PANDEMIC RESPONSE PLAN

(ORIGINATED 03/20, REVISED 6/23/20, 8/6/20, 01/21, 04/21, 12/21, 01/22, 03/22, 10/22)

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Introduction	Section 1

At TBI Solutions, it is our main priority to keep our clients, staff, and visitors healthy, especially amid the COVID-19 pandemic. As such, we will abide by local, state, and federal guidelines as we strive to balance public health concerns. We have developed the following new protocols and procedures which are mandatory to ensure we are minimizing risk and keeping our staff, clients, and visitors safe to every extent possible. The new protocols and procedures are in accordance with the Center for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA).

By developing this Pandemic Response Plan, TBI Solutions hopes to clearly communicate our plans moving forward, highlight workplace protocols in place to protect everyone's safety and establish a level of comfort for all of our clients, staff, and visitors as we return to on-site services.

We understand that there may be unique situations that require individual attention and encourage those with specific risks or concerns to reach out to TBI Solutions Management to discuss alternate arrangements, should they be necessary and/or available.

This is a working document that will be updated regularly to reflect changes in directives and introduce new recommended practices as they become available.

Operating Protocols	**Section 2**

2.1 Pandemic Response Team

TBI Solutions has an established Pandemic Response Team which will be taking the lead on responding to the coronavirus pandemic. The team will be responsible for implementing the plans to prevent and limit the spread of the infection in each of our locations. The response plan and revisions will be reviewed by TBI Solution's Medical Director.

The Managing Director will convene the Emergency Response Team as necessary and will serve as the overall response coordinator. The Managing Director will be kept informed of all response activities.

> **Members of the Pandemic Response Team Include:**
> - **Managing Director**
> - **Director of Clinical Services- Facility Supervisor**
> - **Administrative Assistant**
> - **TBI Solutions Medical Director**

2.2 Communication & Awareness

2.2.1 Communication Process
- The Managing Director will initiate the communication protocols throughout the organization during the Pandemic Emergency.
- The Emergency Response Team (ERT) will determine the content of the communication response, the urgency of the response or timely notice parameters, as well as the appropriate components to be activated. The Director of Clinical Services will be the primary liaison with employees, participants, stakeholders, and community partners in reporting and coordinating responses. The Managing Director will confer with the Director of Clinical Services, who will be responsible for communication on the TBI Solutions website.
- The Managing Director will make any decisions to close the facility and suspend services. The Managing Director will initiate emergency messages to clients and personnel via the Director of Clinical Services, as needed.

2.2.2 Communication Components
TBI Solution's emergency communication response plan is comprised of the following communication components in which any or all may be utilized:
- Telephone calls to home and cellular telephones
- Text messaging to cellular telephones
- Email to all clients and employees
- Message posting on TBI Solution's website
- On site signage which may include reminders of processes, mandatory PPE and hygiene protocols, physical distancing cues, etc.

2.2.3 Follow Up

Following an emergency, the Managing Director will reconvene the Emergency Response team.

2.3 Safe Entrance Procedures

2.3.1   Site Entry Process

1. **Facility Entry**

   Prior to entering the facility, all clients, staff, and visitors must follow all applicable local, state, and federal COVID-19 isolation/quarantine protocols.

   At each entrance, all staff, clients, and visitors will be required to comply with the following protective measures:
   - Maintain a physical distance of six feet (two meters) from other people, as reminded by numerous visual cues
   - Handwashing or sanitizing hands upon entering the facility. There will be sanitizing stations at various locations throughout the facility.
     - Face masks are required to enter the facility and must be worn while maintaining 6 feet away from an individual while in the facility.
     - Complete a COVID-19 health questionnaire
     - Have temperature screened by a No Touch Thermometer
     - Awareness of and cooperation with signage

   - **Entrance Locations**: Entry into the facility for all clients, staff, and visitors will be limited to the main entrance and the door at the rear of the building for all HEART clients. There will be signage at the entrance with mandatory protocols for entering the facility.

3. **Health Screenings:** All clients, staff, and visitors seeking entrance into the facility must complete the following:
   - Individuals are not allowed to wait in the lobby or sign in at the front desk area until a health screening has been completed. Signage will be posted at entrances alerting individuals.
   - Temperature screening upon entrance
   - Wellness Questionnaire**:**
     - Absence of symptoms consistent with COVID-19 for at least the last 72 hours including, fever, chills, cough, difficulty breathing, headache, sore throat, muscle/joint aches, diarrhea, abdominal cramps or nausea, conjunctivitis (pink eye), loss of taste or smell.
     - No known contact with anyone diagnosed with COVID-19 or with symptoms consistent with COVID-19 for the last 14 days.
     - Assertion that the individual has washed or sanitized their hands prior or upon entering the facility.

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2.4 Risk Mitigation

> ➤ In the event that a client, staff member or visitor has a temperature above 100 degrees or answers "No" to any of the screening questions the staff member monitoring the entry location will initiate the "Response to a suspected infection on-site" described below.
> ➤ The identity of client, staff or visitor exhibiting fever or other COVID-19 symptoms will only be shared with clients, staff members and visitors who have been in direct contact with the individual.

2.4.1 Focus on Staff, Client, and Visitor Health

Any staff, client, and visitor who is well but has had close contact with someone diagnosed with or having one or more symptoms of COVID-19 should monitor for symptoms. A close contact includes: a household member, intimate partner, providing care to a sick individual without use of recommended infection control precautions, or being within close contact (less than 6 feet) for a prolonged period of time (operationally defined as greater than 15 minutes by the CDC).

When to Stay Home:
- Any staff, client, and visitor who is sick is encouraged to stay home.
- Any staff, client, and visitor who believes that they have been exposed to someone with symptoms consistent with COVID-19 should contact their Primary Care Physician and follow instructions which will be based on the most current recommendations for self-quarantine of the CDC or local health officials.
- Please note, the safety of clients, staff and others is our upmost concern and clients and staff encouraged to voice needs, potential needs, related to COVID-19 and When to Stay Home, without concern of negative consequences. TBI Solutions will not penalize anyone for voicing concern or sharing potential need to stay home. Should staff believe they or others have experienced negative consequences because of voicing concern or sharing a potential need to stay home, they are to contact the Director of Clinical Services immediately at: 248-355-5800.
- Any staff member with questions regarding staff leave policy is encouraged to contact the Director of Clinical Services for further information.

Employee Support
- TBI Solutions is committed to providing flexible leave policies for staff who are impacted by COVID-19.
- TBI Solutions will not discharge, discipline otherwise retaliate against a staff member for staying at home or place of residence due to diagnosis or symptoms of COIVD-19 or who has a close family member who is positive for COVID-19 or has one or more symptoms of COVID-19.
- In addition, a staff member who is impacted in other ways such as, caring for a sick family member or children who are home from school or day care will not be penalized.
- Staff members are not required to provide a COVID-19 test result or a healthcare provider's note to validate their illness, qualify for sick leave or return to work.
- Any staff member with questions regarding time off policy is encouraged to contact the Director of Clinical Services.

2.4.2   Physical Distancing: All clients, staff, and visitors are encouraged to consider strategies to increase the space between individuals. A recommended distance is 6 feet.

- Staff, clients, and visitors should be aware of and follow physical distancing cues provided by signage.
- Seating at workstations, desks and table areas are arranged to provide for 6-foot distance between individuals.
- Staff, clients, and visitors are not to reposition tables, chairs, etc. to a physical distance of less than a minimum of 6 feet.
- Kitchen Areas: For Client and Staff Use
  - Chairs will be spaced out to encourage distancing.
  - Any beverage or food item that is stored in the facility fridge must be labeled, closed, and sealed. All personal items that are left in the fridge will be removed at the end of the day.
  - Clients are not allowed to bring beverage or food items into the therapy room.
  - Only plastic wear should be used and thrown away in garbage receptacle with closed lid. Garbage will be removed at the end of each day.
- Smoking Areas & Breaks
  - As individuals will be unable to wear masks while smoking, physical distancing of at least 6 feet will be the primary focus.
  - The designated smoking areas is in the front of the facility to the left of the entry way. There will be a sign posted to designate this area. Please dispose of trash in receptacle provided.
  - Breaks for HEART clients will be staggered to reduce the number of clients in the smoking areas at the same time. The smoking area for HEART clients will be in the back of the building.
  - All clients must follow hand-washing procedures after breaks, prior to returning to their workstations and in between therapy sessions.

2.4.3   Limiting the Number of Individuals in the Facility: (No Longer In Effect 03/2022)

- Clients will have staggered therapy schedules to reduce the people flow in the facility.
- Clients should make every effort to arrive at the scheduled time for their therapy session.
- If an individual arrives to the facility and there is another individual inside the entrance of the building and in the process of a health screen, the individual must wait inside the door entrance until cleared by a TBI Solutions staff member to allow for safe entry into the facility.
- Telehealth options are encouraged when possible to decrease individuals in the facility.
- Group therapy will be limited to the number of clients who are able to engage in 6 feet of distance from each other in one room.
- Meetings are to be held electronically when possible. If a face to face meeting is required, it must be held in a space large enough to accommodate 6 feet of distance between all participants and masks must be worn. Those individuals who are not able

to attend on-site will be able to join through ZOOM or other approved Telehealth platforms.
- No large work-related gatherings (e.g., staff meetings, in-service trainings).
- When possible, interviews will be conducted by phone. If interviews must be held in person, applicants will complete the health screening questionnaire, be provided with a mask that covers the nose and mouth and be instructed on universal precautions and handwashing protocols.

2.4.4   Handwashing and Hygiene Etiquette: Clients, staff, and visitors are to wash their hands upon entry into the facility, after each restroom break, prior to and after eating, smoking, after touching of the face, sneezing, or blowing nose etc. Clients, staff, and visitors will be reminded to wash hands using the proper technique. Education material containing information on how to properly hand wash and sanitize will be provided to individuals in the facility lobby and in restrooms.

- Handwashing
  - Use soap and water
  - Wash for 20 seconds
  - Scrub all surface of hand – between fingers, backs of hand, fingernails
- Hand Sanitizer
  - Use when soap and water are unavailable
  - Sanitizer should be ≥60% alcohol
  - Rub hands for 20 seconds

2.4.5   Personal Protective Equipment & Supplies:
- During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on updated risk assessments and information on PPE effectiveness in preventing the spread of COVID-19. *Masks are mandatory for entering the facility and must be worn if less than 6 feet away from an individual while in the facility.* Education material containing information on how to properly fit, wear, and clean a face mask will be provided to individuals in the facility lobby.

PPE Available
Clients, staff, and visitors are permitted to bring in higher levels of respiratory protection, such as an N95 mask, provided TBI Solution's requirements for optimal use are followed.

All types of PPE must be:
- Selected based upon the exposure risk to the staff member (cloth, surgical, KN95, N95)
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid

Sanitizing Supplies
- Hand Soap
- Hand Sanitizer
- Cleaning Products approved by the Environmental Protection Agency

2.4.6   Cleaning & Sanitizing: TBI Solution's specific cleaning plan will include the following basic steps:

1. Touchpoint Sanitization and Cleaning: Increase the frequency of high touchpoint area cleaning with approved cleaning products which can be found at: https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf
- Commonly touched items include:
  o Entry/Exit Points including doorknobs and push-plates
  o Restrooms
  o Desk-tops, tables and chairs
  o Counters and cupboard doors, refrigerator handles
  o Keyboards and remote controls
  o Copier/Fax machine
  o Telephone receivers
- Additional janitorial staff will be provided for additional sanitizing and cleaning responsibilities as needed.

2. Disinfection Frequency
Therapy Desks and Tables:
- Staff should wipe down their desk/table at the beginning and end of each session. The therapy room door must remain closed during the sanitation process. Therapy rooms will be marked with a "Sanitized" sign indicating that the area has been sanitized.
- HEART Workstations will be completely cleaned and sanitized between shifts. Workstations will be marked with a "Sanitized" sign indicating that the area has been sanitized.

Offices:
- Offices are to be cleaned between uses.
- Offices will be marked with a "Sanitized" sign indicating that the area has been sanitized.

Equipment:
- All therapy equipment is to be sanitized before use
- All therapy equipment is to be sanitized immediately after use

3. Enhanced Cleaning and Disinfection:
- If a person is suspected/confirmed to have COVID-19 has been to the facility, custodial staff will be informed by a member of the Pandemic Response Team.
- Areas where the person visited will be closed and marked to prevent others from entering the area.
- After a 24-hour waiting period (or if is practical) cleaning will begin.
- Cleaning of the area will follow the most current recommendations of the CDC

- An outside cleaning company may also be utilized to provide enhanced cleaning and disinfection as needed.

4. **Sanitation and Touch Reducing Resources:**
   - Staff, clients, and visitors will be provided with areas where they can access personal sanitizing resources such as, hand soap and hand sanitizer (at least 60 % alcohol)
   - Approved disinfectants will be available to staff for the cleaning of their personal work surface (desk, table, workstation)
   - All clients with a workstation are encouraged to wipe down the station at the beginning and ending of sessions.
   - Other supplies provided include tissues, no-touch trash cans and disinfectants for staff to clean their work surfaces will be provided.

5. **Reporting Unsafe or Unsanitary Situations:** Any staff, client or visitor who observes an unsafe or unsanitary condition are to report this to the Director of Clinical Services or a member of the Emergency Response Team.

2.4.7   Engineering Controls: Involve isolating individuals from work and facility related hazards. These controls include:
- HVAC filtration system
- Physical Barriers – Clear plastic barriers, sneeze guard, Plexiglas dividers
- No-touch soap dispensers, hand sanitizers and trash receptacles.

2.5 Risk Assessment

2.5.1   Exposure Risk: Staff risk of occupational exposure to SARS-CpV-2, the virus that causes COVID-19, during an outbreak vary. The level of risk depends in part on the job duties, need for contact or be within 6 feet of people known to be, or suspected of being infected with SARS-CoV-2.

Occupational Risk Pyramid
for COVID-19

Very High Risk
- High potential for exposure to known sources of COVID-19
- Healthcare employees with contact to known COVID-19 patients

High Risk
- High potential for exposure to known or suspected COVID-19 cases
- Healthcare delivery, support staff, medical transport workers

Medium Risk
- Jobs that require frequent and/or close contact (within 6 ft) with people who may be infected, but are not known or suspected COVID-19 patients
- Contact with the public, schools, high population density work environments

Low Risk
- Jobs that do not require contact with people known or suspected of being infected with coronavirus
- No frequent close contact (within 6ft) with the public
- Minimal contact with co-workers.

2.5.2 **Hazard Assessment**: To identify what level of risk may be present for a client and staff, TBI Solutions will complete a Hazard Assessment.
- Where/How/What are the sources of exposure associated with on-site services
  - Clients
  - Staff
  - Visitors
- Assess available methods of physical distancing at the location
  - Staggered client schedule and breaks to reduce the number of people in a location at the same time
  - Teleworking from home availability
  - Cross train on-site workers to perform critical tasks to reduce the number of staff onsite
  - Job duties and ability to remain physically distant from co-workers, participants, persons served

- Assess need for and access to Basic Infection Prevention supplies at the location
  - Access to handwashing facilities & hand sanitizer (≥60% alcohol)
  - Cleaning & disinfection procedures

2.5.3 **Identifying High Risk Participants**: In conjunction with external supports, family, or treatment providers, TBI Solutions will work to identify participants who may be at the greatest risk of contracting the virus or have the greatest risk of developing more severe symptoms. Based on these factors, additional restrictions or supports may be put in place to support the individual. Risk factors include:
- Age-over 65 years of age
- Participants who are in a congregate living situation
- People of all ages with underlying medical conditions, particularly if not well controlled such as:
  - Chronic lung disease or moderate to severe asthma, cardiac conditions
  - Are currently immunocompromised
    - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
  - Severe obesity (body mass index [BMI] of 40 or higher)
  - Diabetes
  - Chronic kidney disease undergoing dialysis
  - Liver disease

The guidance may need to be adapted based on the individual's ability to participate in or follow rules for hygiene, physical distancing, use of PPE's, facilities' physical space, staffing, population, operations, and other resources and conditions

Response:
If a participant is identified to be at a higher risk for contracting or experiencing more severe illness from COVID-19, a TBI Solutions representative will communicate the concerns to relevant stakeholders which may include:
- Guardian or family member
- Physician
- Case Manager
- Other treatment providers

TBI Solutions will work with the identified individual and the identified stakeholders on an individualized plan to mitigate risks. This may include:
- Limiting participation in some activities with an increased risk of exposure
- Provision of additional PPEs
- Provision of additional staff supports
- Other individualized supports

2.5.4 **Allocation of PPE**
All new and existing staff will be supplied with masks. Based on position, Level of Risk for Exposure and Hazard Assessment, additional protective equipment may also be provided.

- Staff at a Low Exposure Risk according to OSHA guidelines, the minimum PPE provided will be:
  - Fabric masks OR
  - Disposable masks
- Staff at a Medium Exposure Risk according to OSHA guidelines,
  - Fabric masks equipped with a filter
  - Disposable masks
  - Disposable Gloves
- Staff whose positions put them at a Higher Exposure Risk due to limited opportunity for physical distancing and may provide care to an individual with a confirmed or presumed diagnosis of COVID-19 will be provided with additional PPE including:
  - N95 or KN95 masks
  - Disposable gloves
  - Face Shields

2.5.5   Service Interruption
- TBI Solution's Pandemic Response Team will monitor COVID-19 infection rates in the local area and among staff and clients.
- If absenteeism spikes from increases in sick staff members, those who stay home due to COVID-19 concerns and/or to care for sick family members, and those who must stay home to watch their children until childcare programs and K-12 schools resume the following will be considered and responded to:
  1. Implement plans to continue essential business functions
  2. Prepare to institute flexible workplace and leave policies
  3. Cross-train employees to perform essential functions so the facility can operate even if key staff are absent.

3.1 General Response Procedures

3.1.1   Health Monitoring

- In addition to the health screening questions at the start of the shift, all staff, clients, and visitors are encouraged to communicate and attend to any changes in their overall health that may occur during their time in the facility.
- Staff, clients, and visitors are encouraged to self-screen before coming to the facility.

3.1.2   Development of Symptoms

- If a staff member, client, or visitor develops symptoms consistent with COVID-19 while onsite they are to safely exit the building when able. This includes safely donning their mask (if not already in place), moving to the nearest exit, avoiding all contact with co-workers or others in the area.
- The individual will report symptoms to their immediate supervisor or onsite member of the Pandemic Response Team by phone.
- If the individual is not able to leave the facility immediately, they will be directed to the area of TBI Solution's identified as *"Limited Access - Control Space"* to temporarily allow people with possible exposures to arrange for transportation to their home or doctor. These spaces will be identified with signage indicating restricted access due to having been utilized by potentially infected individuals. The designated area is:
  - **PT/OT Room**
- The suspected infection is to be reported to the Director of Clinical Services and/or Emergency Response Team member.
- The individual reporting symptoms will be provided with the appropriate personal protection equipment which may include a mask, gloves or other items identified based on symptoms reported.
- The individual will be provided with instructions or supports to contact their physician.
- The individual will be asked to follow the direction of their healthcare provider and not return to work until they are symptom free (as described above in the *Stay at Home* section) and / or as guided by their medical provider.

3.1.3   Secondary Exposure

- Secondary exposure is defined by anyone who was in close contact with someone with a confirmed COVID-19 diagnosis. Close contact means being closer than 6 feet apart for a period of at least 15 minutes while the person was infectious, which starts two days before any symptoms began (or for people without any symptoms, two days before the day they got tested) and continues until they are recovered.
- Staff, clients, and visitors who have been in close contact with someone with a confirmed COVID-19 diagnosis must adhere to the following:
  - If fully vaccinated, monitor for symptoms. If symptoms develop, test on days 3-5 after symptoms develop. If test is negative, staff and clients can return to work.
  - If not fully vaccinated, staff and clients must quarantine for 5 days. On day 6, staff and clients must test for COVID-19. If test is negative, staff and clients can return to the facility.

- Someone who has been fully vaccinated and shows no symptoms of COVID-19 does not need to quarantine. However, fully vaccinated close contacts should:
  1. Wear a mask indoors in public for 5 days following exposure or until a negative test result.
  2. Get tested 3-5 days after close contact with someone with a suspected or confirmed COVID-19 diagnosis.
  3. Isolate immediately and get tested on days 3-5 if experiencing COVID-19 symptoms.
- Individuals must remain in quarantine until receiving results of the test. If results are negative, and there are no symptoms, quarantine can be discontinued.
- During the quarantine period, individuals are expected to stay at home, practice social distancing and self-monitor for symptoms.
- An employer may permit staff who have been exposed to continue to work only if they do not show any symptoms. The employer may choose to increase the level of preventative measures taken by the staff and may schedule the staff member at times where there are limited individuals or no one in the facility.

3.1.4   Location and Contact Tracing

- Any locations that the person visited or spent time in will be closed to prevent the possibility of spreading contamination until the area can be thoroughly cleaned.
- If a client, staff, or visitor has a confirmed diagnosis of corona virus, the facility or location will be closed and thoroughly sanitized prior to reopening.
- Administration will report to the Health Department anyone with COVID19 or if 2 or more individuals that report respiratory infection within 24 hours.
- In the event of a confirmed or presumptive case of COVID-19, the individual will be asked to assist with contact tracing. This information will be tracked separately, and the names will not be released.
- Individuals will be closely monitored and if potentially exposed to a positive case onsite they will be encouraged to self-isolate if there was a high risk of exposure or symptoms occur (while maintaining privacy of potential).
- A member of the Pandemic Response Team will notify impacted individuals of a confirmed case of COVID-19. The confidentiality of the sick individual will be maintained as required by the ADA.
- The Pandemic Response Team may elect to close the location where the exposure occurred for a period of up to 72 hours or longer.
- Depending on circumstances, the Pandemic Response Team may elect to notify impacted clients, staff, and visitors of a confirmed case of COVID-19 in the facility.
- The Pandemic Response Team may elect to close the location where the exposure occurred for a period of up to 72 hours or longer.

Return to Work/Therapy Following Infection
Section 4

Clients and staff who test positive for COVID-19, have symptoms consistent with infection or believe they have been infected must quarantine and not return to the facility until they receive a negative test result.

3.1   Returning to Work/Therapy After an Illness

4.1.1   Symptom-Based Strategy: Clients and staff who are symptomatic but not tested for COVID-19 may return to work/therapy when each of the following has been met:
- At least 3 days have passed since recovery defined by resolution of fever without fever-reducing medications **and**
- Coughs and other symptoms have improved **and**
- Ten days have passed since they first experienced symptoms

4.1.2   Test-Based Strategy: Clients and staff who tested positive for COVID-19 may return to work/therapy when each of the following has been met:
- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g. cough, shortness of breath) **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart.
- First test must be completed on days 3-5 after initial onset of symptoms and/or exposure.

4.1.3   Clients and Staff with laboratory-confirmed COVID-19 who have not had any symptoms:
- Time-based strategy

    5 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test. A second test is needed to confirm a negative reading.

Return to Work/New Staff Training   Section 4

All staff returning to work or new staff starting work will receive training on the Pandemic Response Plan that describes safe operating procedures during the COVID-19 pandemic. Due to the diverse nature of the services provided, specific training may also be provided based on the staff position.

COVID-19 Safety Checklist

- o Training on TBI Solution's Pandemic Response Plan
- o Safe Entrance Procedures

- Wellness Questionnaire and Self Screening
- Temperature Screening

1. Workplace Risk Mitigation Procedures
   - Universal Precautions
   - Review of Facility Sanitation
   - Hand Sanitation Process
   - Personal Protective Equipment
   - Safe Donning and Doffing of PPE

2. Risk Assessment
   - Hazard Assessment

3. Physical Distancing
4. Exhibiting Symptoms / Control Room

6.1 References

- OSHA Guidance on Preparing Workplaces for COVID-19: COVID-19 RTW Resources/OSHA3990.pdf
- Risk Assessment: COVID-19 RTW Resources/OSHA3993.pdf
- Industrial Guidance: COVID-19 RTW Resources/LEO_Industiral_Guidance_689770_7.pdf
- Cleaning Products: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- MIOSHA Enforcement Guidance: COVID-19 Interim Enforcement Plan
- OSHA: COVID-19 Information
- CDC: Coronavirus Disease (COIVD-19)
- CDC: Interim Guidance for Businesses to Plan and Respond to COVID-19
- CDC: Interim Guidance for Conserving and Extending Respirator Supply (non-healthcare)
- Maryland Department of Labor: Factsheet on Respirators and Face Coverings