Note: This plan provides a framework to begin development of your own COVID-19 Prevention Plan. The content has been developed based on updated guidance issued by OSHA on January 29th, 2021, and can be modified to include any industry or site specific requirements, practices, and expectations. Due to the dynamic environment and changes in guidance, it is recommended to regularly consult the most up to date public health and workplace safety guidelines and requirements and revise procedures accordingly.

*Model Procedure:*

**COVID-19 Prevention Plan** (Non-Healthcare Environments)

**[COMPANY NAME/LOGO]**

 [Revision # / Date]

**Revision History:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Revision #: | Summary of Changes: | Approved By (Initials): |
|  |  | Initial (Baseline) Revision |  |
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1. **Policy Statement:**

Our company places a tremendous value on the health and safety of our employees and communities. As the COVID-19 pandemic has introduced many new challenges to all of us, we remain committed to continuing business operations while ensuring that our teammates, customers, and partners are protected from COVID-19.

1. **Purpose:**

The purpose of this document is to identify COVID-19 risks in the workplace, and determine the appropriate control measures to implement. In general, this document seeks to outline appropriate practices for use of engineering, administrative, and personal protective equipment controls specific to COVID-19 and ensure that appropriate methods for sanitation, employee protection, communication, and recordkeeping are in place.

1. **Scope:**

This policy and prevention plan apply to all employees at all company locations. Applicable elements of this plan also apply to employees performing work at customer locations, as well as to subcontractor or visitors at all company locations.

This policy is not intended to replace any additional workplace safety guidance that is promulgated by local, state or federal regulatory agencies or public health entities.

1. **References:**
	1. Reference existing company programs, such as our Respiratory Protection Program, Personal Protective Equipment (PPE) Program, and Injury Reporting Procedure.
	2. U.S. Centers for Disease Control (CDC) COVID-19 Guidance for Businesses and Employers:
		1. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
	3. U.S. Occupational Safety and Health Administration (OSHA) COVID-19 website:
		1. <https://www.osha.gov/coronavirus>
	4. OSHA COVID-19 Guidance by Industry:
		1. <https://www.osha.gov/coronavirus/guidance/industry>
	5. Massachusetts COVID-19 Resources and Guidance for Businesses:
		1. <https://www.mass.gov/info-details/covid-19-resources-and-guidance-for-businesses>
	6. New Hampshire Department of Health and Human Services COVID-19 Resources for Businesses:
		1. <https://www.nh.gov/covid19/resources-guidance/businesses.htm>
	7. Vermont Agency of Commerce and Community Development COVID-19 Resources for Businesses:
		1. <https://accd.vermont.gov/covid-19/business>
	8. Maine Center for Disease Control CoVID-19 Website:
		1. <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/index.shtml>
2. **Responsibilities:**
	1. **All Employees** are responsible for understanding this plan and for taking the appropriate measures to protect themselves from potential exposure to COVID-19. All employees are responsible for monitoring their personal health, and for reporting to supervision if they notice symptoms associated with COVID-19 or have been informed of potential infection after exposure or close contact with an infected person. Employees are also encouraged make suggestions to improve COVID-19 safety practices, and to report any safety concerns to supervision.
	2. **Supervisors and Managers** are responsible for ensuring that this plan and related requirements, procedures, or expectations are implemented within their areas of responsibility. Supervisors and managers are responsible for periodically assessing their assigned areas of responsibility, identifying potential hazards, and initiating appropriate corrective or preventive actions.
	3. **The Workplace Coordinator(s):** is responsible for overall management of the COVID-19 prevention plan. The Workplace Coordinator will be responsible for monitoring regulatory requirements, industry best practices, and local infection rates to ensure adequacy of the program. The Workplace Coordinator will also ensure that updated information or expectations are communicated to employees appropriately. The designated Workplace Coordinator(s) is/are:

|  |  |  |
| --- | --- | --- |
| **Name:** | **Area(s) of Responsibility:** | **Phone Number:** |
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1. **COVID-19 Overview:**
	1. COVID-19 is the disease spread by a novel (new) coronavirus that had not been previously identified in humans prior to the 2019 novel coronavirus outbreak in Wuhan, China. Common terms in addition to ‘COVID-19’ include ‘SARS-CoV-2’ and ‘2019-nCoV’.
	2. The virus that causes COVID-19 is most commonly transmitted between people who are in close contact with one another, spread through respiratory droplets and airborne particles produced when an infected person cough, sneezes, sings, talks, or breathes. The most common route of entry for COVID-19 is through inhalation into the nose, mouth, airways, and lungs as particles can travel more than six feet, especially indoors. Transmission can also occur through contact with the mucociliary membranes of the eyes, nose, and mouth- an example is a person touching a surface or object containing the virus and then touching their eyes or mouth.
	3. COVID-19 has been seen to spread easily and sustainably throughout communities, affecting many geographic areas. Due to the newness of the disease, it is unknown how weather and temperature affect the spread of COVID-19.
	4. People with COVID-19 have reported a wide range of symptoms, including:
		1. Fever
		2. Chills
		3. Cough
		4. Shortness of Breath/Difficulty Breathing
		5. Sore Throat
		6. Congestion or Runny Nose
		7. Muscle and Body Aches
		8. Nausea, Vomiting, and Diarrhea

It is also believed that some people can contract COVID-19 and exhibit no symptoms (asymptomatic).

* 1. The health effects of COVID-19 also range significantly. Some individuals report little to no adverse health effects, though older adults and people of all ages with [certain underlying medical conditions](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) are thought to be at increased risk for severe illness. Serious health effects from COVID-19 infection include respiratory distress, pneumonia, acute respiratory disease, and death.
1. **Hazard Assessment:**
	1. In order to identify the appropriate protective measures, a hazard assessment will be performed to identify the potential workplace hazards due to COVID-19. Wherever practicable, the hazard assessment should be completed with, or utilizing input from the employees who are most familiar with the process, site conditions, etc.
	2. The purpose of the hazard assessment is to identify where and how employees may be exposed to COVID-19 and what is required to help prevent that exposure.
	3. When assessing a hazard, the hierarchy of controls (prioritized from most to least effective) will be utilized to determine appropriate protective measures. Examples may include:
		1. **Engineering Controls**, such as:
			1. Installing barriers or shields where physical distancing cannot be maintained.
			2. Improving ventilation.
		2. **Work Practice/Administrative Controls**, such as:
			1. Eliminating the hazard by separating and sending home infected or potentially infected people from the workplace;
			2. Implementing physical distancing in all communal work areas.
			3. Providing the supplies necessary for good hygiene practices, and performing routine cleaning and disinfection.
		3. **Personal Protective Equipment (PPE) Controls**, such as:
			1. [Using applicable PPE to protect workers from exposure](https://www.osha.gov/coronavirus/safework#use-ppe);
			2. Suppressing the spread of the hazard using face coverings;
			3. Implementing respiratory protection for certain tasks.
	4. The table shown on the following page (Pg. 7) may be utilized to help complete a hazard assessment.
	5. Hazard assessments will be reviewed periodically for accuracy and relevance, especially in light of new or changing guidance. Hazard assessments will also be reviewed following any incident in which controls were not effective in preventing the spread of COVID-19.
	6. Employees will be briefed on the results of hazard assessments and required controls prior to job assignment, when a new assessment is completed, or when changes have been made to an existing assessment.



1. **Employees With Higher Risk for Severe Illness:**
	1. As previously mentioned, older adults and those with certain serious medical conditions may be at increased risk of severe illness if infected by COVID-19. For this reason, additional steps may be warranted for this subset of the population, such as:
		1. Allowing higher risk employees to perform some or all of their work from home, if practicable.
		2. Allowing higher risk employees to work in less densely-occupied locations.
		3. Providing [additional ventilation](https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic), distancing, or barriers for higher risk employees.
		4. Allowing increased utilization of teleconferencing or videoconferencing rather than in-person meetings.
	2. Reasonable accommodations will be made for employees with disabilities, as promulgated by the Americans with Disabilities Act, Equal Employment Opportunity laws, and [other relevant legislation](https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws). Please refer to the Human Resources Coordinator for additional information.
2. **Training & Communication:**
	1. All employees will be trained on the contents of this plan, as well as the results of hazard assessments and required controls to prevent exposure to and transmission of COVID-19. Training will occur at time of job assignment, when new requirements are developed, or when conditions change.
	2. Employees will also receive adequate training on the selection, inspection, use, and removal of PPE and respiratory protective equipment. This training will be performed in accordance with existing company procedures as well as applicable requirements in OSHA’s Respiratory Protection (1910.134) and Personal Protective Equipment (1910 Subpart I, 1926 Subpart E) standards.
	3. Other communications will be provided to employees on topics such as: basic information about COVID-19 and how it is transmitted’ signs and symptoms of infection; and the importance of physical distancing, face coverings, and cleaning/sanitation.
	4. General updates will be provided to employees periodically through printed media and electronic means. Communication materials developed by OSHA, the CDC, and other reputable sources may be utilized for safety meeting topics as well.
	5. Training activities will be documented per company policy.
3. **Cleaning and Sanitation:**
	1. Handwashing
		1. Employees will be encouraged to promote good hygiene through frequent handwashing.
		2. In addition to handwashing, or in areas where handwashing stations are not practical, employees will be provided access to alcohol-based hand sanitizer.
		3. Posters and communications will be utilized to highlight the importance of proper hand hygiene.
	2. General Cleaning and Disinfection
		1. Regular cleaning/sanitation will be performed, with a particular focus on high traffic areas and frequently touched surfaces.
		2. All employees will be responsible for disinfecting common-use items such as hand tools, machine controls, tabletops, appliances, etc. after each use. Commonly touched surfaces, such as doorknobs/handles, light switches, etc. will be sanitized/disinfected regularly, as identified below.
		3. All cleaning products will be [EPA N-Listed](https://cfpub.epa.gov/giwiz/disinfectants/index.cfm) to ensure effectiveness against COVID-19. In addition, all employees will be trained on new chemical products according to OSHA’s Hazard Communication (HAZCOM) Standard (1910.1200) as well as our existing HAZCOM program.
		4. Cleaning/sanitation will occur, at a minimum, as follows:

|  |  |  |
| --- | --- | --- |
| **Area/Item** | **Frequency** | **Responsible Party** |
| Hand tools, machine controls, tabletops, appliance handles, etc. | After each use | End User |
| Doorknobs/handles, light switches. |  |  |
| Conference rooms and break/lunch areas |  |  |
| Bathrooms and washing facilities |  |  |
| Entire areas/full building cleaning | Following suspected/ confirmed case in the workplace |  |
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* + 1. Following a suspected/confirmed case of COVID-19, all areas used by the potentially infected person will be closed for enhanced cleaning. Outside doors/windows will be opened for increased air circulation or HVAC system flows will be increased. Where practical, cleaning will be performed after a 24 hour waiting period, and all areas accessed by the potentially infected person (such as offices, bathrooms, equipment, tables, work surfaces, computers, etc.) will be cleaned and disinfected. Alternatively, an area closed for more than 7 days will not require additional cleaning or disinfection.
1. **COVID-19 Screening and Testing:**
	1. COVID-19 Screening
		1. All employees are expected to perform a self-screening prior to reporting to work. Every employees must verify that:
			1. They have not experienced any of the following COVID-related symptoms in the previous 72 hours:
				1. Fever (100.4 degrees F or greater)
				2. Chills
				3. New loss of sense of taste or smell
				4. Cough/Wheezing
				5. Shortness of breath/ difficulty breathing
				6. Sore throat
				7. Congestion or runny nose
				8. Unexplained muscle or body ache
				9. Nausea, vomiting, or diarrhea
			2. They have not been in close contact (within 6 feet, for a total of 15 minutes of more over a 24 hour period) with a person who has a confirmed or suspected case of COVID-19.
			3. They are not under an order or recommendation to quarantine of self-isolate, and are not awaiting test results.
			4. They have not recently travelled internationally or domestically to any country or state where upon return, they are currently under recommendation to quarantine or receive a COVID-19 test.
		2. In the event that the screening process is documented, all records shall be stored in accordance with applicable privacy laws.
		3. If temperature screenings are performed, the person operating the thermometer must be trained in proper use of the equipment, and screenings should be performed in a way that ensures privacy.
	2. COVID-19 Testing
		1. An employee may be referred for COVID-19 testing following a potential exposure or close contacted with an infected individual. COVID-19 testing should be performed as dictated by state and local authorities.
		2. The U.S. CDC’s [Coronavirus Self Checker](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html) is an interactive tool that can be utilized to determine when to seek testing or medical care.
		3. All employees will be directed to self-isolate at home if waiting the results of a COVID-19 test.
		4. Should testing at the workplace be arranged, the company will follow the [U.S. CDC’s Testing Strategy Considerations for Non-Healthcare Workplaces](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/testing-non-healthcare-workplaces.html).
2. **Expectations for Self-Isolation and Quarantine:**
	1. In some cases, and employee may be requested to self-isolate or quarantine to prevent the potential spread of COVID-19. In any case, guidelines for self-isolation and quarantine will be in accordance with applicable state guidelines.
		1. Employees are never expected to report to work if they are feeling sick- if an employee notices symptoms associated with COVID-19 while at home, they are directed to contact their supervisor via telephone – DO NOT REPORT TO WORK.
		2. If an employee begins noticing symptoms associated with COVID-19 during their work shift, they will be immediately separated from others, sent home, and encouraged to seek medical evaluation/attention.
		3. Wherever practicable, work-from-home arrangement will be allowed if an employee is required to quarantine/self-isolate and is able to perform their duties remotely. Employees will also be allowed to utilize paid sick leave, and will be informed of any additional sick leave or expanded family and medical leave available to them through programs such as the Families First Coronavirus Response Act (FFCRA). If required to quarantine/self-isolate, employees are encouraged to communicate with Human Resources to determine the best use of leave/sick time.
		4. If an employee participates in travel, they may be required to self-isolate upon their return, or while awaiting negative COVID-19 test results. These requirements may vary depending on the locations being travelled to/from as well as individual states’ travel restrictions. Human Resources should be contacted prior to any out-of-state trips to develop a plan for returning to work.
		5. If employees are required to perform out-of-state travel to conduct company business, they will be paid at their normal rate for any associated quarantine of self-isolation time. If feasible, employees will be instructed to work from home during this time period. If employees are required to receive COVID-19 tests for work-related travel, they will be reimbursed any out of pocket costs associated with testing.
		6. In most cases, an employee with an assumed or confirmed positive case of COVID-19 may return to work after at least 10 days has passed since symptoms began and no fever has been present (without the use of fever-reducing medicines) in the preceding 24 hours.
3. **COVID-19 Vaccination:**
	1. As additional progress is made on the development and approval of various COVID-19 vaccinations, it is anticipated that vaccinations will become more readily available and accessible to Americans. Currently, vaccinations are being distributed to high risk populations, but are expected to become more widely available to the general populace.
	2. Out company recommends that employees consider receiving the vaccine when it becomes available, and will work with employees to ensure that vaccination appointments are supported. Our company will provide all employees with additional information on the benefits and safety of COVID-19 vaccinations.
	3. As with most vaccinations, 100% immunity to a pathogen is not guaranteed, nor is immediate immunity upon receipt of a vaccination. In the case of multi-dose vaccinations, the full efficacy of the vaccine will not be realized until after the final dose has been administered. At this time, there is also insufficient evidence to indicate that a vaccinated person is incapable of carrying and transmitting COVID-19 to others.
		1. For these reasons, all employees will be expected to follow applicable COVID-19 protocols, regardless of whether or not they have been vaccinated.
		2. For example, if an employee has received their COVID-19 vaccination, they must still practice use of face coverings and social distancing.

1. **Recording and Reporting of COVID-19 Cases:**
	1. Our company will follow OSHA’s recordkeeping requirements for [recording and reporting cases of COVID-19](https://www.osha.gov/coronavirus/faqs#reporting), as outlined below:
		1. If an employee contracts COVID-19, an investigation will be performed to determine whether the illness is known or reasonably expected to be work related. Determination of work related-ness will be based on OSHA’s ‘[Revised Enforcement Guidance for Recording Cases if Coronavirus Disease 2019 (COVID-19)](https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19)’ [05/19/2020].
		2. Should the case be determined to be work related, it will be recorded on our OSHA 300 log as appropriate, and as required by [OSHA’s Part 1904 Recordkeeping Standards](https://www.osha.gov/laws-regs/regulations/standardnumber/1904).
		3. In the event of an in-patient hospitalization due to workplace exposure to COVID-19, cases will be reported directly to OSHA:
			1. Within 24 hours of the work related COVID-19 exposure, or
			2. Within 24 hours of the employer knowing that the employee has been hospitalized and that the reason that the reason for the hospitalization was a work-related case of COVID-19.
			3. For example, if an employer learns that an employee was in-patient hospitalized within 24 hours of a work-related incident, and determines afterward that the cause of the in-patient hospitalization was a work-related case of COVID-19, the case must be reported within 24 hours of that determination.
		4. In the event of a fatality due to workplace exposure to COVID-19, cases will be reported directly to OSHA:
			1. If the fatality due to COVID-19 occurs within 30 days of exposure to COVID-19 at work, and
			2. Within 8 hours of the employer knowing that both a fatality has occurred and that the cause of death was a work-related case of COVID-19.
			3. For example, if an employer learns that an employee died within 30 days of a work-related incident, and determines afterward that the cause of the death was a work-related case of COVID-19, the case must be reported within eight hours of that determination.
		5. Medical and exposure records will be stored and maintained in accordance with current company policies and [OSHA 1910.1020](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020).
2. **Reporting COVID-19 Related Hazards and Safety Concerns:**
	1. We actively encourage all employees to be engaged with our safety program, to include reporting any safety and health concerns in the workplace.
	2. If you have a concern, or observe an unsafe work practice, you are encouraged to follow the following process until your concerns has been addressed:
		1. Take immediate action to address the concern and eliminate the hazard (provided that it is safe to do so).
		2. Report the concern, observation, or hazard to your direct Supervisor.
		3. Report the concern, observation, or hazard to your Workplace Coordinator or Department Manager.
		4. Report the concern directly to Senior Leadership.
	3. When a safety and health concern, observation, or hazard is reported, it is expected that immediate corrective action will be taken to resolve the issue whenever feasible. Should resolution take longer than 24 hours, it is expected that the employee who reported the concern receive feedback on the progress made and expected date of resolution.
	4. Under no circumstances will employees be disciplined or retaliated against for making a good faith report of a safety or health hazard.
	5. All employees have the right to contact OSHA directly to file a complaint by telephone (1-800-321-OSHA), [online](https://www.osha.gov/pls/osha7/eComplaintForm.html), or through [email/fax/postal mail/in-person](https://www.osha.gov/workers/file-complaint).
	6. All other reporting protocols (such as reporting cases to the state public health agency) will be followed as required. The Workplace Coordinator will be responsible for making these reports when required.

COVID-19 Best Practices for Employees:

*This document offers a guideline of best practices for employees, and can be modified with additional site specific requirement and expectations. Due to the dynamic nature of pandemic-related guidance, this document may require more frequent review, update, and communication to employees.*

**Physical Distancing Best Practices:**

* Physical distancing is one of the best ways to minimize the spread of COVID-19. Whenever feasible, maintain **at least 6 feet** of distance between people, especially in enclosed spaces.
* Limit the number of people in any one place at a given time, by:
	+ Implementing flexible work schedules (telecommuting) where practicable.
	+ Implementing flexible work hours (staggered start/stop/lunch/break times, multiple shifts, etc.)
	+ Delivering services remotely when practicable (such as via telephone, email, video conferencing, etc.).
	+ Postponing non-essential events such as travel, meetings, conferences, etc.
	+ Redesigning work stations, lunch areas, travel pathways, etc. to allow for 6-foot distancing.
	+ Holding meetings outdoors when weather permits.
	+ Limiting the availability or capacity of congregating areas like lunch rooms.
	+ Restricting vehicle occupancy.
	+ Prohibiting close contact activities like handshaking
* Currently, we have limited occupancy in the following areas:
	+
	+
	+

**Physical Barrier Best Practices:**

* In areas where social distancing is not practicable, physical barriers may be a reasonable alternative to prevent close contact between individuals.
* Barriers should block face-to-face pathways between individuals in order to prevent transmission of respirable droplets.
* Consider the posture (such as sitting or standing) when designing and sizing barriers.
* When an opening in a barrier is necessary to permit transfer of items, it should be sized as small as possible to complete the exchange.
* If physical distancing is practicable, it should be performed in lieu of the use of barriers.

**Face Covering Best Practices:**

* Face coverings should be used whenever physical distancing or the use of barriers is ineffective, by all persons over the age of two.
* Face coverings (such as cloth face coverings, surgical masks, etc.) should be worn except for tasks that require specific respiratory protection. Remember, that in order to wear a respirator, you must be medically evaluated, fit tested, and trained in accordance with company policies.
* Face coverings should be made of at least two layers of a tightly woven fabric. Exhalation valves or vents are generally not recommended. Single layer neck gaiters are not recommended.
* When worn, face masks should cover both the nose and mouth, as it is still possible to transmit and be exposed to COVID-19 through the nasal passages.
* If masks are removed to accommodate food or beverage consumption, physical distancing or barriers must be in place to protect employees.
* If unable to wear a mask due to medical conditions or disabilities, speak with your supervisor or Human Resources representative to discuss options for accommodation.
* Masks should be laundered or replaced regularly, especially if there is an increased potential for them to become wet or soiled.

**Ventilation Best Practices:**

* When weather permits, increase fresh air by opening windows and doors, provided it is safe to do so.
* Fans can be used to increase the effectiveness of open windows, by exhausting air through open windows and allowing makeup air to travel in through other windows/openings. If using fans, take caution to position them properly so that they are not helping to circulate contaminated air between employees.
* Do not tamper with ventilation controls, dampers, or other HVAC components unless you are trained and authorized to do so. Speak with your supervisor to determine whether changes to HVAC flow rates or flow patterns are advisable.
* When weather permits, hold group activities (such as safety meetings) outdoors.

**Other Protective Equipment Best Practices:**

* Utilize the necessary PPE for the job, based on the results of the hazard assessment(s) for your work activities.
* Always inspect your PPE before use, and fit/use/store/dispose of it properly.
* Face shields are not considered to be an acceptable alternative to face coverings, but may be used to provide additional protection in conjunction with a face covering.
* If you experience fitment issues, alert your supervisor- there may be other options available to ensure better compatibility between face coverings and other types of PPE.

**Hygiene Best Practices:**

* Keep hand cleaning supplies well stocked- if you notice that something is running low, alert your supervisor so that supplies can be restocked.
* Cover your coughs and sneezes, even if you have a face covering on.
* Wash your hands regularly to minimize the spread of germs and viruses. Wash with soap and warm water for a minimum of 20 seconds. As an alternative, hand sanitizer can be used when handwashing is not practicable. Make sure to use a hand sanitizer with at least 60% ethanol or 70% isopropanol to ensure effectiveness.
* You should clean your hands:
	+ Before and after your shift
	+ Before and after breaks
	+ After blowing your nose, coughing, or sneezing
	+ After using the restroom
	+ Before and after eating, drinking, or preparing food
	+ Before and after putting on, adjusting, or removing PPE or face coverings
	+ After coming into contact with frequently touched surfaces

**Workplace Sanitation & Disinfection Best Practices:**

* Follow the table in our COVID-19 Prevention Plan (Section X) to ensure that surfaces are being sanitized and disinfected according to the established schedule.
* Minimize sharing of tools between coworkers- when this is not possible, sanitize/disinfect the tool before sharing it.
* Utilize disinfection supplies to keep your personal work area clean.
* Always be sure that you have reviewed the Safety Data Sheet (SDS) for chemical products before you use them. You should be aware of the hazards and the protective equipment recommended (i.e. safety glasses, gloves, etc.) b the manufacturer.

**Best Practices if You Feel Sick:**

* If you feel sick or are experiencing COVID-19 related symptoms before coming in to work, **STOP.** **DO NOT COME IN TO WORK**. Alert your supervisor by telephone, and seek further evaluation. A health professional may determine that you are okay to return to work, that you should be tested for COVID-19, or that you should quarantine/self-isolate.
* If you feel sick or are experiencing COVID-19 related symptoms while at work, **STOP**. Talk with your supervisor immediately. You will likely be isolated from others and asked to leave work so that you can contact a health professional.
* Your medical privacy is important to us. In the event that you contact COVID-19, we will alert potential close contacts that an individual has tested positive, and inform them of the steps to be taken, but we will never share your name or medical information. All medical records will be stored according to applicable privacy standards.