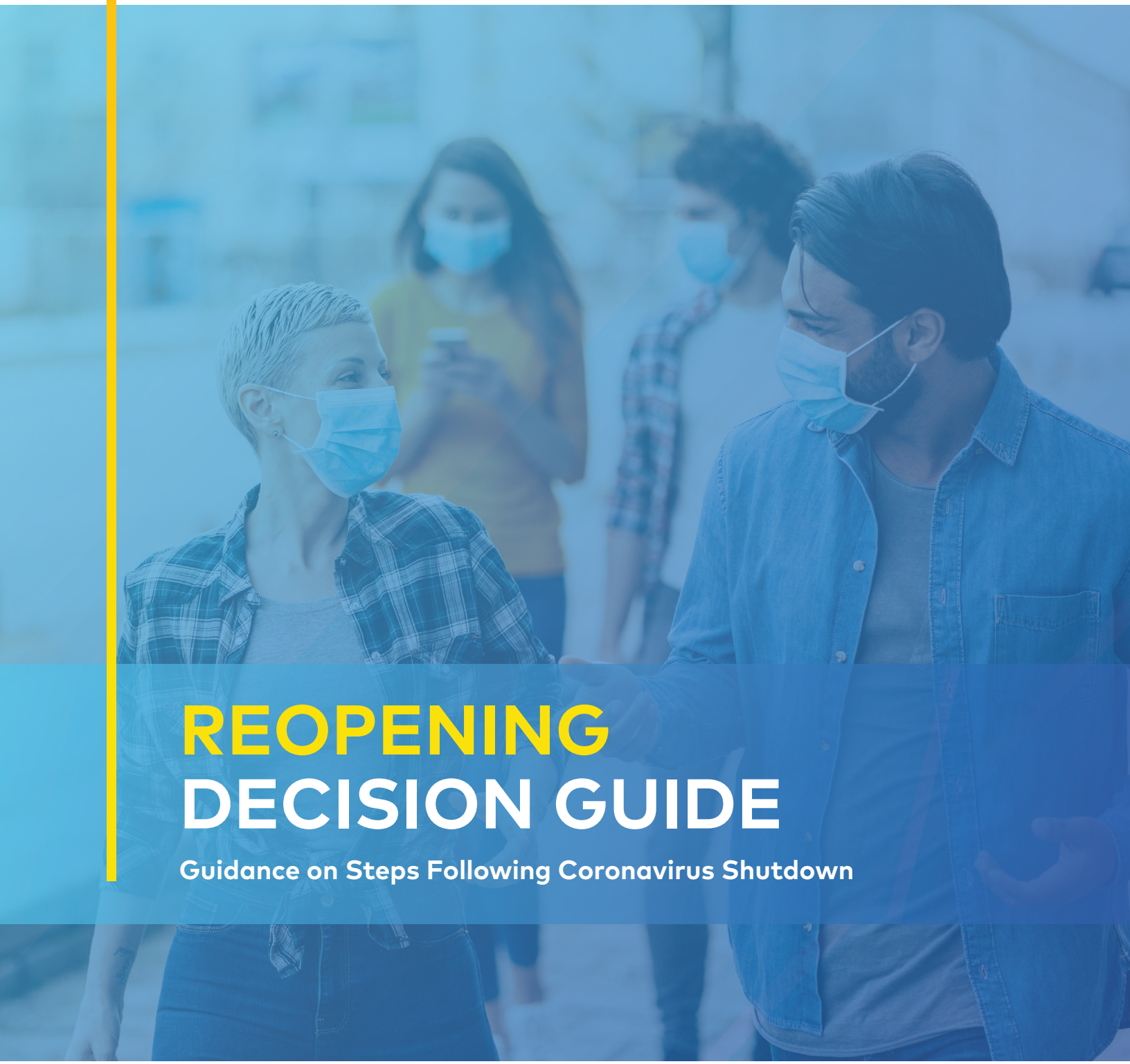
FMIT

FLORIDA MUNICIPAL INSURANCE TRUST



REOPENING DECISION GUIDE

Guidance on Steps Following Coronavirus Shutdown

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INTRODUCTION

This interim guide was developed to help Florida Municipal Insurance Trust members make sound decisions about reopening after the coronavirus (COVID-19) shutdown. The advice in this guide is compiled from federal and state resources. This guide will be updated periodically, but we encourage you to use the links provided below for the most up-to-date information.

Federal Reopening America guidance	*whitehouse.gov/openingamerica*
Reopen Florida Task Force Final Report	*flgov.com/wp-content/uploads/covid19/Taskforce%20Report.pdf*
Florida Division of Emergency Management	*floridadisaster.org*
FMIT COVID-19 resources	*insurance.flcities.com/coronavirus*
OSHA safety guidance	*osha.gov/Publications/OSHA3990.pdf*
CDC guidance for reopening America	*cdc.gov/coronavirus/2019-ncov/php/open-america/index.html*
CDC business response guidance	*cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html*
CDC community guidance	*cdc.gov/coronavirus/2019-ncov/community/index.html*
CDC cleaning guidance	*cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html*
CDC vehicle cleaning guidance	*cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html*
EPA list of effective disinfectants	*epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2*

STEP 1: FORM A REOPENING TEAM

- Most FMIT members have emergency operations plans for hurricanes and other natural disasters.
- These plans often include a management structure specifically designed for decision-making.
- If possible, utilize the same management framework when planning your reopening strategy.
- The reopening team should involve key organizational players, including:
  - Elected officials (governing board, commissioners, etc.).
  - Chief executives (city manager, mayor, executive director, etc.).
  - Department heads (police, fire, public works, parks, etc.).
  - Staff resources (risk, safety, human resources, finance, etc.).
- When possible, these meetings should be held remotely (i.e., phone, video or web).

HELPFUL TIPS

- The goal of the reopening team is to make difficult but executable decisions. Having a large all-inclusive team may seem desirable when it comes to making hard decisions but can lead to paralysis and inaction.
- Most business experts agree that the ideal size for an action-oriented team is between four and nine people.
- For larger organizations with many services requiring reopening, it may be necessary to utilize several focused work groups. For example, there might be a small group focusing on the re-opening of parks and playgrounds while another group focuses on reopening the customer service areas for city hall, utilities, permitting, etc.

STEP 2: ASSESS FEDERAL GUIDELINES

- On April 16, 2020, the White House unveiled a three-step plan to reopen America. The plan is based on a recognition that each community is unique, and therefore the mitigation strategies will vary based on the level of transmission, characteristics of the population and the local capacity to implement preventative strategies.
- The three-step plan calls for certain state or regional criteria to be met before proceeding with the reopening of non-essential businesses and operations.
- It is highly recommended that the following Phase 1 criteria be met before proceeding with your reopening plans for non-essential services:

SYMPTOMS	Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period. **AND** Downward trajectory of COVID-like syndromic cases reported within a 14-day period.
CASES	Downward trajectory of documented cases within a 14-day period. **OR** Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests).
HOSPITALS	Treat all patients without crisis care. **AND** Have a robust testing program in place for at-risk healthcare workers including emerging antibody testing.

STEP 3: ASSESS STATE AND COUNTY GUIDELINES

- On April 20, 2020, members of the "Re-Open Florida Task Force," appointed by Florida Governor Ron DeSantis, met for the first time.
- The task force established working groups for high-, medium- and low-risk industries and developed specific recommendations for the reopening of each industry in phases.
- On April 29, the task force delivered its final report to the governor. The task force's report, "Safe. Smart. Step-by-Step. Plan for Florida's Recovery," can be found at *https://www.flgov.com/wp-content/uploads/covid19/Taskforce%20Report.pdf*.
- Before proceeding with your reopening plans for non-essential services, it is highly recommended to also assess any local guidance and criteria. Note: Local governments (counties and municipalities) may follow stricter guidelines than suggested by the state or federal government.

STEP 4: SET REOPENING PRIORITIES

- Not all public services are essential. While many services are vital to the safety and health of the public, the premature reopening of other services could pose undue risk to the population.
- Prioritize which services will be fully reopened, partially reopened, modified or put on hold until a later date.
- When setting your reopening priorities, consider how your community might be impacted, including the provision of services for the most vulnerable populations.
    - For example, the guidelines provided by the White House on April 20, 2020, listed senior centers, large venues and organized youth activities as high risk, so reopening those services should be considered only when both federal and state criteria are satisfied.

- Considerations should also be made regarding the Americans with Disabilities Act and the Rehabilitation Act, including the requirement for reasonable accommodation and rules about medical examinations and inquiries. The U.S. Equal Employment Opportunity Commission has provided guidance for employers (including municipal employers) on the ADA, the Rehabilitation Act and other related laws, and advises employers to base screenings on current symptoms identified by the CDC. *https://www.eeoc.gov/wysk/what-you-should-know-about-ada-rehabilitation-act-and-coronavirus*
    - Employers may lawfully screen employees (by asking questions, testing temperature, for example) for symptoms of COVID-19, and any employee who refuses to be screened may be excluded.
    - The EEOC recommends developing a plan for handling reports of employee illness and complying with confidentiality obligations.
    - An informational webinar about screenings can be found at *www.eeoc.gov/coronavirus*.

EMPLOYMENT LAW ADVISOR

The FMIT Employment Law Advisor (ELA) program offers members with liability coverage for employment practices exclusive access to a Florida-based attorney with significant public-sector employment law experience at NO COST. Before making employment-related decisions on transfer, reassignment, layoff, furlough, etc., be sure to call 888.368.FMIT (3648). This free member service is available Monday through Friday from 9:00 a.m. to 5:00 p.m. (Eastern Time).

STEP 5: STAFFING REQUIREMENTS AND PREVENTION STRATEGIES

The next step is to determine the staffing requirements and prevention strategies for the reopened services. It is highly recommended to consult a knowledgeable labor attorney or human resources professional since many staffing decisions may have legal ramifications.

CONSIDERATIONS

- What is the minimum number of employees needed to accomplish the job at hand?
- How you will operate if absenteeism continues to spike from:
    - Sick employees?
    - Those who must stay home to care for sick family members?
    - Those who must stay home to watch their children?
- Are sick leave and other staffing policies flexible and consistent with public health guidance?
- Have these policies been clearly communicated to your staff?
- Have special accommodations been developed for employees who are vulnerable members of the population?
    - Per Section 1(A) of Governor DeSantis' Executive Order 20-91, senior citizens (over 65) and individuals with a significant underlying medical condition (such as chronic lung disease, moderate to severe asthma, serious heart conditions, immunocompromised status, cancer, diabetes, severe obesity, renal [kidney] failure, and liver disease) are considered vulnerable and should take extra measures to prevent exposure.
- Have employees been cross-trained to perform essential functions so the workplace can operate even if key employees are absent?
- Can a flexible worksite (i.e., telework) be implemented or maintained?

- Can flexible work hours (i.e., staggered shifts) be implemented or maintained?
- Can flexible meeting and travel options (i.e., postpone non-essential meetings or use tele-conferencing technology) be implemented or maintained?
- Can the physical space between employees at the worksite be increased?
- Can common areas where staff can congregate and interact be closed?
- Can good hygiene and infection control practices be implemented or maintained?
    - Place posters that encourage hand hygiene.
    - Provide hand-washing facilities.
    - If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
    - Discourage handshaking.
- Can appropriate protective equipment be provided for staff, as needed?
    - See *Appendix A* in this document for specific protective equipment information.
- Can a workforce monitoring program to check or have employees self-check for indicative symptoms (i.e. symptoms, temperature measurement, etc.) be implemented or maintained?
    - See *Appendix B* of this document for an Employee Entry Log example.
- Are symptomatic people NOT allowed to physically return to work until cleared by a medical provider?
- How will exposed employees be identified, traced and contacted following a COVID-positive test in the workplace?

ASSESSMENT OF RELIANCE ON VENDORS

Many public services are reliant on the products, equipment, materials and labor of outside vendors.

- What is needed from others to offer and maintain both critical and future reopened services?
- Have alternate supply chains for critical goods and services been identified? (Note: Some goods such as personal protective equipment may be in higher demand or unavailable.)

STEP 6: PUBLIC ACCESS AND PREVENTION STRATEGIES

This step is to determine what services can be offered in a way that minimizes the risk of infection while maximizing access. Accessibility to public facilities, information and services is regulated by the American with Disabilities Act (ADA), so be sure to consider how those with special needs will cope with any restrictions or changes.

- Can services be delivered remotely (i.e., phone, video or web)?
- Can services be delivered in a way that minimizes contact between staff and the public (i.e., drive-through or curbside service)?
- Can physical space be increased between employees and the public?
- Can physical barriers be erected between employees and the public (i.e., clear plastic sneeze guards)?
- Can a service appointment model be implemented to limit contact between members of the public while waiting for or receiving public services?
- Can handling documents, credit cards and mobile devices from the public be avoided?
- Can common areas where the public could congregate and interact be closed?
- Can good hygiene and infection control practices be implemented or maintained?
    - Place posters that encourage hand hygiene at building entrances, restrooms and work areas.
    - Provide hand-washing facilities.
    - Place hand sanitizers in multiple locations to encourage good hand hygiene.
    - Provide tissues and no-touch disposal receptacles.
    - Ensure adequate supplies are maintained.

- Can a facemask be provided to any visibly sick person you are assisting, if one is available and can be tolerated?

STEP 7: FACILITY READINESS AND MAINTENANCE STRATEGIES

This step will address the setup and maintenance of facilities to minimize the risk of infection while maximizing access. Again, accessibility to public facilities, information and services must be considered.

- Can the ventilation system in your buildings be improved?
    - Install high-efficiency air filters.
    - Increase the replacement cycles on air-filtration systems.
    - Increase ventilation rates.
    - Increase the percentage of outdoor air that circulates into the system.
- Can routine cleaning and disinfection of frequently touched surfaces (workstations, keyboards, touchscreens, printers, doors and computers) be practiced?
- Can enhanced cleaning and disinfection be performed after persons suspected/confirmed to have COVID-19 have been in the facility?

SURFACE CONTAMINATION AND CLEANING (INCLUDING VEHICLES)

- At a minimum, clean and disinfect commonly touched surfaces at the beginning and end of each shift.
    - The Environmental Protection Agency has published a list of effective disinfectants: *https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2*.
    - Note: Due to the sensitivity of certain chemicals, consider hypoallergenic cleaning supplies when effective. Check the EPA's "safer choice" list: *https://www.epa.gov/saferchoice/products*.
- Follow the manufacturers' instructions for proper use including dilution, compatibility, storage, shelf life, safe use and disposal.
- Prepare cleaning solutions as needed and replace frequently (i.e., replace floor mopping solution at 60-minute intervals).
- Decontaminate mops and cleaning cloths regularly to prevent contamination (i.e., launder and dry at least daily).
- If sodium hypochlorite (bleach) solutions are used, maintain a 1:100 dilution ratio. (i.e., 1:100 dilution of a 5.25-6.15% sodium hypochlorite provides 525-615 ppm available chlorine).
- Ensure there is adequate ventilation when chemicals are in use.
- Use protective gloves for cleaning activities.
- For hard, non-porous surfaces (hard seats, armrests, handles, seat belt buckles, doors and windows, grab handles etc.):
    - Clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application.
- For soft or porous surfaces (fabric seats, carpets, etc.):
    - Remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces.
- For frequently touched electronic surfaces (tablets or touch screens, etc.):
    - Remove any visible contamination, then disinfect following the manufacturer's instructions.
    - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect.

STEP 8: REOPENING TEAM MONITORING AND EVALUATION

- Throughout the reopening process, the reopening team should monitor the state and regional health status to ensure there is no evidence of rebound.
- In addition, the reopening team should monitor the status of the reopening activities to ensure all recommendations and controls have been instituted and are effective.
- Formal meetings should be held on at least a weekly basis. Depending on the reopening schedule, more frequent meetings may be needed.

APPENDIX A: PERSONAL PROTECTIVE EQUIPMENT (PPE) GUIDANCE

GLOVES

Use disposable gloves when you may contact another person or a potentially contaminated surface.

Before using disposable gloves

- Make sure gloves fit properly. Extend fingers until they are straight. If they are stretching, the gloves are too small.
- Some people are allergic to the natural rubber latex. Choose gloves made from other synthetic materials (polyvinyl chloride [PVC], nitrile or polyurethane).
- Sharp or abrasive objects can puncture or damage disposable gloves. Always change gloves if they show signs of damage.

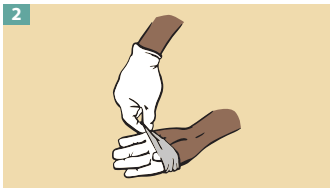
Using disposable gloves

- Wash hands with soap and water, then dry them well.
- Hold the glove in one hand, and put the other hand into the glove.
- Repeat with the other hand.

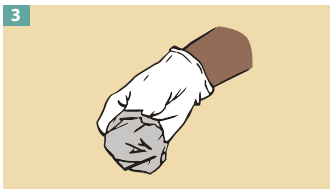
Removing disposable gloves

- Remember the outside of the gloves may be soiled.
- Be sure to take them off so that the soiled material stays away from hands.
- Grab the outer cuff of one the glove with the other gloved hand and pull it down so that the glove comes off the hand inside-out.
- Place the fingers of the non-gloved hand under the cuff, then peel off the second glove with the first glove inside the palm.
- Never reuse, wash or disinfect disposable gloves.
- Dispose of the gloves in a plastic-lined trash can.
- Wash your hands thoroughly with soap and water or alcohol-based hand rub.

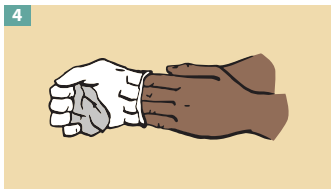
Grasp the outside of one glove at the wrist. Do not touch your bare skin.



Peel the glove away from your body, pulling it inside out.



Hold the glove you just removed in your gloved hand.



Peel off the second glove by putting your fingers inside the glove at the top of your wrist.

Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.

Dispose of the gloves safely. Do not reuse the gloves.

Clean your hands immediately after removing gloves.

Source:

- *https://www.cdc.gov/vhf/ebola/resources/posters.html*

EYE PROTECTION

Infectious diseases can be transmitted through mucous membranes of the eye. Prescription glasses and sunglasses offer minimal protection from droplets. Safety glasses offer better droplet protection since they cover the exposed sides and the area around your eyes.

The World Health Organization specifically recommends safety glasses for those who will be providing regular care for people with COVID-19.

The American Academy of Ophthalmology recommends contact lens wearers switch to glasses temporarily to reduce their risk of infection. Wearing glasses instead of contacts can prevent inadvertent contact with the eyes.

Removing eye protection

- Always remove potentially contaminated eyewear with a gloved hand.
- Only handle the glasses by the plastic temples. Be careful to NOT contact the skin near the face or temples.

Cleaning eye protection

- While wearing gloves, carefully wipe the inside followed by the outside of the glasses using a cloth or wipe saturated with soap and water or suitable disinfectant cleaner.
- Rinse or wipe the glasses with clean water or alcohol to remove any residue.
- Remove gloves and perform hand hygiene.
- Air dry or use a clean absorbent towel to dry the glasses before reuse.

Sources:

- *https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html*
- *https://www.cdc.gov/niosh/topics/eye/eye-infectious.html*
- *https://www.allaboutvision.com/conditions/coronavirus-and-your-eyes/*

SURGICAL MASKS

A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants. If worn properly, a surgical mask is meant to keep large-particle droplets, splashes, sprays or splatter from reaching your mouth and nose. Surgical masks may also help reduce exposure of YOUR saliva and respiratory secretions to others.

Surgical masks do not provide complete protection from airborne hazards because of the loose fit between the mask and your face. These masks are not intended to be used more than once. If a mask is damaged or soiled, remove it and replace it with a new one.

Wearing a surgical mask

- Clean your hands with soap and water or hand sanitizer.
- Remove a mask from the box, and make sure there are no obvious tears or holes in either side.
- Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mold to the shape of your nose.
- Determine which side of the mask is the front. The colored side of the mask is usually the front and should face away from you, while the white side touches your face.
    - **Face mask with ear loops:** Hold the mask by the ear loops. Place a loop around each ear.

- **Face mask with head bands:** Pull the bottom strap over your head so that it rests at the nape of your neck. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head.
- Mold or pinch the stiff edge to the shape of your nose.
- Pull the bottom of the mask over your mouth and chin.

Removing a surgical mask

- Clean your hands with soap and water or hand sanitizer before touching the mask.
- Avoid touching the front of the mask, which is potentially contaminated.
- Only touch the ear loops or bands.
  - **Face mask with ear loops:** Hold both ear loops and gently lift and remove the mask.
  - **Face mask with bands:** Lift the bottom strap over your head first then pull the top strap over your head.
- Dispose of the mask in a plastic-lined trash can.
- Wash your hands thoroughly with soap and water or alcohol-based hand rub.

Sources:

- *https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html*
- *https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks*

CLOTH FACE COVERINGS

In April 2020, the Centers for Disease Control and Prevention issued new recommendations to the public, recommending the use of cloth face coverings where other social distancing measures are difficult to maintain (such as grocery stores and pharmacies). Cloth face coverings can be commercially manufactured or made from T-shirt material and patterns found on the internet.

Currently, there is no guidance from the Occupational Safety and Health Administration or the National Institute of Occupational Safety and Health as to the effectiveness of cloth face coverings. Cloth face coverings likely provide less protection than surgical masks since they do not include a fluid-resistant layer.

Like surgical masks, cloth face coverings do not provide complete protection from airborne hazards because of the loose fit between the mask and your face, and the limitations of the cloth to stop particles. If a cloth face covering is damaged or soiled, remove it and replace it with a new one.

Wearing a cloth face covering

- Clean hands with soap and water or hand sanitizer.
- Make sure the exterior side of the face covering is facing out, away from the face.
- Place the face covering on the face with the exterior side facing out. Try to use the ties and avoid touching the inside or outside of the cloth.
- Tie the upper ties near the crown of the head with a bow. Tie the lower ties behind the back of the head with a bow.
- Make sure it covers the nose and mouth so that the bottom edge is under the chin.
- Do NOT pull the cloth face covering down (like one would a scarf on a ski slope.)
- Use washed hands on the ties at the neck or on top of the head to adjust.
- Avoid touching your face even when the face covering is in place.

Removing a cloth face covering

- Wash hands before removing the face covering.
- Do not touch the inside or outside of the face covering (the part over nose and mouth). Instead remove the face covering by the straps.
- Clean hands with soap and water or hand sanitizer after removing.

Cleaning the cloth face covering

- Cloth face coverings are typically intended to be reused after laundering.
- Wearing gloved hands, loosely knot the ties together and place the face covering in a laundry bag to keep the ties from getting tangled.
- Wash in a washing machine using laundry detergent and hot water. Then dry completely on medium or high heat.
- Clean hands with soap and water or hand sanitizer after touching the face covering.

DISPOSABLE FILTERING FACEPIECE RESPIRATORS

If worn properly, a filtering facepiece respirator is meant to provide protection from airborne hazards in addition to helping block large-particle droplets, splashes, sprays or splatter.

There are nine particulate filter classifications, all of which are effective for coronavirus/COVID-19. These include N95, N99, N100, R95, R99, R100, P95, P99 and P100. Since NIOSH has classified the filtering facepiece as a half-mask respirator, the OSHA (OSHA respirator) requirements normally apply, including medical qualification and fit testing.

Note: Appendix D to Section 1910.134 of OSHA standards provides information for employees using filtering facepiece respirators on a voluntary basis. This Appendix could be applied to the current situation for those employees who choose to wear a filtering facepiece when a surgical mask would be appropriate.

Filtering facepiece respirators must not be used with a beard or other facial hair that will prevent a seal.

These respirators are not intended to be reused. Never remove then don the same respirator. If a respirator is damaged or soiled, remove it and replace it with a new one.

How to put on a filtering facepiece respirator

- Clean hands with soap and water or hand sanitizer.
- Remove a respirator from the box, and make sure there are no obvious tears or holes.
- Determine which side of the respirator is the top. The side of the respirator that has a stiff bendable edge is the top and is meant to mold to the shape of the nose.
- Be sure the respirator is unfolded and completed opened (if applicable).
- Place the respirator on the face so the foam rests on the nose and the bottom rests under the chin.
- Pull the top strap over the head and position it high on the back of the head.
- Pull the bottom strap over the head and position it around the nape of the neck and below the ears.
- Adjust the facepiece for comfort. Then, using two hands, mold the nose area to the shape of your nose by pushing inward while moving fingertips down both sides of the nosepiece.

Perform a user seal check

- Cover the filtering facepiece with both hands being careful not to disturb the position of the respirator.
- Inhale and exhale slowly. If air leaks around the nose, readjust the nose piece, respirator edges, panels or straps.

How to remove a filtering facepiece respirator

- Clean hands with soap and water or hand sanitizer.
- Avoid touching the front of the respirator, which is potentially contaminated.
- Only touch the bands. Lift the bottom strap over the head first, then pull the top strap over the head.
- Dispose of the respirator in a plastic-lined trash can.
- Wash hands thoroughly with soap and water or alcohol-based hand rub.

Sources:

- *https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf*
- *https://www.osha.gov/laws-regs/standardinterpretations/2018-04-24*

PPE GUIDANCE

Visit the FMIT website to download a PDF of the FMIT PPE guidance document:

https://insurance.flcities.com/docs/default-source/default-document-library/d174-fmit-corona-virus-ppe-guidance-(4-9-2020-rev-0-0).pdf?sfvrsn=e0ff9fcd_0

APPENDIX B: EMPLOYEE DAILY ENTRY LOG

Date: _____		Questionnaire				PPE (Check any)			
Employee Name	Department	Are you experiencing any of the following symptoms: Fever, Cough, Body Aches, Trouble Breathing (Circle one)	Have you been in contact with someone showing any symptoms? (Circle one)	Have you been outside the country in the past 14 days? (Circle one)	Is your temperature outside the normal range of 97°F to 99°F (Circle one)	Gloves	Mask	Glasses	None needed
		YES NO	YES NO	YES NO	YES NO				
		YES NO	YES NO	YES NO	YES NO				
		YES NO	YES NO	YES NO	YES NO				
		YES NO	YES NO	YES NO	YES NO				
		YES NO	YES NO	YES NO	YES NO				
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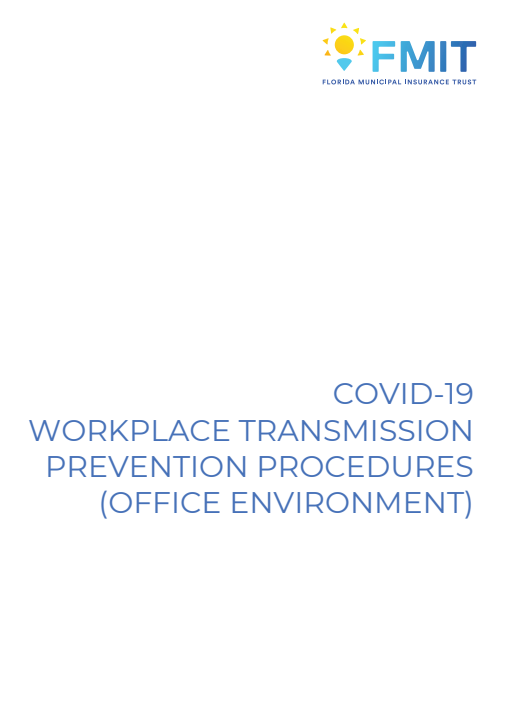
		YES NO	YES NO	YES NO	YES NO				
		YES NO	YES NO	YES NO	YES NO				
		YES NO	YES NO	YES NO	YES NO				
		YES NO	YES NO	YES NO	YES NO				

This sample log is available as a customizable Excel document. Visit the FMIT website to download a copy: *https://insurance.flcities.com/docs/default-source/default-document-library/covid-19-employee-daily-entry-log.xlsx*.

APPENDIX C: SAMPLE TRANSMISSION PREVENTION PROTOCOL PROCEDURES



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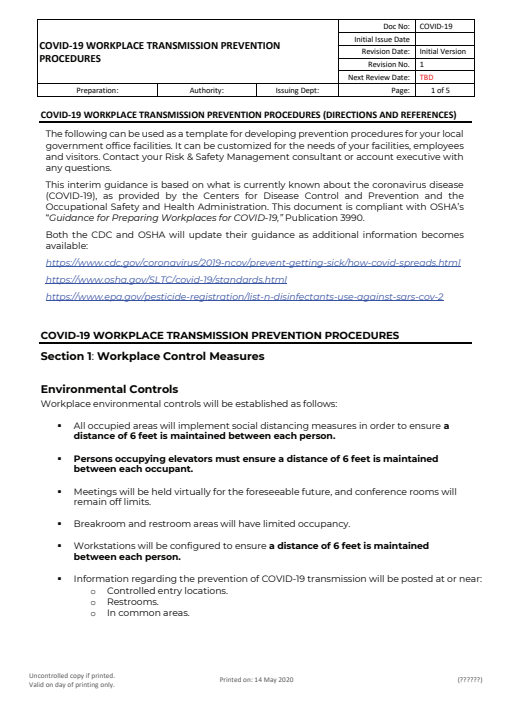
COVID-19
WORKPLACE TRANSMISSION
PREVENTION PROCEDURES
(OFFICE ENVIRONMENT)



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COVID-19 WORKPLACE TRANSMISSION PREVENTION PROCEDURES (DIRECTIONS AND REFERENCES)

The following can be used as a template for developing prevention procedures for your local government office facilities. It can be customized for the needs of your facilities, employees and visitors. Contact your Risk & Safety Management consultant or account executive with any questions.

This interim guidance is based on what is currently known about the coronavirus disease (COVID-19), as provided by the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration. This document is compliant with OSHA's *"Guidance for Preparing Workplaces for COVID-19,"* Publication 3990.

Both the CDC and OSHA will update their guidance as additional information becomes available:

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

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

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

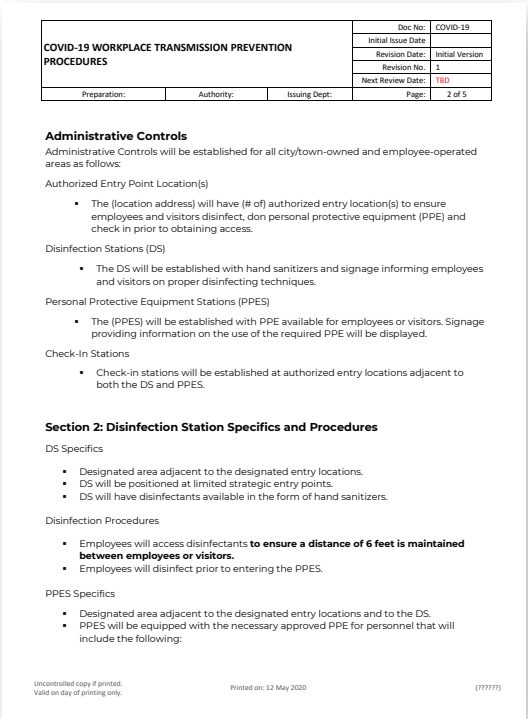
COVID-19 WORKPLACE TRANSMISSION PREVENTION PROCEDURES

Section 1: Workplace Control Measures

Environmental Controls

Workplace environmental controls will be established as follows:

- All occupied areas will implement social distancing measures in order to ensure **a distance of 6 feet is maintained between each person.**
- **Persons occupying elevators must ensure a distance of 6 feet is maintained between each occupant.**
- Meetings will be held virtually for the foreseeable future, and conference rooms will remain off limits.
- Breakroom and restroom areas will have limited occupancy.
- Workstations will be configured to ensure **a distance of 6 feet is maintained between each person.**
- Information regarding the prevention of COVID-19 transmission will be posted at or near:
  - Controlled entry locations.
  - Restrooms.
  - In common areas.



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Administrative Controls

Administrative Controls will be established for all city/town-owned and employee-operated areas as follows:

Authorized Entry Point Location(s)

- The (location address) will have (# of) authorized entry location(s) to ensure employees and visitors disinfect, don personal protective equipment (PPE) and check in prior to obtaining access.

Disinfection Stations (DS)

- The DS will be established with hand sanitizers and signage informing employees and visitors on proper disinfecting techniques.

Personal Protective Equipment Stations (PPES)

- The (PPES) will be established with PPE available for employees or visitors. Signage providing information on the use of the required PPE will be displayed.

Check-In Stations

- Check-in stations will be established at authorized entry locations adjacent to both the DS and PPES.

Section 2: Disinfection Station Specifics and Procedures

DS Specifics

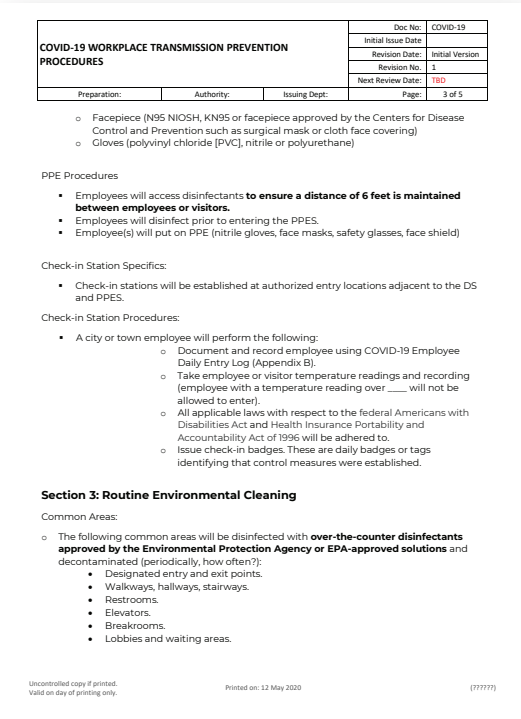
- Designated area adjacent to the designated entry locations.
- DS will be positioned at limited strategic entry points.
- DS will have disinfectants available in the form of hand sanitizers.

Disinfection Procedures

- Employees will access disinfectants **to ensure a distance of 6 feet is maintained between employees or visitors.**
- Employees will disinfect prior to entering the PPES.

PPES Specifics

- Designated area adjacent to the designated entry locations and to the DS.
- PPES will be equipped with the necessary approved PPE for personnel that will include the following:



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  - Facepiece (N95 NIOSH, KN95 or facepiece approved by the Centers for Disease Control and Prevention such as surgical mask or cloth face covering)
  - Gloves (polyvinyl chloride [PVC], nitrile or polyurethane)

PPE Procedures

- Employees will access disinfectants **to ensure a distance of 6 feet is maintained between employees or visitors.**
- Employees will disinfect prior to entering the PPES.
- Employee(s) will put on PPE (nitrile gloves, face masks, safety glasses, face shield)

Check-in Station Specifics:

- Check-in stations will be established at authorized entry locations adjacent to the DS and PPES.

Check-in Station Procedures:

- A city or town employee will perform the following:
  - Document and record employee using COVID-19 Employee Daily Entry Log (Appendix B).
  - Take employee or visitor temperature readings and recording (employee with a temperature reading over ____ will not be allowed to enter).
  - All applicable laws with respect to the federal Americans with Disabilities Act and Health Insurance Portability and Accountability Act of 1996 will be adhered to.
  - Issue check-in badges. These are daily badges or tags identifying that control measures were established.

Section 3: Routine Environmental Cleaning

Common Areas:

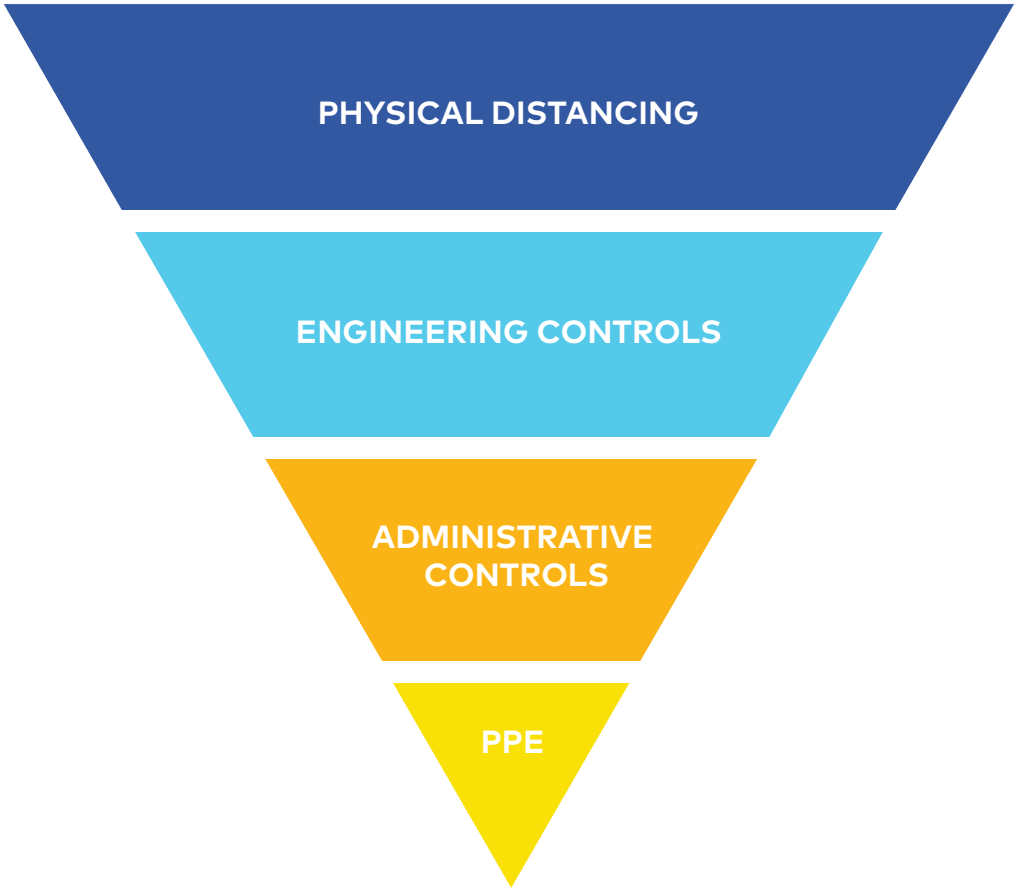
- The following common areas will be disinfected with **over-the-counter disinfectants approved by the Environmental Protection Agency or EPA-approved solutions** and decontaminated (periodically, how often?):
  - Designated entry and exit points.
  - Walkways, hallways, stairways.
  - Restrooms.
  - Elevators.
  - Breakrooms.
  - Lobbies and waiting areas.

This is available as a customizable Word document. Visit the FMIT website to download a copy: *https://insurance.flcities.com/docs/default-source/default-document-library/sample_covid19_transmission_prevention_procedures__fmit_v3.docx*

APPENDIX D: JOHNS HOPKINS PUBLIC HEALTH PRINCIPLES MODIFIED HIERARCHY OF CONTROLS

COVID-19 mitigation measures can look like the following, using the modified hierarchy of controls:

- **Personal protective equipment:** Have people wear nonmedical cloth masks.
- **Administrative controls:** Redistribute responsibilities to reduce contact between persons, and use technology to assist communication.
- **Engineering controls:** Create physical barriers between people.
- **Physical distancing:** Have people work or access the business from their homes where possible. Restructure responsibilities to limit the numbers of staff members who need to be present.



You can take measures to minimize the infection risk:

- Reconfigure space so that people can be apart. At least 6 feet is ideal.
- Use engineering controls such as physical barriers where it's possible.
- Use nonmedical cloth masks.
- If workers are sick or have been in close contact with someone who is unwell, support and enable them to stay home.

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