soon as possible after their trip.

Maintain Healthy Business Operations

Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Implement flexible sick leave and supportive policies and practices

- Ensure that sick leave policies are flexible, non-punitive, and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- Some workers may be eligible to take leave under the Family Medical Leave Act (FMLA) or the Families First Coronavirus Response Act.
- Employers with fewer than 500 employees are eligible for 100% tax credits for Families First Coronavirus Response Act COVID-19 paid leave provided through March 31, 2021, up to certain limits.
- Employers that do not currently offer sick leave to some or all of their employees should consider drafting non-punitive "emergency sick leave" policies.

- Employers should not require a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
  - o Under the American's with Disabilities Act, employers are permitted to require a doctor's note from their employees to verify that they are healthy and able to return to work. However, as a practical matter, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Most people with COVID-19 have mild illness and can recover at home without medical care and can follow CDC recommendations to determine when to discontinue home isolation and return to work.
  - o The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding Pandemic Preparedness in the Workplace and the Americans with Disabilities Act. The guidance enables employers to take steps to protect workers consistent with CDC guidance, including requiring workers to stay home when necessary to address the direct threat of spreading SARS-CoV-2 infection to others.
- Review human resources policies to make sure that your policies and practices are consistent with public health recommendations and with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor's and the Equal Employment Opportunity Commission's websites).
- Connect employees to employee assistance program (EAP) resources, if available, and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to help them manage stress and cope.

Protect employees at higher risk for severe illness through supportive policies and practices

Older adults and people of any age who have certain underlying medical conditions are at higher risk for severe illness from COVID-19.

- Support and encourage options to telework, if available. This will eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.
- Consider offering employees at higher risk for severe illness duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Ensure that any other businesses and employers sharing the same workspace also follow this guidance.

Communicate supportive workplace polices clearly, frequently, and via multiple methods

Employers may need to communicate with non-English speakers in their preferred languages.

- Train workers on how implementing any new policies to reduce the spread of SARS CoV-2 may affect existing health and safety practices.
- Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of SARS CoV-2. Ensure that they have the information and capability to comply with those policies.

- Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.
- Consider using a hotline or another method for employees to voice concerns anonymously.

Assess your essential functions and the reliance that others and the community have on your services or products.

- Be prepared to change your business practices, if needed, to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations).
- Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.
- If other companies provide your business with contract or temporary employees, talk with them about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Talk with business partners about your response efforts. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.
- Identify and prioritize job functions for continuous operations. Minimize the number of workers present at worksites by balancing the need to protect workers with support for continuing operations.

Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children until childcare programs and K-12 schools can resume their normal schedules.

- Plan to monitor and respond to absenteeism at the workplace.
- Implement plans to continue your essential business functions in case you experience higher-than-usual absenteeism.
- Prepare to institute flexible workplace and leave policies.
- Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.

Establish policies and practices for social distancing. Alter your workspace to help workers and customers maintain social distancing and physically separate employees from each other and from customers, when possible. Here are some strategies that businesses can use:

- Implement flexible worksites (e.g., telework).
- Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
- Increase physical space between employees at the worksite by modifying the workspace.
- Increase physical space between employees and customers (e.g., drive-through service, physical barriers such as partitions).
- Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed at least 6 feet apart, to indicate where to stand when physical barriers are not possible.

- Implement flexible meeting and travel options (e.g., postpone in-person non-essential meetings or events in accordance with state and local regulations and guidance).
- Close or limit access to common areas where employees are likely to congregate and interact.
- Prohibit handshaking.
- Deliver services remotely (e.g., phone, video, or web).
- Adjust your business practices to reduce close contact with customers — for example, by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options, where feasible.
- Move the electronic payment terminal/credit card reader farther away from the cashier, if possible, to increase the distance between the customer and the cashier.
- Shift primary stocking activities to off-peak or after hours, when possible, to reduce contact with customers.

If you have more than one business location, consider giving local managers the authority to take appropriate actions outlined in their COVID-19 response plans based on their local conditions.

Maintain a healthy work environment

Since COVID-19 may be spread by those with no symptoms, businesses and employers should evaluate and institute controls according to the hierarchy of controls to protect their employees and members of the general public.

Consider improving the engineering controls using the building ventilation system. This may include some or all of the following considerations:

- Increase outdoor air ventilation, using caution in highly polluted areas.
- When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to occupants in the building.
- Use fans to increase the effectiveness of open windows. To safely achieve this, fan placement is important and will vary based on room configuration. Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person over another. One helpful strategy is to use a window fan, placed safely and securely in a window, to exhaust room air to the outdoors. This will help draw fresh air into room via other open windows and doors without generating strong room air currents.
- Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase airflow to occupied spaces when possible.
- Turn off any demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours. In homes and buildings where the HVAC fan operation can be controlled at the thermostat, set the fan to the "on" position instead of "auto," which will operate the fan continuously, even when heating or air-conditioning is not required.
- Open outdoor air dampers beyond minimum settings to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.

- Improve central air filtration:
    - o [Increase air filtration](#) to as high as possible without significantly reducing design airflow.
    - o Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
    - o Check filters to ensure they are within their service life and appropriately installed.
- Ensure restroom exhaust fans are functional and operating at full capacity when the building is occupied.
- Inspect and maintain local exhaust ventilation in areas such as kitchens, cooking areas, etc. Operate these systems any time these spaces are occupied. Consider operating these systems, even when the specific space is not occupied, to increase overall ventilation within the occupied building.
- Consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as a nurse's office or areas frequently inhabited by persons with increased risk of getting COVID-19).
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited. [Upper-room UVGI systems](#) can be used to provide air cleaning within occupied spaces, and in-duct UVGI systems can help enhance air cleaning inside central ventilation systems.

Note: The ASHRAE [Guidance for Building Operations During the COVID-19 Pandemic](#) provides further information on ventilation and building operations during the COVID-19 pandemic.

Ensure the safety of your building water system and devices after a prolonged shutdown

- Follow the [CDC Guidance for Building Water Systems](#), which describes 8 steps to take before you reopen your business or building.

Give employees, customers, and visitors what they need to [clean their hands](#) and cover their coughs and sneezes

- Provide tissues and no-touch trash cans.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based [hand sanitizer](#) with at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless [hand sanitizer](#) stations in multiple locations to encourage hand hygiene.
- Place [posters](#) that encourage [hand hygiene](#) to help [stop the spread](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.
- Direct employees to visit CDC's [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.

Perform routine cleaning and disinfection

- Follow the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to SARS-CoV-2, the virus that causes COVID-19.
- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
    - If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
    - For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19external icon is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Discourage workers from using each other's phones, desks, offices, or other work tools and equipment, when possible.
- Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.
- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe in.
- Ensure there is adequate ventilation when using cleaning and disinfection products.
- Advise employees to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

Perform cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility

- If a sick employee is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations.

Delay travel

- Advise employees, if they must travel, to follow CDC's latest recommendations for travel during COVID-19.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.
- If they are outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to help them find an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, or resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Minimize risk to employees when planning meetings and gatherings

- Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of at least 6 feet apart and wear masks.

Maintain a tobacco-free workplace that protects those in workplaces from involuntary, secondhand exposure to tobacco smoke.

- Being a current or former cigarette smoker increases a person's risk for severe illness from COVID-19.
- Smoke free polices improve health. Review Promoting Health and Preventing Disease and Injury Through Workplace Tobacco Polices.

Employers: Use the table below to implement the most appropriate controls for your workplace

The table below presents examples of controls to implement in your workplace. The most effective controls are those that rely on engineering solutions, followed by administrative controls, then PPE. PPE is the least effective control method and the most difficult to implement. Worksites may have to implement multiple complementary controls from these columns to effectively control the hazard.

Example controls to prevent the spread of SARS-CoV-2 in the work environment
Engineering

Facilities and Equipment

- Assess job hazards for feasibility of engineering controls
- Ensure ventilation and water systems operate properly
- Alter workspaces to maintain social distancing. Examples include:
  - Configure partitions as a barrier shield
  - Move electronic payment reader away from cashier
  - Use verbal announcements, signage, and visual cues to promote social distancing
  - Remove/rearrange furniture
  - Provide remote shopping alternatives (e.g., delivery, pick-up)

Administrative
Screening

- Temperature and symptom screening
- Testing for SARS-CoV-2, the virus that causes COVID-19

Management and Communications

- Monitor state and local public health communications about COVID-19
- Encourage sick workers to report symptoms, stay home, and follow CDC guidance
- Develop strategies to:
  - manage worker concerns
  - communicate with workers

- Remind workers of available support services
- Communicate to partners, suppliers, other contractors on policies and practices
- Encourage social distancing and the use of masks (if appropriate) in the workplace
- Use technology to promote social distancing (e.g., telework and virtual meetings)
- Cancel group events
- Close/limit use of shared spaces
- Ask customers who are ill to stay home
- Consider policies that encourage flexible sick leave and alternative work schedules.
- Schedule stocking during off-peak hours
- Maintain a tobacco-free workplace

Cleaning and Disinfection

- Clean and disinfect frequently touched surfaces, (e.g., counters, shelving, displays)
- Provide employees with disposable disinfectant wipes, cleaner, or sprays that are effective against the virus that causes COVID-19

Training
Provide employees with training on:

- Policies to reduce the spread of SARS-CoV-2
- General hygiene
- Symptoms, what to do if sick
- Cleaning and disinfection
- Masks
- Social distancing
- Use of PPE
- Safe work practices
- Stress management

Personal Protective Equipment (PPE)

PPE

- Conduct workplace hazard assessment.
- Determine what PPE is needed for workers' specific job duties based on hazards and other controls present
- Select and provide appropriate PPE to the workers at no cost

APPENDIX V

PPE AND SANITIZING ORDERING PROCEDURE

These forms are not for use for daily/regular cleaning. You continue to submit that form to the Facilities Department as always but do not add the items you are requesting on this form.

All firehouses, you are to submit your forms to Assistant Chief Palmer, who will than send me one order for him to use for distribution.

All police are to submit their requests to Captain Ducksworth and he will obtain all items that are to be delivered and then distributed.

ALL PERSONAL HAND SANITIZER BOTTLES ARE TO BE REFILLED BY THE FACILITIES DEPARTMENT. WHEN YOU RECEIVE A FULL BOTTLE YOU ARE REQUIRED TO RETURN YOUR EMPTY BOTTLE TO THE INDIVIDUAL DELIVERING THE BOTTLE OR TO THE 185 MAGEE AVENUE, BUILDING 6 LOCATION.

ALL WALL DISPENSERS, YOU WILL NEED TO INDICATE ON THE FORM THE LOCATION OF THE DISPENSER AND SOMEONE WILL BE OUT TO REFILL IT.

Remember forms are to be submitted Monday, Wednesday or Friday but you need to make sure you have enough supplies to get through the weekend. As you will notice some of your requests have been cut, that is due to the supply on hand. We are getting more things in daily so we will get you what you need.

PLEASE DO NOT ASK FOR MORE THAN YOU ACTUALLY NEED. A LOT OF DEPARTMENTS ARE NOT FULLY STAFFED AND WE NEED TO HAVE AS MUCH AS POSSIBLE ON HAND FOR THE FIRST RESPONDERS AND CLEANING PERSONNEL.

Thank you in advance for your cooperation with these new guidelines. Stay safe and healthy!!!!

Jo-Ann Mori
Executive Secretary
City of Stamford
Office of Operations
Facilities and Parks Maintenance Division
185 Magee Avenue, Building 6

COVID-19 Supply List							
Requesting Department:			**Notes**				
Item	**Size**	**Qty Requested**					
4 in One Disinfectant Spay	Can						
Avistat D Disinfectant	Bottle						
Bleach	Gallon						
Certo Disinfectant Spray	Can						
Clorox Disinfectant Wipes No Bleach or Alcohol	Canister						
Disinfectant Foaming Cleaner	Can						
Disposable Masks	Each						
Face Shields	Each						
Germacide Wipes	Canister						
Hand Sanitizer Bottles	4 Oz						
Hand Sanitizer Bottles	8 Oz						
Hand Sanitizer Bottles	12 Oz						
Hand Sanitizer Generic Refills	**4 Oz Bottle**		**Bring Empties to 185 Magee Building 6**				
Hand Sanitizer Generic Refills	**8 Oz Bottle**		**Bring Empties to 185 Magee Building 6**				
Hand Sanitizer Generic Refills	**12 Oz Bottle**		**Bring Empties to 185 Magee Building 6**				
Hand Sanitizer Generic Refills	**Dispenser**		**Location:_____ _____**				
KN95 Masks	Each						
Large Latex Gloves	Box						
Medium Latex Gloves	Box						
MicroKill Disinfectant Spray	Bottle						
MicroKill Wipes	Canister						
Oxivir Disinfecting Wipes	Canister						
Pinesol	Gallon						
Rags	Box						
Safety Glasses	Unit						
Small Latex Gloves	Box						
Wash Wipes (100)	Box						
XLarge Latex Gloves	Box						
Zepopine	Gallon						
Zepopine Spray	Bottle						

If in need of refills, please pack them up for pickup to be refilled and then we will return them within 24 hours. DO NOT WAIT UNTIL LAST MINUTE
Signature:
Contact Number:
Date: