# Washington University in St.Louis

## WUSTL COVID-19 Management Plan

## Contents

## Purpose and Scope

Washington University in St. Louis (WUSTL) is committed to providing a safe and healthy workplace for all our employees. WUSTL has developed the following COVID-19 Management Plan, which includes policies and procedures to minimize the risk of transmission of COVID-19 in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).

WUSTL has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations addressed by each applicable location. A determination of applicability to the OSHA COVID-ETS and this written plan will be conducted for all clinics. Applicability of this plan for any given location may change over time.

## Applicability

1.  This document does not apply to settings performing health care support services outside a health care setting, such as office buildings and areas that do not see patients.

2.  This document does not apply to facilities that provide only non-hospital ambulatory care, which screen all non-employees for symptoms and potential exposures to COVID-19 and prevent anyone—including patients—suspected or confirmed to have COVID-19 from entering.

3. This document does not apply to WUSM ambulatory care settings within a hospital if:
   a. The ambulatory care setting is well-defined.
   b. All employees working within that setting have been fully vaccinated or have received an approved medical exemption or religious accommodation.
   c. All non-employees are screened for symptoms and potential exposures to COVID-19.
   d. No one—including patients—suspected or confirmed to have COVID-19 are permitted to enter.

4. This document does not apply to home care settings if:
   a. All employees working within that setting have been fully vaccinated or have received an approved medical exemption or religious accommodation.
   b. All non-employees are screened for symptoms and potential exposures to COVID-19.
   c. No one—including patients—suspected or confirmed to have COVID-19 are permitted to enter.

5. Several areas are exempted from requirements described in this plan for personal protective equipment, physical distancing, and physical barriers. These include fully vaccinated employees when present in (1) departments and offices that provide health care support services within well-defined areas of a WUSM facility that are inaccessible to patients and visitors; (2) distinct employee break rooms outside clinical areas inaccessible to patients and visitors where no health care services are provided; and (3) conference rooms inaccessible to patients and visitors where no health care services are provided.

## Coordination with Other Employers

WUSTL will communicate and coordinate this COVID-19 plan with all other employers whose employees work within WUSTL facilities governed by the OSHA COVID-19 ETS and employers where WUSTL employees work. WUSTL will adjust this COVID-19 plan to address any particular hazards presented by employees of other employers at the worksite.

Common employer relationships WUSM has identified include:
- BJC Healthcare
  o WUSM shall provide its COVID-19 Management Plan to BJC Healthcare. BJC Healthcare shall be directed to provide its COVID-19 Management Plan to WUSTL Occupational Health.
  o Exposure management and notifications:
    ▪ WUSM Occupational Health shall notify BJC Occupational Health when a BJC Healthcare employee is affected by a potential COVID-19 exposure in a WUSM facility.
    ▪ BJC Healthcare shall be directed to notify WUSM Occupational Health when a WUSM employee is affected by a potential COVID-19 exposure within a BJC Healthcare facility.
- WUSM providers visiting/working within other care facilities and hospitals (e.g., Boone Hospital; Cox Health)
  o WUSM providers shall follow the COVID-19 Management Plan requirements of the pertinent care facility.
  o WUSM will request COVID-19 Management Plans from pertinent care facilities, as needed.
  o WUSM providers will be directed to notify WUSM Occupational Health when affected by a potential COVID-19 exposure within another care facility or hospital.
- WUSTL Contractors and Vendors
  o WUSTL shall provide its COVID-19 Management Plan to the employers of all contracted personnel working within WUSTL facilities. WUSTL shall request the COVID-19 Management Plan developed by all contractors.

o Exposure management and notifications:
- WUSM Occupational Health shall notify the point-of-contact identified by the contractor employer or vendor when a contractor or vendor employee is affected by a potential COVID-19 exposure in a WUSTL facility.
- Contractor and vendor employers shall be directed to notify WUSM Occupational Health when a contractor or vendor employee is the source of a potential COVID-19 exposure.

## Roles and Responsibilities

WUSTL's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

WUSTL has designated personnel within Faculty Practice Plan, Occupational Health, Infection Prevention and EH&S to serve in a combined role as the COVID-19 Safety Coordinator to meet the regulatory and infection prevention knowledge requirements. Practices and facilities identified to fall within the scope of this written plan will designate a Clinic Representative as liaisons for the WUSTL COVID-19 Safety Coordinator team. The COVID-19 Safety Coordinator team has WUSTL's full support in implementing and monitoring this COVID-19 plan, and have authority to ensure compliance with all aspects of this plan. WUSTL and the COVID-19 Safety Coordinator team will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan. Non-managerial employee involvement and feedback will be ongoing. Examples of methods to solicit feedback, concerns and suggestions will include use of online feedback and complaint tools (i.e., Compliance Hotline and website), team meetings, and surveys. Specific methods will vary based on feedback needs.

## Hazard Assessment

Patients with the potential for COVID-19 are encountered within certain WUSTL facilities and by WUSM employees working in BJC Healthcare facilities. Several strategies have been implemented to mitigate the risk of exposure to COVID-19 among employees, visitors and patients as described in the BJC/WUSM Interim Guidance for Infection Prevention of COVID-19.

Risk mitigation strategies implemented in WUSTL facilities include:
1. Standard and transmission-based precautions to reduce the risk of transmission of pathogens
2. Screening of individuals entering the facility for symptoms and exposure to COVID-19, and procedures for rapid triage and isolation of patients suspected to have COVID-19
3. Engineering and work practice controls including remote worksites, hand and respiratory hygiene and the use of negative pressure ventilation when the risk for aerosolization of respiratory droplets is high
4. Appropriate personal protective equipment (see COVID-19 PPE Toolkit: Current Recommendations and Conservation Strategies) including respiratory protection when engineering and work practice controls do not eliminate the risk for exposure and pathogen transmission
5. Telehealth medical services when medically appropriate

WUSTL will conduct workplace-specific hazard assessments of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace). The COVID-19 Safety Coordinator team shall oversee the development of hazard assessments specific to the facility to identify worksite-specific COVID-19 hazards. The hazard assessment is included as Attachment A.

WUSTL and the COVID-19 Safety Coordinator team will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessments. Completed hazard assessments will be accessible to all employees and representatives at each facility.

## Worker Protections

WUSTL will address the hazards identified by the hazard assessments, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

### Screening Procedures

*Patient Screening*

Access to WUSTL facilities shall be restricted unless the individual is employed by the facility or is a health care worker employed by a contractor of the facility. Patients, visitors, vendors, volunteers, students, delivery people and other non-employees shall be screened for symptoms and potential exposure to COVID-19. These restrictions shall not apply to emergency personnel who require work-related access to the facility. Patient screening is managed within the electronic medical record or using onsite screening stations. Guidance is provided in the EPIC Tipsheet: COVID-19 Screening Activity on the Testing and Procedures webpage.
Visitor screening is addressed in the COVID-19 Visitor Policy. Additional information is provided on the Faculty Practice Plan Visitor Policy webpage.

*Employee Screening*

Screening of facility employees and contracted health care personnel shall occur before arrival for each work shift including if they have been diagnosed with COVID-19, exposed to COVID-19, or are experiencing symptoms compatible with COVID-19. Employees and contracted health care personnel who have been diagnosed with COVID-19 or exposed to COVID-19, or are experiencing symptoms compatible for COVID-19 shall contact the COVID-19 Hotline. Employee screening and management procedures for WUSM are described on the WUSM COVID-19 Resource Page. Employee and screening management procedures for WUSTL facilities not within WUSM are described on the WashU Together: COVID-19 Response website.

### Personal Protective Equipment (PPE)

Requirements for employee personal protective equipment are described in the BJC/WUSM Interim Guidance for Infection Prevention of COVID-19 and the COVID-19 PPE Toolkit. Links to these documents can be found in the Resources section. The facility provides personal protective equipment at no cost. Additional PPE Resources can be found on the Faculty Practice Plan Clinic and PPE Resources webpage.

Disposable N95 respirators, Powered Air Purified Respirators (PAPR) or other approved respiratory protection are provided to employees in accordance with 29 CFR 1910.134. An employee who wants to use his or her own respirator shall provide the desired respirator to be reviewed by Environmental Health and Safety before use.
The COVID-19 PPE Toolkit describes procedures the facility follows when available personal protective equipment is insufficient.

Human Resources, Occupational Health and Infection Prevention shall review requests based upon an employee's inability to wear required personal protective equipment to determine if a reasonable accommodation can be identified.

Paragraph (a)(4) of the ETS exempts fully vaccinated employees from the PPE requirements of the ETS when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.    The following are additional exceptions to WUSTL's requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, WUSTL will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, WUSTL will ensure that any such employee wears a face shield, if their condition or disability permits it. WUSTL will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.

***Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19***

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, WUSTL will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). WUSTL will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).  Additional information on PPE for employees conducting AGPs is provided in the COVID-19 PPE Toolkit.

## Physical Distancing and Barriers

Physical distancing is required to the extent operationally feasible. Strategies in place are:
1. Recommendations that employees work remotely when tasks allow
2. Limiting patient visitors
3. Providing visual cues and markers
4. Restricting the number of people permitted during in-person meetings and gatherings
5. Configuring tables and chairs to facilitate physical distancing

Clinics will determine applicability and feasibility of physical distancing during the workplace-specific hazard assessment and document circumstances in which maintaining 6-feet of distancing between employees is not feasible and mitigation steps (e.g., face masks) implemented for these instances.

When feasible, physical barriers will be used in non-patient care areas where employees cannot maintain appropriate distancing. For example, patient-facing registration or check-in. Clinics will determine applicability and feasibility of physical barriers during the workplace-specific hazard assessment, document when physical barriers are not feasible and identify any additional mitigation steps (e.g., face masks) needed.

**Cleaning and Disinfection**

WUSTL will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Requirements for cleaning and disinfection are described in the WUSM Clinical Infection Prevention Disinfection Protocol.

When a person who is COVID-19 positive has been in the workplace within the last 24 hours, WUSTL requires cleaning and disinfection, in accordance with CDC's "Cleaning and Disinfecting Guidance," of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

Additional information on cleaning and disinfection of Clinics can be found on the FPP Clinic and PPE Resources website.

**Ventilation**

WUSTL Clinics are located within WUSTL owned/operated facilities, BJC Healthcare facilities and facilities owned/operated by a third-party and leased by WUSTL. Therefore, heating, ventilation and air-conditioning (HVAC) servicing and maintenance is typically performed by BJC Healthcare or a third party property management company and is subject to the terms of the lease. WUSTL will coordinate with BJC Healthcare and pertinent property management companies to ensure HVAC systems are operating in accordance with design specifications and the requirements outlined in 29 CFR 1910.502(k). For WUSTL-owned Clinic facilities, HVAC systems will be serviced and maintained by WUSTL Facilities to ensure HVAC systems are operating in accordance with design specifications and the requirements outlined in 29 CFR 1910.502(K).

WUSTL will implement policies and procedures for each facility's HVAC to ensure that:
- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.

Additional information about airborne isolation rooms is described WUSM Tuberculosis Control Plan.

**Medical Management**

Procedures for the management of potential patient and visitor exposures to COVID-19 are described in the BJC/WUSM Interim Guidance for Infection Prevention of COVID-19. Procedures for the medical management of employee and contracted health care personnel are described in the COVID-19 Employee Management Plan. Procedures for investigating and managing potential COVID-19 case clusters are described in the Guidance for Investigating and Managing Clusters and Outbreaks of Coronavirus Disease (COVID-19) in Clinical Settings.

*Employee Notification to Employer of COVID-19 Illness or Symptoms*

WUSTL requires all employees, regardless of vaccination status, with symptoms suggestive of COVID-19 or when they have tested positive for COVID-19 to call the Employee COVID-19 Call Center (314-362-5056) or WU Occupational Health directly.  Additional information is provided on the WUSM COVID-19 Updates page.

*Employer Notification to Employees of COVID-19 Exposure in the Workplace*

WUSTL will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below:
- Notification about the potential for occupational exposure to COVID-19 shall be made within 24 hours of notification to the facility that someone diagnosed with COVID-19 was present within 2 days of developing symptoms. Three notification scenarios apply:
  1. To employees identified as likely experiencing unprotected close contact
  2. To employees who worked in the same workspace but were deemed not to have close contact
  3. To the employer of non-employees working within the same workspace

- Notifications to employees defined as experiencing close contact shall be completed by WUSTL Occupational Health using the email template (Attachment B). Notifications for employees deemed not to be in close contact shall be completed by a manager responsible for the affected workspace by posting the template provided by WUSTL Occupational Health (Attachment C) in a common work area. Notification to the employer of non-employees shall be completed by using the email template in Attachment D. The other employer(s) must then notify their own employees using their protocols for notification of close contact or having worked within the same well-defined portion of the workplace, as applicable.

- Notifications will <u>not</u> include the name, contact information, or occupation of the COVID-19 positive person.
- Potential exposure sources that could trigger notification requirements include, but are not limited to facility employees, contracted health care personnel, students, volunteers, independent providers, vendors, visitors, delivery personnel and patients.

- Presence of a patient with COVID-19 shall not trigger notification requirements to the entire work area if the patient is appropriately isolated during their time in the clinical space or is present in areas where COVID-19 patients are known to receive care (e.g., the emergency room; respiratory clinics; inpatient wards and ICUs where COVID-19 patients receive care, outpatient locations where COVID-19 patients receive care or COVID-19 testing locations).

- Work restrictions for employees with COVID-19, symptoms compatible with COVID-19 or COVID-19 exposure are described in the COVID-19 Employee Management Plan.

Note: Close contact is defined as an exposure that involves someone being within 6 feet for a cumulative total of 15 minutes during a 24-hour period without use of appropriate personal protective equipment

*Medical Removal and Return to Work*

Work restrictions and medical removal procedures for employees with COVID-19, symptoms compatible with COVID-19 or COVID-19 exposure are described in the COVID-19 Employee Management Plan.

***Medical Removal Protection Benefits***

WUSTL will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS. When an employee has been removed from the workplace and is not working remotely or in isolation, WUSTL will provide the employee's regular pay as described here [COVID Pay Guidelines | Human Resources | Washington University in St. Louis (wustl.edu).](#)  WUSTL will allow employee to use sick or vacation time with accruals advanced up to the maximum allowable under policy if the employee does not have accruals available. This would be used in conjunction with FMLA/STMD or Workers' Compensation if applicable.

## COVID-19 Vaccination

WUSTL requires that all employees and staff are vaccinated by August 30, 2021. Additional information on vaccination can be found on the WUSTL COVID-19 website.  WUSTL will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

WUSTL Occupational Health is able to discern WU employees vaccination status by accessing our Occupational Health database, access to the state-wide and BJC databases.

# Training

WUSTL will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. WUSTL and the COVID-19 Safety Coordinator Team will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program.

WUSTL's COVID-19 training program will be provided online and accessible via the WUSTL learning management system. Additional site-specific training will be determined by each facility and on an as-needed basis.

WUSTL will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:
- COVID-19, including:
  - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
  - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
  - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
  - The signs and symptoms of COVID-19;
  - Risk factors for severe illness; and
  - When to seek medical attention;
- WUSTL's policies and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- WUSTL's policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
  - When PPE is required for protection against COVID-19;

- o Limitations of PPE for protection against COVID-19;
- o How to properly put on, wear, and take off PPE;
- o How to properly care for, store, clean, maintain, and dispose of PPE; and
- o Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific policies and procedures for cleaning and disinfection;
- WUSTL's policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of WUSTL's Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS and any employer-specific policies and procedures developed under OSHA's COVID-19 ETS, including this written COVID-19 plan.

WUSTL will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

WUSTL will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

## Anti-Retaliation

WUSTL will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

WUSTL will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

## Access to Records

Employees and their personal representatives may request all versions of the COVID-19 Management Plan, the employee's COVID-19 log entry and a redacted version of the facility's complete COVID-19 log. Redactions of the complete log shall remove only the names, contact information and occupation of log entrants.

Records requests shall be reported to WUSM Occupational Health, who will ensure documents are provided by the end of the business day after the request.

WUSTL will retain all versions of this COVID-19 Management Plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.

WUSTL will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19

positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

WUSTL will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. WUSTL will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law.

WUSTL will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.

## Reporting

WUSTL will report to OSHA:
- Each work-related COVID-19 fatality within 8 hours of WUSTL learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of WUSTL learning about the in-patient hospitalization.

## Resources

BJC/WUSM Interim Guidance for Infection Prevention of COVID-19

COVID-19 PPE Toolkit: Current Recommendations and Conservation Strategies

COVID-19 Screening Activity

Visitor Policy

WUSM COVID-19 Resource Page

WashU Together: COVID-19 Response

Clinic and PPE Resources

WUSM Clinical Infection Prevention Disinfection Protocol

CDC's "Cleaning and Disinfecting Guidance

WUSM Tuberculosis Control Plan

Guidance for Investigating and Managing Clusters and Outbreaks of Coronavirus Disease (COVID-19) in Clinical Settings

WUSM COVID-19 Updates

**Attachment A: Hazard Assessment Template**

# COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis

**OSHA** ® Occupational Safety and Health Administration

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**OSHA COVID-19 Healthcare Worksite Checklist**

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➢ **Employers in settings where employees provide healthcare services or healthcare support services may use the following Worksite Checklist to implement worker protections from COVID-19 in compliance with the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS).**

➢ **If employers choose to use this Worksite Checklist, there are 2 STEPS to complete:**
  o **STEP 1: Determine if OSHA's COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.**
  o **STEP 2: Use this Worksite Checklist to develop and implement worker protections from COVID-19 in your workplace.**

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**STEP 1**: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the "Is your workplace covered by the COVID-19 Healthcare ETS?" flow chart to determine whether and how OSHA's COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

**STEP 2**: If the ETS applies to your workplace or portions of your workplace, use this Worksite Checklist & Employee Job Hazard Analysis to develop and implement worker protections from COVID-19 in your workplace.

Use the sections of this Worksite Checklist & Employee Job Hazard Analysis that apply to your workplace or portions of your workplace to develop and implement worker protections from COVID-19. This checklist is intended to be used alongside OSHA's *COVID-19 Plan Template* to help you develop and implement a COVID-19 plan, as required by the ETS, for your workplace. Seek the involvement of non-managerial employees and their representatives in completing this checklist and implementing the COVID-19 plan.

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✓ **Getting Started**

| Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow. | YES | NO | Follow-up Action |
|---|---|---|---|
| o Do you have a COVID-19 plan that was developed in consultation with non-managerial employees? | | | |
| o If you are claiming exemption under 1910.502(a)(4) from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, do you have policies and procedures in place to determine employees' vaccination status? | | | |
| o Have you shared your COVID-19 plan with all other employers at your worksite(s) and coordinated to ensure all workers are protected? | | | |
| o Do you have policies to limit and monitor points of entry in settings where direct patient care is provided? *(Note: Does not apply where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services.)* | | | |
| o Do you have a policy to screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering settings where direct patient care is provided for people who may have symptoms of COVID-19? | | | |

| Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19.  Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow. | YES | NO | Follow-up Action |
|---|---|---|---|
| o   Do you have a health screening protocol for screening employees before each work day and each shift? | | | |
| o   Do you have a log for recording all employee instances of COVID-19? | | | |
| o   Do you have a policy that requires employees to notify you when they are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected of having COVID-19? | | | |
| o   Does the policy require employees to notify you if they are experiencing COVID-19 like symptoms including: <br> ▪ A recent loss of taste and/or smell with no other explanation <br> ▪ A fever of at least 100.4°F with a new unexplained cough associated with shortness of breath | | | |
| o   Do you have a policy to notify employees within 24 hours, if required to do so, when they have been exposed (through close contact or by working in the same well-defined portion of a workplace during a person's potential transmission period) to a COVID-19 positive person who has been in the workplace? | | | |
| o   Do you have a policy for employee COVID-19 testing, including providing time off and payment for the test? (Note: employers are not required to conduct testing) | | | |
| o   Do you have policies to remove employees who have COVID-19, are suspected to have COVID-19, are experiencing certain symptoms of COVID-19, or have been in close contact with a COVID-19 positive person in the workplace, until they can return as provided for by the standard, and, for employers with more than 10 employees, to provide medical removal protection benefits to such employees where required to do so (see OSHA's ETS Notification, Removal, and Return to Work Flow Chart for Employers and Employees)? | | | |
| o   Do you have policies and procedures for adhering to Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions"? | | | |
| o   Have you considered the use of telehealth services where available and appropriate in order to limit the number of people entering the facility? (Note: employers are not required to, but are encouraged to, use telehealth where available and appropriate.) | | | |
| o   Do you have a plan to support COVID-19 vaccination by providing each employee reasonable time and paid leave for vaccination and any side effects experienced following vaccination? <br> *(Note: Eligible employers, including businesses and tax-exempt organizations with fewer than 500 employees, can receive a tax credit for providing paid time off for each employee receiving the vaccine and for any time needed to recover from the vaccine. See www.irs.gov/newsroom/american-rescue-plan-tax-credits-available-to-small-employers-to-provide-paid-leave-to-employees-receiving-covid-19-vaccines-new-fact-sheet-outlines-details)* | | | |

**Identify COVID-19 Safety Coordinators to ensure compliance with all aspects of the COVID-19 plan.**

| Name: | Position/Title/Campus: | Contact Information: |
|---|---|---|
| | | |
| | | |
| | | |

## ✓ Physical Distancing in your Workplace

**This section will assist you in implementing physical distancing measures at your workplace.**

o  Employers must ensure that employees are separated from other people by at least 6 feet when indoors, and install cleanable or disposable solid barriers at fixed work locations outside of direct patient care areas where each employee is not separated from other people by at least 6 feet, unless the employer can demonstrate that these measures are infeasible. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** and the **Job Hazard Analysis (Controls)** sections below.

o  In evaluating how to implement physical distancing, employers should consider these measures as they build their COVID-19 plans.

o  Employers must implement physical distancing along with the other provisions required by the ETS as part of a multi-layered strategy to minimize employee exposure to COVID-19.

o  **NOTE:** The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

| Have you considered these measures when/where possible? | YES | NO | Follow-up Action |
|---|---|---|---|
| o  Have you taken steps to reduce crowding in facilities by asking patients to remain outside if feasible until they are called into the facility for their appointment? *For example: Vehicle waiting area in parking lot, open air triage tents and booths, etc.* | | | |
| o  Have you limited visitors to the facility to only those essential for the patient's physical or emotional well-being and care, and restricted their visits to the patient's room or other designated areas? | | | |
| o  Have you implemented teleworking options? | | | |
| o  Are physical distancing floor markers and/or visible wall signs in place to remind employees, patients, visitors, customers, clients, and all other non-employees to maintain a minimum distance of 6 feet between them? | | | |
| o  Have you reconfigured the work environment to ensure physical distancing? *For example: Spacing out desks, etc.* | | | |
| o  Have conference rooms and break area furnishings (tables, chairs, desks) been adjusted to maintain physical distancing? | | | |
| o  Have you installed cleanable or disposable solid barriers at each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance? | | | |
| o  Have work shifts and break times been staggered to reduce crowding in common employee areas? *For example: Breakrooms, locker rooms, etc.* | | | |
| o  Have you taken steps to minimize the number of people within choke points (bottlenecks) at any time to ensure a minimum distance of 6 feet can be maintained between them and reduce crowding? *For example: Outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, pharmacy windows, bill payment).* | | | |
| o  Have you designated pickup/drop-off delivery areas away from high traffic areas? | | | |
| o  Have you used scheduling to separate workers into dedicated groups (i.e. "bubbles" or "cohorts") to work the same shift or work in a particular area to reduce the number of individuals that each worker encounters? | | | |
| o  Have contactless payment systems been established? | | | |
| o  Have contactless scheduling systems been established? | | | |

## ✓ Ventilation in Your Workplace

**This section will assist you in improving ventilation at your workplace.**

o   Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s) must ensure that the HVAC system(s) is used in accordance with manufacturer's instructions and the design specifications of the system(s); the amount of outside air circulated through the system(s) and the number of air changes per hour are maximized to the extent appropriate; air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); air filters are maintained and replaced as necessary; intake ports are cleaned, maintained, and cleared of debris; and airborne infection isolation rooms (AIIRs) are maintained and operated in accordance with their design and construction criteria.

o   **Does your workplace have a HVAC system that you own or control?**

o   **Who is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of the OSHA COVID-19 ETS?**
*(e.g., Maintenance staff, HVAC service contractor)*

*Name/Contact Information:*

| Have you taken these measures where/when possible? | YES | NO | Follow-up Action |
|---|---|---|---|
| o   Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis? | | | |
| o   Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications? | | | |
| o   Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities? | | | |
| o   Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions? | | | |
| o   Are the HVAC air filters that are installed rated at least Minimum Efficiency Reporting Value (MERV) 13, or the highest level compatible with the system? | | | |
| o   Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function? | | | |
| o   Are all air supply diffusers and return air grilles open, clean, and operating properly? | | | |
| o   Are all existing AIIRs maintained in accordance with design and construction criteria? | | | |
| **Additional Ventilation Strategies (Best Practices) to Consider** | **YES** | **NO** | **Notes** |
| o   Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks? | | | |
| o   Are automatic settings that reduce outside air intake disabled? | | | |
| o   Are HVAC system(s) operated at least two hours before people arrive and at least two hours after everyone has left in order to help flush the building? | | | |

| ✓ **Cleaning and Disinfection in Your Workplace** |
|---|

**This section will assist you in implementing cleaning, disinfection, and hand hygiene measures at your workplace.**

o   In patient care areas, resident rooms, and for medical devices and equipment, employers must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control," pp. 86–103, 147-149.  In all other areas, employers must clean high-touch surfaces and equipment at least once a day, following manufacturers' instructions for application of cleaners; and clean and disinfect, in accordance with CDC's "Cleaning and Disinfecting Guidance" any areas, materials, and equipment under the employer's control that have likely been contaminated by a person who is COVID-19 positive and has been in the workplace within the last 24 hours.

o   Employers must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities.

o   After aerosol-generating procedures (AGPs) are performed on persons with suspected or confirmed COVID-19, employers must clean and disinfect the surfaces and equipment in the room or area where the procedure was performed.

| Have you taken these measures where/when possible? | YES | NO | Follow-up Action |
|---|---|---|---|
| o   Are patient care areas, resident rooms, and medical devices and equipment cleaned and disinfected in accordance with the CDC's "COVID-19 Infection Prevention and Control Recommendations" and "Guidelines for Environmental Infection Control"? | | | |
| o   Do you clean and disinfect areas, materials, and equipment (other than patient care areas, resident rooms, and medical devices and equipment) that have likely been contaminated by a person with COVID-19 who has been in the workplace within the last 24 hours in accordance with the CDC's "Cleaning and Disinfecting Guidance"? | | | |
| o   Where AGPs are conducted, do you clean and disinfect the surfaces and equipment in the room or area after the procedure is completed? | | | |
| o   Have you provided alcohol-based hand rub that is at least 60% alcohol or provided readily accessible handwashing facilities for employees, patients, visitors, customers, clients, and all other non-employees? | | | |
| o   Outside of patient care areas and patient rooms, are high-touch surfaces and equipment (other than medical devices and equipment) cleaned at least once a day following manufacturers' instructions for application of cleaners? | | | |
| o   When disinfecting, do you use a disinfectant found on EPA's List N; Disinfectants for COVID-19? | | | |

| ✓ **Personal Protective Equipment (PPE) in Your Workplace** |
|---|

**This section will assist you in providing PPE and implementing PPE policies at your workplace.**

o  Employers must: provide and ensure employees wear facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy; ensure a facemask is worn by each employee over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes (with some exceptions, e.g., when an employee is alone in a room); provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for AGPs performed on a person with suspected or confirmed COVID-19; provide respirators and other PPE in accordance with Standard and Transmission-based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions"; and allow employees to wear their own respirators instead of facemasks (under the mini respiratory protection program at 29 CFR 1910.504).

o  **NOTE:** PPE requirements for employees with exposure to a person with suspected or confirmed COVID-19 and for AGPs on a person with suspected or confirmed COVID-19 are discussed in the **Job Task Inventory for Employees with Potential for Exposure to a Person with Confirmed or Suspected COVID-19** and **Job Hazard Analysis (Controls)** sections below.

o  **NOTE:** The ETS exempts fully vaccinated workers from PPE requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

| **The following questions apply when employees are required to wear employer-provided facemasks, respirators, or face shields:** | **YES** | **NO** | **Follow-up Action** |
|---|---|---|---|
| o  Do you ensure facemasks are worn by employees over the nose and mouth when indoors and when occupying a vehicle with other people for work, unless one of the exceptions in the ETS applies? | | | |
| o  When facemasks are required, have you provided to each employee a sufficient number of facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy to comply with the ETS and ensure that they are changed by employees at least once a day, whenever they are soiled or damaged, and more frequently as necessary? | | | |
| o  If N95 respirators or a higher level of respiratory protection are provided to employees, are they:<br><br>o  used in accordance with the COVID-19 mini respiratory protection program (29 CFR 1910.504) when used in place of a facemask in situations when a respirator is not required by the ETS; or<br><br>o  used in accordance with the respiratory protection standard (29 CFR 1910.134) when a respirator is required by the ETS? | | | |
| o  For employees who are unable to wear facemasks (e.g., due to a disability), are face shields provided to employees and<br><br>o  certified to ANSI/ISEA Z87.1 (or do they cover the wearer's eyes, nose, and mouth, wrap around the face from temple to temple, and extend down below the wearer's chin)?<br><br>o  cleaned at least daily?<br><br>o  replaced when damaged? | | | |
| o  Instead of a facemask, are employees permitted to wear their own respirator used in accordance with 29 CFR 1910.504 when a respirator is not required by the ETS? | | | |

# Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing

**Use this Fixed Work Location and Job Task Inventory and input from employees to identify any fixed work locations outside of direct patient care areas where employees cannot maintain at least 6 feet of physical distancing from all other people when indoors. Direct patient care means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.**

**Note: The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.**

Fixed work locations are workstations where an employee is assigned to work for significant periods of time. Protective measures can often be implemented at fixed workstations to minimize potential exposure to COVID-19.

- Take an inventory of all fixed work locations outside of direct patient care areas where employees cannot maintain 6 feet of physical distance from all other people. Note the number of workers at each location.
  *For example: 5 administrative employees work at an outpatient medical office with fixed work locations at:*
    - *The reception area*
    - *Employee desk area not in direct patient care areas*

- For each fixed work location, describe the job tasks where employees cannot maintain 6 feet of physical distance from all other people.
  *For example: For the outpatient medical office:*
    - *2 employees in the reception area interact with patients, families, and the public to conduct administrative tasks at the reception desk*
    - *3 employees work at their desks not in direct patient care areas*

| Fixed Work Location | | No. of Workers | Job Tasks and Descriptions |
|---|---|---|---|
| *For example: Outpatient medical office* | *The reception area* | *2* | *Interact with patients, families, and the public to conduct administrative tasks at the reception desk* |
| | *Employee desk area* | *3* | *Work at their desks not in direct patient care areas* |
| | | | |
| | | | |
| | | | |
| | | | |

# Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19

Use this **Job Task Inventory** and input from employees to identify any job tasks where employees have potential for exposure to a person with suspected or confirmed COVID-19.

| Answer the following questions about employee exposure to COVID-19: | YES | NO | Follow-up / Notes |
|---|---|---|---|
| ☐ Do employee(s) provide direct care to or are they otherwise exposed to people with suspected or confirmed COVID-19? | | | |
| ☐ Do employee(s) perform or assist in performing AGPs on a person with suspected or confirmed COVID-19?  The following medical procedures are considered AGPs:<br>  ☐  open suctioning of airways<br>  ☐  sputum induction<br>  ☐  cardiopulmonary resuscitation<br>  ☐  endotracheal intubation and extubation<br>  ☐  non-invasive ventilation (e.g., BiPAP, CPAP)<br>  ☐  bronchoscopy<br>  ☐  manual ventilation<br>  ☐  medical/surgical/postmortem procedures using oscillating bone saws<br>  ☐ dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion | | | |

*If you answered yes to any of the questions above, complete the table below indicating the location(s), number of workers, and job tasks and descriptions in which employees have potential for exposure to a person with suspected or confirmed COVID-19.*

| Location(s) | No. of Workers | Job Tasks and Descriptions |
|---|---|---|
| *For example:*<br>*Surgical Suites* | *5* | *Perform or assist in surgical procedures using oscillating bone saws* |
| | | |
| | | |
| | | |
| | | |

**Are there any well-defined areas of your workplace in which there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present?  If yes, list here:**

- *For example: employee break room*
- 
- 
-

# Employee Job Hazard Analysis (Controls)

This form will help employers and their employees identify controls to implement to minimize potential employee exposure to COVID-19. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** as well as the **Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19** sections above to complete this form for every fixed work location or job task identified in these sections.

At least one non-managerial employee should provide input on this Job Hazard Analysis.

**Employee Name(s), Position/Title, Shift**

**Facility Location (e.g., campus, building number)**

## Controls to implement (as appropriate and feasible) for employees outside of direct patient care areas who cannot maintain physical distancing

**Fixed Work Location(s) (refer to table above):**

**Job Tasks and Descriptions:**

☐ **Work processes or procedures have been adjusted to ensure that employees are as far apart as feasible from other people.**
   How:
   - *for example: using a lifting device instead of a co-worker*
   - 
   - 

☐ **Physical barriers have been installed where physical distancing is not feasible.**
   *NOTE: Physical barriers are not required in direct patient care areas or resident rooms. The ETS also exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. Refer to list of well-defined areas above.*

   ☐ **Between employees and other people where possible**
   ☐ **Between co-worker workstations where possible**
   ☐ **Barriers are at height and width to block face-to-face pathways between persons**
   ☐ **Small pass-through openings for objects, if necessary, are located at the bottom of the barrier and away from users' breathing zones**
   ☐ **Barriers are fixed or secured so they do not move excessively (secured to ground or surface; hanging barriers have bottoms secured)**
   ☐ **Barriers are easily cleanable or disposable**
     ○ **Barrier cleaning supplies are stocked and conveniently located**
   ☐ **Barriers do not block emergency exits and pathways**

## Controls to implement for employees with potential for exposure to a person with suspected or confirmed COVID-19

***Controls for AGPs performed on a person with suspected or confirmed COVID-19:***

☐ The number of employees present during the procedure is limited to only those essential for patient care and procedure support
☐ The procedure is performed in an AIIR, if available
☐ All surfaces and equipment in the room or area where the procedure is performed are cleaned and disinfected after the procedure is completed

## *PPE:*

The employer must provide a respirator, gloves, an isolation gown or protective clothing, and eye protection to each employee with exposure to people with suspected or confirmed COVID-19. The employer must ensure that the respirator is used in accordance with the respiratory protection standard (29 CFR 1910.134) and that other PPE is used in accordance with 29 CFR 1910 subpart I.

For AGPs performed on a person with suspected or confirmed COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.

| Use this form for each healthcare job task (refer to table above) with potential exposure to COVID-19. | | | |
|---|---|---|---|
| **Description of Job Task** | **Employee Protections** | **Provided by Employer** | **Follow-up / Notes** |
| *For example: A nurse in the ICU must enter the patient's room and draw three vials of blood once daily in the morning before breakfast.*<br><br>*The patient is positive for COVID-19.*<br><br>*The ICU nurses have been issued N95 respirators. ICU nurses wear FDA-authorized facemasks when not in a COVID-19 positive patient's room.* | Gloves | x | |
| | Isolation gown | x | |
| | Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy | x | *When not wearing N95 respirator* |
| | N95 respirator, or equivalent | x | |
| | Goggles or face shield | x | |
| | Powered air-purifying respirator (PAPR) | | |
| | Airborne infection isolation room (AIIR) | | |
| | Other, specify: | | |
| | Gloves | | |
| | Isolation gown | | |
| | Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy | | |
| | N95 respirator, or equivalent | | |
| | Goggles or face shield | | |
| | Powered air-purifying respirator (PAPR) | | |
| | Airborne infection isolation room (AIIR) | | |
| | Other, specify: | | |
| | Gloves | | |
| | Isolation gown | | |
| | Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy | | |
| | N95 respirator, or equivalent | | |
| | Goggles or face shield | | |
| | Powered air-purifying respirator (PAPR) | | |
| | Airborne infection isolation room (AIIR) | | |
| | Other, specify: | | |

## Controls to implement for contact with other people while occupying a vehicle for work

*Identify the protective measures taken when employees occupy a vehicle with another person for work purposes.*

Required by the ETS:
- ❑ Facemasks are worn over the nose and mouth
- ❑ Clean high-touch surfaces daily (e.g., steering wheel, door handles, seats)

Best practices for employee protection:
- ❑ Use fan at highest setting
- ❑ DO NOT use "Recirculate" for cabin heating/cooling
- ❑ Open window(s) whenever weather permits
- ❑ Separate workers as much as possible in the vehicle (e.g., avoid having persons sit side-by-side)

| **Action Items from Job Hazard Analysis:** | **Follow up to Action Items:** |
|---|---|
| | |
| | |

# ✓ Implementing a COVID-19 Training Program

**Ensure that all employees receive training, in a language and at a literacy level that they can understand.**

| Have you trained each employee on COVID-19 health hazards including providing information about: | YES | NO | Follow-up Action |
|---|---|---|---|
| ❒ How COVID-19 is transmitted *(including pre-symptomatic and asymptomatic transmission)* | | | |
| ❒ The importance of hand hygiene to reduce the risk of spreading COVID-19 infections | | | |
| ❒ Ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth | | | |
| ❒ The signs and symptoms of COVID-19 | | | |
| ❒ The risk factors for severe illness | | | |
| ❒ When to seek medical attention | | | |
| **Have you reviewed your COVID-19 plan, policies, and procedures with your employees, including:** | | | |
| ❒ Where to find the plan, and how to obtain copies | | | |
| ❒ Name(s) and Contact(s) of the COVID-19 Safety Coordinator(s) | | | |
| ❒ The completed Workplace Checklist, Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing, Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19, and the Employee Job Hazard Analysis (Controls), and how to obtain copies of each | | | |
| ❒ Your specific policies and procedures on patient screening and management | | | |
| ❒ Tasks and situations in the workplace that could result in COVID-19 infection | | | |
| ❒ Your specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures) | | | |
| ❒ Your specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace | | | |
| ❒ Your specific policies and procedures for PPE for your workplace including:<br>  o When PPE is required for protection against COVID-19<br>  o Limitations of PPE for protection against COVID-19<br>  o How to properly put on, wear, and take off PPE<br>  o How to properly care for, store, clean, maintain, and dispose of PPE<br>  o Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19 | | | |
| ❒ Your specific policies and procedures for cleaning and disinfection | | | |
| ❒ Your specific policies and procedures on health screening and medical management | | | |
| ❒ Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws; and other supportive policies and practices *(e.g., telework, flexible hours)* | | | |

*Training Requirements / Notes:*

| *Employee Representative Name and Date:* | *COVID-19 Safety Coordinator Name and Date:* |
|---|---|
| | |

**Attachment B: Employee Close Contact Notice**

**To:**        **Health Care Personnel with Close Contact to a COVID Positive Person**

**From:**       Washington University Occupational Health

**Subject:**     Employee Guidelines Post-COVID-19 Close Contact Exposure

**You have been determined to have** had close contact with a COVID-19 positive person on
_____. *Close contact* means being within 6 feet of any other person for a
cumulative total of 15 minutes or more over a 24-hour period during that person's potential period of
transmission. The potential transmission period runs from 2 days before the person felt sick (or, for
asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated.

**The following instructions must be followed:**
- You must contact the BJC/WU Employee COVID-19 Call Center at 314-362-5056 <u>immediately</u> to report
  your exposure and receive further evaluation and instructions.
- You must continue to monitor yourself for symptoms of COVID-19. If you develop any symptoms of
  COVID-19, contact the Employee COVID-19 Call Center at 314-362-5056 for evaluation and referral for
  testing.  Symptoms of COVID-19 may be mild or severe and may appear 2 – 14 days after an exposure.

  Symptoms of COVID-19 may include:
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

**Attachment C: Washington University COVID-19 Notice**

**To:** **General Notice to Employees in Work Area**

**From:** Washington University Occupational Health

**Subject:** Possible COVID-19 Exposure

A possible exposure to COVID-19 may have occurred on: _____(Name of unit/work area)_____
We have been notified that an individual who was present in our workplace on [MM/DD/YYYY] has been diagnosed with COVID-19. We are separately notifying persons who appear to have had close contact with the individual, but we want to alert everyone working in the same well-defined work area to the possibility of exposure. You should monitor yourself for any symptoms of COVID-19, listed below. If you develop symptoms of COVID-19, please contact the BJC/WU Employee COVID-19 Call Center at 314-362-5056 for evaluation, further instructions and possible referral for testing. If you develop symptoms at work, immediately notify your supervisor and remove yourself from the workplace.

We are all responsible for practicing the preventative steps recommended by the Centers of Disease Control and the university, your proactive involvement is needed to help prevent the spread of COVID-19 among our patients and employees.

Symptoms of COVID-19 may mild or severe and may appear 2 – 14 days after an exposure.
    Symptoms may include the following:
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If you have further questions, please contact WU Occupational Health by emailing occupationalhealth@wustl.edu

**Attachment D: COVID-19 Exposure External Notice**

**To:** (Insert name of external employer entity)
**From:** WU Occupational Health
**Subject:** Possible COVID-19 Exposure

A possible exposure to COVID-19 may have occurred on: _____ (Name of unit/work area)_____ at (insert name of clinic/area).

This is to notify you that an individual who was present in our workplace on [MM/DD/YYYY] has been diagnosed with COVID-19. Your (students/employees) may have been exposed to the COVID-19 positive person.

All persons who may have been exposed should be notified of the exposure and instructed to contact the BJC/WU Employee COVID-19 Call Center at 314-362-5056 immediately to report their exposure and receive further evaluation and instructions.

Exposed persons should monitor themselves for symptoms of COVID-19 for at least 14 days. If they develop any symptoms of COVID-19, they should contact the Employee COVID-19 Call Center at 314-362-5056 for evaluation and referral for testing.

Symptoms of COVID-19 may mild or severe and may appear 2 – 14 days after an exposure.

     Symptoms may include the following:
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea