

**RESOLUTION NO. 2020-05**

**A RESOLUTION OF THE COMMISSION OF THE  
SANTA ANA WATERSHED PROJECT AUTHORITY  
DECLARING EMERGENCY CONDITIONS EXIST AND  
AUTHORIZING THE GENERAL MANAGER TO TAKE ALL ACTIONS  
NECESSARY IN RESPONSE TO THE COVID-19 PANDEMIC**

**WHEREAS**, on March 4, 2020, the Governor of California declared a State of Emergency due to the outbreak and spread of the SARS-CoV-2 virus which causes the disease named “coronavirus disease 2019” (abbreviated “COVID-19”); and,

**WHEREAS**, on March 11, 2020, the World Health Organization (WHO) characterized COVID-19 as a pandemic; and,

**WHEREAS**, on March 11, 2020, the California Department of Public Health (CDPH) issued an updated policy relating to the postpone or cancellation of large and small gatherings across the state of California to protect public health and slow the rate of transmission of COVID-19; and,

**WHEREAS**, on March 12, 2020, the Governor of California issued Executive Order N-25-20 enhancing state and local government’s ability to respond to the COVID-19 pandemic; and,

**WHEREAS**, it is imperative that SAWPA prepare for and implement measures to respond to the potential spread of COVID-19; and,

**WHEREAS**, it is imperative that the General Manager have the tools to ensure the health and safety of staff, families, and the public at SAWPA facilities and to ensure operations continue if business and meetings need to be conducted from alternate locations or within virtual meeting environments; and,

**WHEREAS**, it is imperative that SAWPA employees be allowed to take a leave of absence due to being quarantined or staying home after recently returning from Level 3 countries or sick from COVID-19 or illnesses with similar symptoms (e.g., cough, fever, shortness of breath) without suffering pay loss; and,

**WHEREAS**, the protection of the health and safety and preservation of the lives and property of the peoples of the State from the effects of natural emergencies such as COVID-19 which may result in conditions of disaster or in extreme peril to life, property, and resources is of paramount State importance requiring the responsible efforts of public and private agencies and individual citizens, and all public employees required to serve as disaster service workers subject to such disaster service activities as may be assigned to them by their superiors or by law under Government Code Section 3100; and,

**WHEREAS**, Section 1102 of the Public Contract Code and Section 21060.3 of the Public Resources Code defines “emergency” as a “sudden, unexpected occurrence that poses a clear and imminent danger, requiring immediate action to prevent or mitigate the loss of impairment of life, health, property, or essential public services,” and California Environmental Quality Act (CEQA) Guidelines 14 CCR Section 15269(c) sets forth emergency projects exempt from the requirements of CEQA; and,

**NOW, THEREFORE**, the SAWPA Commission hereby resolves as follows:

1. The General Manager is authorized to take any and all actions necessary to ensure the health and safety of staff, families, and the public at SAWPA facilities and to ensure operations continue if business and meetings need to be conducted from alternate locations or within virtual meeting environments, including but not limited to the following as it relates to COVID-19: implementing policies and procedures in compliance with directives and Executive Orders issued by the United States President, the Governor of California, the California Department of Public Health (CDPH), the California Division of Occupational Safety and Health (CalOSHA), and the Centers for Disease Control and Prevention (CDC); implementing provisions of leaves of absence to employees with pay due to quarantine or recently returning from Level 3 countries or sick from COVID-19 or illnesses with similar symptoms (cough, fever, shortness of breath) or co-habitants of any individuals without any impact to their benefit time; directing staff to serve as disaster service workers pursuant to Government Code Section 3100; and, make alterations, repairs or improvements to SAWPA property and/or facilities.
2. The General Manager is further authorized to:
  - Establish an COVID-19 Emergency Response Plan
  - Establish a temporary work from home program for certain staff
  - Develop protocols to conduct teleconference or videoconference meetings
  - Maintain Brine Line Operations and Maintenance activities
  - Provide periodic status updates to the SAWPA Commission

**PASSED AND ADOPTED** by the Governing Board of the Santa Ana Watershed Project Authority, Riverside, California, at a public meeting thereof duly called and held this 17<sup>th</sup> day of March, 2020.

**SANTA ANA WATERSHED PROJECT AUTHORITY**

By: \_\_\_\_\_  
David J. Slawson, Chair

Attest:

\_\_\_\_\_  
Kelly Berry, CMC  
Clerk of the Board

Attachments:

1. Governor of California State of Emergency Declaration – March 4, 2020
2. California Department of Public Health (CDPH) Policy – March 11, 2020
3. Governor of California State of Emergency Declaration – March 12, 2020

EXECUTIVE DEPARTMENT  
STATE OF CALIFORNIA

PROCLAMATION OF A STATE OF EMERGENCY

**WHEREAS** in December 2019, an outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19), was first identified in Wuhan City, Hubei Province, China, and has spread outside of China, impacting more than 75 countries, including the United States; and

**WHEREAS** the State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Health and Human Services Agency, and with local health departments since December 2019 to monitor and plan for the potential spread of COVID-19 to the United States; and

**WHEREAS** on January 23, 2020, the CDC activated its Emergency Response System to provide ongoing support for the response to COVID-19 across the country; and

**WHEREAS** on January 24, 2020, the California Department of Public Health activated its Medical and Health Coordination Center and on March 2, 2020, the Office of Emergency Services activated the State Operations Center to support and guide state and local actions to preserve public health; and

**WHEREAS** the California Department of Public Health has been in regular communication with hospitals, clinics and other health providers and has provided guidance to health facilities and providers regarding COVID-19; and

**WHEREAS** as of March 4, 2020, across the globe, there are more than 94,000 confirmed cases of COVID-19, tragically resulting in more than 3,000 deaths worldwide; and

**WHEREAS** as of March 4, 2020, there are 129 confirmed cases of COVID-19 in the United States, including 53 in California, and more than 9,400 Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California, the United States, and worldwide to increase; and

**WHEREAS** for more than a decade California has had a robust pandemic influenza plan, supported local governments in the development of local plans, and required that state and local plans be regularly updated and exercised; and

**WHEREAS** California has a strong federal, state and local public health and health care delivery system that has effectively responded to prior events including the H1N1 influenza virus in 2009, and most recently Ebola; and

**WHEREAS** experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly individuals who are elderly or already have underlying chronic health conditions; and

**WHEREAS** it is imperative to prepare for and respond to suspected or confirmed COVID-19 cases in California, to implement measures to mitigate the spread of COVID-19, and to prepare to respond to an increasing number of individuals requiring medical care and hospitalization; and

**WHEREAS** if COVID-19 spreads in California at a rate comparable to the rate of spread in other countries, the number of persons requiring medical care may exceed locally available resources, and controlling outbreaks minimizes the risk to the public, maintains the health and safety of the people of California, and limits the spread of infection in our communities and within the healthcare delivery system; and

**WHEREAS** personal protective equipment (PPE) is not necessary for use by the general population but appropriate PPE is one of the most effective ways to preserve and protect California's healthcare workforce at this critical time and to prevent the spread of COVID-19 broadly; and

**WHEREAS** state and local health departments must use all available preventative measures to combat the spread of COVID-19, which will require access to services, personnel, equipment, facilities, and other resources, potentially including resources beyond those currently available, to prepare for and respond to any potential cases and the spread of the virus; and

**WHEREAS** I find that conditions of Government Code section 8558(b), relating to the declaration of a State of Emergency, have been met; and

**WHEREAS** I find that the conditions caused by COVID-19 are likely to require the combined forces of a mutual aid region or regions to appropriately respond; and

**WHEREAS** under the provisions of Government Code section 8625(c), I find that local authority is inadequate to cope with the threat posed by COVID-19; and

**WHEREAS** under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19.

**NOW, THEREFORE, I, GAVIN NEWSOM**, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes, including the California Emergency Services Act, and in particular, Government Code section 8625, **HEREBY PROCLAIM A STATE OF EMERGENCY** to exist in California.

**IT IS HEREBY ORDERED THAT:**

1. In preparing for and responding to COVID-19, all agencies of the state government use and employ state personnel, equipment, and facilities or perform any and all activities consistent with the direction of the Office of Emergency Services and the State Emergency Plan, as well as the California Department of Public Health and the Emergency Medical Services Authority. Also, all residents are to heed the advice of emergency officials with regard to this emergency in order to protect their safety.
2. As necessary to assist local governments and for the protection of public health, state agencies shall enter into contracts to arrange for the procurement of materials, goods, and services needed to assist in preparing for, containing, responding to, mitigating the effects of, and recovering from the spread of COVID-19. Applicable provisions of the Government Code and the Public Contract Code, including but not limited to travel, advertising, and competitive bidding requirements, are suspended to the extent necessary to address the effects of COVID-19.
3. Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5, with respect to licensing and certification. Permission for any such individual rendering service is subject to the approval of the Director of the Emergency Medical Services Authority for medical personnel and the Director of the Office of Emergency Services for non-medical personnel and shall be in effect for a period of time not to exceed the duration of this emergency.
4. The time limitation set forth in Penal Code section 396, subdivision (b), prohibiting price gouging in time of emergency is hereby waived as it relates to emergency supplies and medical supplies. These price gouging protections shall be in effect through September 4, 2020.
5. Any state-owned properties that the Office of Emergency Services determines are suitable for use to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services for this purpose, notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.
6. Any fairgrounds that the Office of Emergency Services determines are suitable to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services pursuant to the Emergency Services Act, Government Code section 8589. The Office of Emergency Services shall notify the fairgrounds of the intended use and can immediately use the fairgrounds without the fairground board of directors' approval, and

notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.

7. The 30-day time period in Health and Safety Code section 101080, within which a local governing authority must renew a local health emergency, is hereby waived for the duration of this statewide emergency. Any such local health emergency will remain in effect until each local governing authority terminates its respective local health emergency.
8. The 60-day time period in Government Code section 8630, within which local government authorities must renew a local emergency, is hereby waived for the duration of this statewide emergency. Any local emergency proclaimed will remain in effect until each local governing authority terminates its respective local emergency.
9. The Office of Emergency Services shall provide assistance to local governments that have demonstrated extraordinary or disproportionate impacts from COVID-19, if appropriate and necessary, under the authority of the California Disaster Assistance Act, Government Code section 8680 et seq., and California Code of Regulations, Title 19, section 2900 et seq.
10. To ensure hospitals and other health facilities are able to adequately treat patients legally isolated as a result of COVID-19, the Director of the California Department of Public Health may waive any of the licensing requirements of Chapter 2 of Division 2 of the Health and Safety Code and accompanying regulations with respect to any hospital or health facility identified in Health and Safety Code section 1250. Any waiver shall include alternative measures that, under the circumstances, will allow the facilities to treat legally isolated patients while protecting public health and safety. Any facilities being granted a waiver shall be established and operated in accordance with the facility's required disaster and mass casualty plan. Any waivers granted pursuant to this paragraph shall be posted on the Department's website.
11. To support consistent practices across California, state departments, in coordination with the Office of Emergency Services, shall provide updated and specific guidance relating to preventing and mitigating COVID-19 to schools, employers, employees, first responders and community care facilities by no later than March 10, 2020.
12. To promptly respond for the protection of public health, state entities are, notwithstanding any other state or local law, authorized to share relevant medical information, limited to the patient's underlying health conditions, age, current condition, date of exposure, and possible contact tracing, as necessary to address the effect of the COVID-19 outbreak with state, local, federal, and nongovernmental partners, with such information to be used for the limited purposes of monitoring, investigation and control, and treatment and coordination of care. The


notification requirement of Civil Code section 1798.24, subdivision (i), is suspended.

13. Notwithstanding Health and Safety Code sections 1797.52 and 1797.218, during the course of this emergency, any EMT-P licensees shall have the authority to transport patients to medical facilities other than acute care hospitals when approved by the California EMS Authority. In order to carry out this order, to the extent that the provisions of Health and Safety Code sections 1797.52 and 1797.218 may prohibit EMT-P licensees from transporting patients to facilities other than acute care hospitals, those statutes are hereby suspended until the termination of this State of Emergency.

14. The Department of Social Services may, to the extent the Department deems necessary to respond to the threat of COVID-19, waive any provisions of the Health and Safety Code or Welfare and Institutions Code, and accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of facilities or homes within the Department's jurisdiction set forth in the California Community Care Facilities Act (Health and Safety Code section 1500 et seq.), the California Child Day Care Facilities Act (Health and Safety Code section 1596.70 et seq.), and the California Residential Care Facilities for the Elderly Act (Health and Safety Code section 1569 et seq.). Any waivers granted pursuant to this paragraph shall be posted on the Department's website.

**I FURTHER DIRECT** that as soon as hereafter possible, this proclamation be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this proclamation.

**IN WITNESS WHEREOF** I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 4th day of March 2020.



\_\_\_\_\_  
GAVIN NEWSOM  
Governor of California

**ATTEST:**

\_\_\_\_\_  
ALEX PADILLA  
Secretary of State

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**To protect public health and slow the rate of transmission of COVID-19, gatherings as described below should be postponed or canceled across the state of California for at least the remainder of the month of March.**

The California Department of Public Health finds the following:

- Large gatherings that include 250 people or more should be postponed or canceled.
  - This includes gatherings such as concerts, conferences, and professional, college, and school sporting events.
- Smaller gatherings held in venues that do not allow social distancing of six feet per person should be postponed or canceled.
  - This includes gatherings in crowded auditoriums, rooms or other venues.
- Gatherings of individuals who are at higher risk for severe illness from COVID-19 should be limited to no more than 10 people.
  - This includes gatherings such as those at retirement facilities, assisted living facilities, developmental homes, and support groups for people with health conditions.
- A “gathering” is any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space.

This applies to all non-essential professional, social, and community gatherings regardless of their sponsor. Gatherings that do not meet the aforementioned criteria should only be conducted when they are essential—that is, if the activity is essential and could not be postponed or achieved without gathering, meaning that some other means of communication could not be used to conduct the essential function.

### **What will this achieve?**

The timely implementation of aggressive strategies that create social distance and those that reduce close contact of people not regularly together, including limiting gatherings, has proven effective in prior pandemics at delaying rates of transmission and reducing illness and death.

By decreasing the prevalence of disease across California we will:

- Reduce the number of Californians who contract COVID-19 before an effective treatment or vaccine is available.
- Protect those most likely to experience severe symptoms, such as older Californians and those with underlying chronic conditions.
- Preserve and protect our health care delivery system, including our health care workforce, so they can care for the least healthy individuals in the community for any medical condition, not just COVID-19.
- Minimize the social and economic impacts of COVID-19 over the long run.

### **How long will these limitations apply?**

This guidance will remain in place at least through the month of March. As with all guidance that relates to COVID-19 response, authorities will revisit this guidance on a regular basis to evaluate the continued public health need for it and to evaluate if any elements need to be changed. To stay informed, continue to monitor this link:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>

### **What is Social Distancing and how is it achieved?**

Social distancing is a practice recommended by public health officials to stop or slow down the spread of contagious diseases. It requires the creation of physical space between individuals who may spread certain infectious diseases. The key is to minimize the number of gatherings as much as possible and to achieve space between individuals when events or activities cannot be modified, postponed, or canceled.

Although the Department expects most events with more than 250 attendees to be postponed or canceled, we emphasize that the venue space does matter. Achieving space between individuals of approximately six feet is advisable. Additionally, there is a particular focus on creating space between individuals who have come together on a one-time or rare basis and who have very different travel patterns such as those coming from multiple countries, states or counties.

### **What can be done to a make a gathering safer if it is essential or small?**

- Stagger activities.
- Add frequency of an event to spread out attendance, e.g. hold more, smaller gatherings.
- Add distance between where individuals sit or stand around tables.
- Add additional hand washing stations and restrooms.
- Limit the number of people in lines.
- Avoid direct physical contact, such as hand-shaking, holding hands, and hugging.
- Extend hours to allow for staggering of attendance or participation.
- Use phones, videos or video conferencing to reduce the need for close interactions.
- Consider ways to encourage anyone with fever and respiratory symptoms to stay home when sick, such as
  - Offering refunds or support reselling of tickets for persons who become ill.
  - Placing messages on websites, tickets, and venue entrances reminding people to protect one another by staying home if sick.

### **Examples of Essential Events this Does Not Apply To**

The goal of this recommendation is to prevent people physically coming together unnecessarily, where people who have the infection can easily spread it to others. This guidance does not apply to activities such as attendance at regular school classes, work, or essential services.

Please see the [guidance for schools](#) document for additional information.

Certain activities are essential to the functioning of our state and must continue. Hence, this does not apply to essential public transportation, airport travel, or shopping at a store or mall. Other [specific guidance](#) can be found on the CDPH website to help people take actions that can protect them in those settings.

This does not apply to congregate living situations, including dormitories and homeless encampments. For more information on what can be done to protect homeless individuals, please see the [Guidance for Homeless Assistance Providers on Novel Coronavirus \(COVID-19\) \(PDF\)](#).

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EXECUTIVE DEPARTMENT  
STATE OF CALIFORNIA

EXECUTIVE ORDER N-25-20

**WHEREAS** on March 4, 2020, I proclaimed a State of Emergency to exist in California as a result of the threat of COVID-19; and

**WHEREAS** despite sustained efforts, the virus remains a threat, and further efforts to control the spread of the virus to reduce and minimize the risk of infection are needed; and

**WHEREAS** state and local public health officials may, as they deem necessary in the interest of public health, issue guidance limiting or recommending limitations upon attendance at public assemblies, conferences, or other mass events, which could cause the cancellation of such gatherings through no fault or responsibility of the parties involved, thereby constituting a force majeure; and

**WHEREAS** the Department of Public Health is maintaining up-to-date guidance relating to COVID-19, available to the public at <http://cdph.ca.gov/covid19>; and

**WHEREAS** the State of California and local governments, in collaboration with the Federal government, continue sustained efforts to minimize the spread and mitigate the effects of COVID-19; and

**WHEREAS** there is a need to secure numerous facilities to accommodate quarantine, isolation, or medical treatment of individuals testing positive for or exposed to COVID-19; and

**WHEREAS**, many individuals who have developmental disabilities and receive services through regional centers funded by the Department of Developmental Services also have chronic medical conditions that make them more susceptible to serious symptoms of COVID-19, and it is critical that they continue to receive their services while also protecting their own health and the general public health; and

**WHEREAS** individuals exposed to COVID-19 may be temporarily unable to report to work due to illness caused by COVID-19 or quarantines related to COVID-19 and individuals directly affected by COVID-19 may experience potential loss of income, health care and medical coverage, and ability to pay for housing and basic needs, thereby placing increased demands on already strained regional and local health and safety resources such as shelters and food banks; and

**WHEREAS** in the interest of public health and safety, it is necessary to exercise my authority under the Emergency Services Act, specifically Government Code section 8572, to ensure adequate facilities exist to address the impacts of COVID-19; and

**WHEREAS** under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

**NOW, THEREFORE, I, GAVIN NEWSOM**, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California, and in particular, Government Code sections 8567, 8571 and 8572, do hereby issue the following order to become effective immediately:

**IT IS HEREBY ORDERED THAT:**

1. All residents are to heed any orders and guidance of state and local public health officials, including but not limited to the imposition of social distancing measures, to control the spread of COVID-19.
2. For the period that began January 24, 2020 through the duration of this emergency, the Employment Development Department shall have the discretion to waive the one-week waiting period in Unemployment Insurance Code section 2627(b)(1) for disability insurance applicants who are unemployed and disabled as a result of the COVID-19, and who are otherwise eligible for disability insurance benefits.
3. For the period that began January 24, 2020 through the duration of this emergency, the Employment Development Department shall have the discretion to waive the one-week waiting period in Unemployment Insurance Code section 1253(d) for unemployment insurance applicants who are unemployed as a result of the COVID-19, and who are otherwise eligible for unemployment insurance benefits.
4. Notwithstanding Health and Safety Code section 1797.172(b), during the course of this emergency, the Director of the Emergency Medical Services Authority shall have the authority to implement additions to local optional scopes of practice without first consulting with a committee of local EMS medical directors named by the EMS Medical Directors Association of California.
5. In order to quickly provide relief from interest and penalties, the provisions of the Revenue and Taxation Code that apply to the taxes and fees administered by the Department of Tax and Fee Administration, requiring the filing of a statement under penalty of perjury setting forth the facts for a claim for relief, are suspended for a period of 60 days after the date of this Order for any individuals or businesses who are unable to file a timely tax return or make a timely payment as a result of complying with a state or local public health official's imposition or recommendation of social distancing measures related to COVID-19.
6. The Franchise Tax Board, the Board of Equalization, the Department of Tax and Fee Administration, and the Office of Tax Appeals shall use their administrative powers where appropriate to provide those individuals and businesses impacted by complying with a state or local public health official's imposition or recommendation of social

distancing measures related to COVID-19 with the extensions for filing, payment, audits, billing, notices, assessments, claims for refund, and relief from subsequent penalties and interest.

7. The Governor's Office of Emergency Services shall ensure adequate state staffing during this emergency. Consistent with applicable federal law, work hour limitations for retired annuitants, permanent and intermittent personnel, and state management and senior supervisors, are suspended. Furthermore, reinstatement and work hour limitations in Government Code sections 21220, 21224(a), and 7522.56(b), (d), (f), and (g), and the time limitations in Government Code section 19888.1 and California Code of Regulations, title 2, sections 300-303 are suspended. The Director of the California Department of Human Resources must be notified of any individual employed pursuant to these waivers.
8. The California Health and Human Services Agency and the Office of Emergency Services shall identify, and shall otherwise be prepared to make available—including through the execution of any necessary contracts or other agreements and, if necessary, through the exercise of the State's power to commandeer property – hotels and other places of temporary residence, medical facilities, and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary for quarantining, isolating, or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period.
9. The certification and licensure requirements of California Code of Regulations, Title 17, section 1079 and Business and Professions Code section 1206.5 are suspended as to all persons who meet the requirements under the Clinical Laboratory Improvement Amendments of section 353 of the Public Health Service Act for high complexity testing and who are performing analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in any certified public health laboratory or licensed clinical laboratory.
10. To ensure that individuals with developmental disabilities continue to receive the services and supports mandated by their individual program plans threatened by disruptions caused by COVID-19, the Director of the Department of Developmental Services may issue directives waiving any provision or requirement of the Lanterman Developmental Disabilities Services Act, the California Early Intervention Services Act, and the accompanying regulations of Title 17, Division 2 of the California Code of Regulations. A directive may delegate to the regional centers any authority granted to the Department by law where the Director believes such delegation is necessary to ensure services to individuals with developmental disabilities. The Director shall describe the need justifying the waiver granted in each directive and articulate how the waiver is necessary to protect the public health or safety from the threat of COVID-19 or necessary to ensure that services to individuals with developmental disabilities are not disrupted. Any waiver granted by a directive shall expire 30 days from the date of its issuance. The Director may grant one or more 30-day extensions if the waiver continues to be necessary

to protect health or safety or to ensure delivery of services. The Director shall rescind a waiver once it is no longer necessary to protect public health or safety or ensure delivery of services. Any waivers and extensions granted pursuant to this paragraph shall be posted on the Department's website.

11. Notwithstanding any other provision of state or local law, including the Bagley-Keene Act or the Brown Act, a local legislative body or state body is authorized to hold public meetings via teleconferencing and to make public meetings accessible telephonically or otherwise electronically to all members of the public seeking to attend and to address the local legislative body or state body, during the period in which state or local public officials impose or recommend measures to promote social distancing, including but not limited to limitations on public events. All requirements in both the Bagley-Keene Act and the Brown Act expressly or impliedly requiring the physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in or quorum for a public meeting are hereby waived.

In particular, any otherwise-applicable requirements that

- (i) state and local bodies notice each teleconference location from which a member will be participating in a public meeting;
- (ii) each teleconference location be accessible to the public;
- (iii) members of the public may address the body at each teleconference conference location;
- (iv) state and local bodies post agendas at all teleconference locations;
- (v) at least one member of the state body be physically present at the location specified in the notice of the meeting; and
- (vi) during teleconference meetings, at least a quorum of the members of the local body participate from locations within the boundaries of the territory over which the local body exercises jurisdiction

are hereby suspended, on the conditions that:

- (i) each state or local body must give advance notice of each public meeting, according to the timeframe otherwise prescribed by the Bagley-Keene Act or the Brown Act, and using the means otherwise prescribed by the Bagley-Keene Act or the Brown Act, as applicable; and
- (ii) consistent with the notice requirement in paragraph (i), each state or local body must notice at least one publicly accessible location from which members of the public shall have the right to observe and offer public comment at the public meeting, consistent with the public's rights of access and public comment otherwise provided for by the Bagley-Keene Act and the Brown Act, as applicable (including, but not limited to, the requirement that such rights of access and public comment be made available in a manner consistent with the Americans with Disabilities Act).

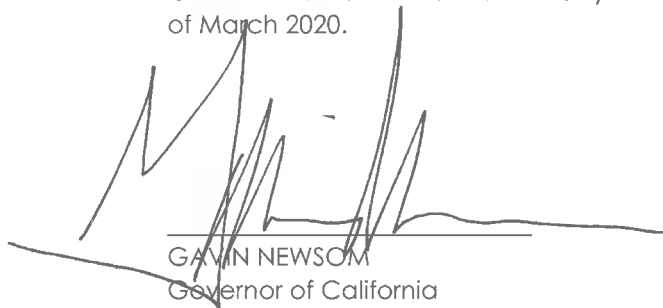


In addition to the mandatory conditions set forth above, all state and local bodies are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the provisions of the Bagley-Keene Act and the Brown Act, and other applicable local laws regulating the conduct of public meetings, in order to maximize transparency and provide the public access to their meetings.

**IT IS FURTHER ORDERED** that as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order.

This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees, or any other person.

**IN WITNESS WHEREOF** I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 12th day of March 2020.



GAVIN NEWSOM  
Governor of California

**ATTEST:**

\_\_\_\_\_  
ALEX PADILLA  
Secretary of State



# California Public Health Experts: Mass Gatherings Should be Postponed or Canceled Statewide to Slow the Spread of COVID-19

Published: Mar 11, 2020

*State public health experts announce that gatherings with 250 people or more should be rescheduled or canceled*

*Smaller gatherings can proceed if organizers implement 6 feet of social distancing*

SACRAMENTO – Governor Gavin Newsom announced that California public health officials this evening issued an updated policy on gatherings to protect public health and slow the spread of COVID-19. The state’s public health experts have determined that gatherings should be postponed or canceled across the state until at least the end of March. Non-essential gatherings must be limited to no more than 250 people, while smaller events can proceed only if the organizers can implement social distancing of 6 feet per person. Gatherings of individuals who are at higher risk for severe illness from COVID-19 should be limited to no more than 10 people, while also following social distancing guidelines.

“Changing our actions for a short period of time will save the life of one or more people you know,” said Governor Newsom. “That’s the choice before us. Each of us has extraordinary power to slow the spread of this disease. Not holding that concert or community event can have cascading effects — saving dozens of lives and preserving critical health care resources that your family may need a month from now. The people in our lives who are most at risk – seniors and those with underlying health conditions — are depending on all of us to make the right choice.”

The state’s updated policy defines a “gathering” as any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space.

This guidance applies to all non-essential professional, social and community gatherings regardless of their sponsor.

Essential gatherings should only be conducted if the essential activity could not be postponed or achieved without gathering, meaning that some other means of communication could not be used to conduct the essential function.

The full policy can be found [here](#).

“These changes will cause real stress — especially for families and businesses least equipped financially to deal with them. The state of California is working closely with businesses who will feel the economic shock of these changes, and we are mobilizing every level of government to help families as they persevere through this global health crisis,” added Governor Newsom.

### State Efforts to Assist California Workers

California will continue acting swiftly to help workers hurt by COVID-19. Affected workers can visit the Labor & Workforce Development Agency’s website to review what benefits are available to them. For instance,

### Recent News

Governor Newsom Issues New Executive Order Further Enhancing State and Local Government’s Ability to Respond to COVID-19 Pandemic

California Public Health Experts: Mass Gatherings Should be Postponed or Canceled Statewide to Slow the Spread of COVID-19

Governor Newsom Announces Appointments 3.11.20

Governor Newsom Announces Appointments 3.10.20

Governor and First Partner Honor Marine Gunnery Sgt. Diego D. Pongo

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"On the Record" Column

All



- If you're unable to work because you are caring for an ill or quarantined family member with COVID-19 you may qualify for Paid Family Leave (PFL).
- If you're unable to work due to medical quarantine or illness, you may qualify for Disability Insurance. Those who have lost a job or have had their hours reduced for reasons related to COVID-19 may be able to partially recover their wages by filing an unemployment insurance claim.
- If a worker or a family member is sick or for preventative care when civil authorities recommend quarantine, workers may use accrued paid sick leave in accordance with the law.
- If workers are unable to do their usual job because they were exposed to and contracted COVID-19 during the regular course of their work, they may be eligible for workers' compensation benefits. All information and resources can be found at [Labor.Ca.Gov/Coronavirus2019](https://labor.ca.gov/coronavirus2019)

Executive Orders  
Media Advisories  
Press Releases  
Proclamations  
Top Story

#### All Community Guidance Released from CDPH:

The California Department of Public Health has consolidated state guidance on how to prepare and protect Californians from COVID-19 in a [single location](#). This includes guidance for:

- Health care facilities, including long-term care facilities
- Community care facilities, including assisted living facilities and child care
- Schools and institutions of higher education
- First responders, including paramedics and EMTs
- Employers, health care workers and workers in general industry
- Health care plans
- Home cleaning with COVID-19 positive individuals
- Guidance for Using Disinfectants at Schools and Child Care
- Laboratories
- Health care facilities from Cal/OSHA
- Homelessness Providers

#### What to Do if You Think You're Sick:

Call ahead: If you are experiencing symptoms of COVID-19 and may have had contact with a person with COVID-19, or recently traveled to countries with apparent community spread, call your health care provider or local public health department first before seeking medical care so that appropriate precautions can be taken.

#### California's Response to COVID-19:

We have been actively and extensively planning with our local public health and health care delivery systems. Here are some of the things we are already doing:

- As in any public health event, the California Department of Public Health's Medical and Health Coordination Center has been activated and is coordinating public health response efforts across the state.
- California continues to prepare and respond in coordination with federal and local partners, hospitals and physicians.
- Governor Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19.
- Governor Gavin Newsom requested the Legislature make up to \$20 million available for state government to respond to the spread of COVID-19.
- California activated the State Operations Center to its highest level to coordinate response efforts across the state.
- 24 million more Californians are now eligible for free medically necessary COVID-19 testing.
- California made available some of its emergency planning reserves of 21 million N95 filtering face piece masks for use in certain health care settings to ease shortages of personal protective equipment.



- The Public Health Department is providing information, [guidance documents](#), and technical support to local health departments, health care facilities, providers, schools, universities, colleges, and childcare facilities across California
- The California Employment Development Department (EDD) is encouraging individuals who are unable to work due to exposure to COVID-19 to file a Disability Insurance claim.
- EDD is also encouraging employers who are experiencing a slowdown in their businesses or services as a result of the Coronavirus impact on the economy to apply for an Unemployment Insurance work sharing program.
- California continues to work in partnership with the federal government to aid in the safe return of 962 Californians from the Grand Princess cruise ship. This mission is centered around protecting the health of the passengers, and ensuring that when the passengers disembark, the public health of the United States, the State of California, and partner communities is protected.
- The Public Health Department is coordinating with federal authorities and local health departments that have implemented screening, monitoring and, in some cases quarantine of returning travelers.
- In coordination with the CDC, state and local health departments, we are actively responding to cases of COVID-19.
- The Public Health Department is supporting hospitals and local public health laboratories in the collection of specimens and testing for COVID-19.

The California Department of Public Health's state laboratory in Richmond and 18 other public health department laboratories now have tests for the virus that causes COVID-19. Eighteen of them are currently conducting tests, with the others coming online soon.

For more the most up to date information on COVID-19 and California's response, visit the [CDPH website](#).

###

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## Cal/OSHA Interim Guidelines for General Industry on 2019 Novel Coronavirus Disease (COVID-19)

**Note: These Interim Guidelines Are Subject to Change as the Situation Evolves**

These guidelines are not for health care employers and employees. For Cal/OSHA interim guidance for health care employers and employees, please see [Interim Guidance for Protecting Health Care Workers from Exposure to 2019 Novel Coronavirus \(2019-nCoV\)](#).

### Background

Cal/OSHA's regulations require protection for workers exposed to airborne infectious diseases such as the 2019 novel coronavirus disease (COVID-19), first identified in Wuhan City, China in December 2019. This interim guidance provides employers and workers with information for preventing exposure to the coronavirus (SARS-CoV-2), the virus that causes COVID-19. Employers and employees should review their own health and safety procedures as well as the recommendations and standards detailed below to ensure workers are protected.

### Employers Covered by the ATD Standard

Cal/OSHA requires employers covered by the Aerosol Transmissible Diseases (ATD) Standard (California Code of Regulations, title 8, [section 5199](#)) to protect employees from airborne infectious diseases such as COVID-19 and pathogens transmitted by aerosols. The ATD Standard applies to:

1. Hospitals, skilled nursing facilities, clinics, medical offices, outpatient medical facilities, home health care, long-term health care facilities, hospices, medical outreach services, medical transport and emergency medical services
2. Certain laboratories, public health services and police services that are reasonably anticipated to expose employees to an aerosol transmissible disease.
3. Correctional facilities, homeless shelters, and drug treatment programs.
4. Any other locations when Cal/OSHA informs employers in writing that they must comply with the ATD Standard.

When covered employers effectively implement the ATD Standard, they also reduce exposure risks for other staff in the workplace who may not have patient contact, and the community as a whole. Employers covered by the ATD Standard should review section 5199 and [Interim Guidance for Protecting Health Care Workers from Exposure to 2019 Novel Coronavirus \(2019-nCoV\)](#) for further information.

### Employers Not Covered by the ATD Standard



Cal/OSHA recommends employers not covered by the ATD Standard follow recommendations from the Centers for Disease Control and Prevention (CDC), [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\), February 2020](#).

These guidelines include infection prevention measures which include:

- Actively encouraging sick employees to stay home
- Sending employees with acute respiratory illness symptoms home immediately
- Providing information and training to employees on:
  - Cough and sneeze etiquette
  - Hand hygiene
  - Avoiding close contact with sick persons
  - Avoiding touching eyes, nose, and mouth with unwashed hands
  - Avoiding sharing personal items with co-workers (i.e. dishes, cups, utensils, towels)
  - Providing tissues, no-touch disposal trash cans and hand sanitizer for use by employees
- Performing routine environmental cleaning of shared workplace equipment and furniture (disinfection beyond routine cleaning is not recommended)
- Advising employees to check [CDC's Traveler's Health Notices](#) prior to travel

The CDC guidelines also contain recommendations for creating an infectious disease outbreak response plan to be followed in the event of an outbreak. These response plans include one or more of the following:

- Allowing flexible worksites, telecommuting and flexible work hours to increase physical distance among employees
- Using other methods of minimizing exposure between employees, and between employees and the public
- Postponing or canceling large work-related meetings or events

### **Additional Cal/OSHA Regulations for Workplaces Where There is Significant Risk of Exposure**

Although the scope of the ATD Standard is limited to certain employers, there are other Cal/OSHA regulations that apply to all employers. These may be applicable to protect employees from exposure to the coronavirus where there is a significant risk in the workplace.



## Injury and Illness Prevention Program (IIPP)

All employers must have an IIPP (title 8 [section 3203](#)) to protect employees from workplace hazards. Employers are required to determine if COVID-19 infection is a hazard in their workplace. If it is a workplace hazard, then employers must:

- Implement measures to prevent or reduce infection hazards, such as implementing the CDC recommended actions listed above
- Provide training to employees on their COVID-19 infection prevention methods

## Washing Facilities

Regardless of COVID-19 risk, all employers must provide washing facilities that have an adequate supply of suitable cleansing agents, water and single-use towels or blowers (title 8 sections [1527](#), [3366](#), [3457](#) and [8387.4](#)).

## Personal Protective Equipment (PPE)

Title 8 [section 3380](#) Personal Protective Devices requires employers to conduct a hazard assessment to determine if hazards are present in the workplace that necessitate the use of PPE. If an employer identifies COVID-19 as a workplace hazard, they must select and provide exposed employees with properly fitting PPE that will effectively protect employees.

## Control of Harmful Exposures

Title 8 [section 5141](#) Control of Harmful Exposures requires employers to protect employees from inhalation exposures that can result in injury, illness, disease, impairment or loss of function. COVID-19 is a harmful exposure if there is an increased risk of infection at the workplace. Employers must implement engineering controls where feasible and administrative controls where practicable, or provide respiratory protection where engineering and administrative controls cannot protect employees and during emergencies. The CDC recommendations above describe some useful administrative controls. For more information on respirator use see section [5144](#) and the federal OSHA [respiratory protection etool](#). Surgical and other non-respirator face masks do not protect persons from airborne infectious disease and cannot be relied upon for novel pathogens. They do not prevent inhalation of virus particles because they do not seal to the person's face and are not tested to the filtration efficiencies of respirators.

## **Resources**

National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. [Coronavirus Disease-2019](#)

Centers for Disease Control and Prevention. [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\), February 2020](#).



- Centers for Disease Control and Prevention. [Coronavirus Disease 2019 \(COVID-19\)](#)
- Centers for Disease Control and Prevention. [Cough & Sneezing Etiquette](#)
- Centers for Disease Control and Prevention. [Cover your Cough](#)
- Centers for Disease Control and Prevention. [Healthy Habits to Help Prevent Flu](#)
- Centers for Disease Control and Prevention. [Keeping Hands Clean](#)
- Centers for Disease Control and Prevention. [FAQ for Travelers](#)
- Centers for Disease Control and Prevention. [Travel Health Notices](#)
- California Department of Public Health. [Novel Coronavirus 2019 \(COVID-19\)](#)
- California Department of Public Health. [Guidance on Hand Hygiene](#)
- California Department of Public Health. [Novel Coronavirus Guidance for Child Care and Preschool Settings](#)
- California Department of Public Health. [2019 Novel Coronavirus Guidance for Colleges and Universities](#)
- California Department of Public Health. [2019 Novel Coronavirus Guidance for Schools and School Districts](#)
- Cal/OSHA. Aerosol Transmissible Diseases Standard (title 8 [section 5199](#))
- Cal/OSHA. [Aerosol Transmissible Diseases Model Exposure Control Plan](#)
- Cal/OSHA. [California Workplace Guide to Aerosol Transmissible Diseases](#)





# Guidance on Preparing Workplaces for COVID-19



## **Occupational Safety and Health Act of 1970**

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health.”

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act’s General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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# Guidance on Preparing Workplaces for COVID-19

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U.S. Department of Labor  
Occupational Safety and Health Administration

OSHA 3990-03 2020



U.S. Department of Labor

# Contents

Introduction .....	3
About COVID-19 .....	4
How a COVID-19 Outbreak Could Affect Workplaces .....	6
Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2 .....	7
Classifying Worker Exposure to SARS-CoV-2 .....	18
Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers .....	20
Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers .....	21
Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers .....	23
Workers Living Abroad or Travelling Internationally .....	25
For More Information .....	26
OSHA Assistance, Services, and Programs .....	27
OSHA Regional Offices .....	29
How to Contact OSHA .....	32

## Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. Depending on the severity of COVID-19's international impacts, outbreak conditions—including those rising to the level of a pandemic—can affect all aspects of daily life, including travel, trade, tourism, food supplies, and financial markets.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

The Occupational Safety and Health Administration (OSHA) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

This guidance is intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available.

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak: [www.cdc.gov/coronavirus/2019-ncov](http://www.cdc.gov/coronavirus/2019-ncov).

The OSHA COVID-19 webpage offers information specifically for workers and employers: [www.osha.gov/covid-19](http://www.osha.gov/covid-19).

This guidance is advisory in nature and informational in content. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the *Occupational Safety and Health Act* (OSH Act). Pursuant to the OSH Act, employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved State Plan. In addition, the OSH Act's General Duty Clause, [Section 5\(a\)\(1\)](#), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA-approved State Plans may have standards, regulations and enforcement policies that are different from, but at least as effective as, OSHA's. Check with your [State Plan](#), as applicable, for more information.

## About COVID-19

### Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as *asymptomatic cases*, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

## How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

**Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) other people who may be infected with SARS-CoV-2.**

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

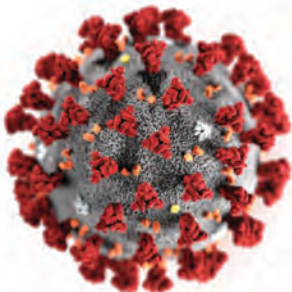
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

The CDC website provides the latest information about COVID-19 transmission: [www.cdc.gov/coronavirus/2019-ncov/about/transmission.html](https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html).

## How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- **Absenteeism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.
- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.



This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by the 2019 Novel Coronavirus (2019-nCoV). Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. This virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China.

*Photo: CDC / Alissa Eckert & Dan Higgins*



# Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2

This section describes basic steps that every employer can take to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace. Later sections of this guidance—including those focusing on jobs classified as having low, medium, high, and very high exposure risks—provide specific recommendations for employers and workers within specific risk categories.

## Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
  - The general public, customers, and coworkers; and
  - Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).
- Non-occupational risk factors at home and in community settings.

- Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
- Controls necessary to address those risks.

Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services.
- Interrupted supply chains or delayed deliveries.

Plans should also consider and address the other steps that employers can take to reduce the risk of worker exposure to SARS-CoV-2 in their workplace, described in the sections below.

## **Prepare to Implement Basic Infection Prevention Measures**

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including:

- Promote frequent and thorough [hand washing](#), including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage workers to [stay home if they are sick](#).
- Encourage [respiratory etiquette](#), including covering coughs and sneezes.

- Provide customers and the public with tissues and trash receptacles.
- Employers should explore whether they can establish **policies and practices**, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

## **Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate**

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.
- Employers should develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.

- Where appropriate, employers should develop policies and procedures for immediately isolating people who have **signs and/or symptoms** of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite.
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person’s nose and mouth).
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—particularly in worksites where medical screening, triage, or healthcare activities occur, using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).
- Restrict the number of personnel entering isolation areas.
- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.

## **Develop, Implement, and Communicate about Workplace Flexibilities and Protections**

- Actively encourage sick employees to stay home.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Recognize that workers with ill family members may need to stay home to care for them. See CDC's Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: [www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html).
- Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.

- Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

## **Implement Workplace Controls**

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended SARS-CoV-2 infection prevention strategies to implement in workplaces: [www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html).

### ***Engineering Controls***

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.

- Installing a drive-through window for customer service.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

### ***Administrative Controls***

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: [www.cdc.gov/coronavirus/2019-ncov/travelers](https://www.cdc.gov/coronavirus/2019-ncov/travelers).
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

## ***Safe Work Practices***

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.

## ***Personal Protective Equipment (PPE)***

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the [OSHA](#) and [CDC](#) websites regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- 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 contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators:

- National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA's Respiratory Protection standard, 29 CFR 1910.134 at [www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134).
- When disposable N95 filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort. Other types of acceptable respirators include: a R/P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate arrestance (HEPA) filter; or supplied air respirator (SAR). See CDC/NIOSH guidance for optimizing respirator supplies at: [www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy).

- Consider using PAPRs or SARs, which are more protective than filtering facepiece respirators, for any work operations or procedures likely to generate aerosols (e.g., cough induction procedures, some dental procedures, invasive specimen collection, blowing out pipettes, shaking or vortexing tubes, filling a syringe, centrifugation).
- Use a surgical N95 respirator when both respiratory protection and resistance to blood and body fluids is needed.
- Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield. Ensure that the face shield does not prevent airflow through the respirator.
- Consider factors such as function, fit, ability to decontaminate, disposal, and cost. OSHA’s Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: [www.osha.gov/SLTC/etools/respiratory](http://www.osha.gov/SLTC/etools/respiratory). Also see NIOSH respirator guidance at: [www.cdc.gov/niosh/topics/respirators](http://www.cdc.gov/niosh/topics/respirators).
- Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment. Learn more at: [www.osha.gov/SLTC/respiratoryprotection](http://www.osha.gov/SLTC/respiratoryprotection).
- The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19. See the NIOSH “Respirator Selection Logic” at: [www.cdc.gov/niosh/docs/2005-100/default.html](http://www.cdc.gov/niosh/docs/2005-100/default.html) or the OSHA “Respiratory Protection eTool” at [www.osha.gov/SLTC/etools/respiratory](http://www.osha.gov/SLTC/etools/respiratory).

## Follow Existing OSHA Standards

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: [www.osha.gov/laws-regs/regulations/standardnumber/1910#1910\\_Subpart\\_I](http://www.osha.gov/laws-regs/regulations/standardnumber/1910#1910_Subpart_I).
  - When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). See: [www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134).
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." See: [www.osha.gov/laws-regs/oshact/completeoshact](http://www.osha.gov/laws-regs/oshact/completeoshact).

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2.

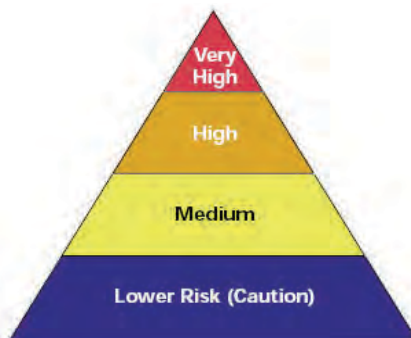
However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: [www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030).

The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: [www.osha.gov/SLTC/covid-19/standards.html](http://www.osha.gov/SLTC/covid-19/standards.html).

## Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

**Occupational Risk Pyramid  
for COVID-19**



## Very High Exposure Risk

*Very high exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.

Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

## High Exposure Risk

*High exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

## Medium Exposure Risk

*Medium exposure risk* jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact be with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

## Lower Exposure Risk (Caution)

*Lower exposure risk (caution)* jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

## Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

## Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

## Administrative Controls

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: [www.cdc.gov/coronavirus/2019-ncov](http://www.cdc.gov/coronavirus/2019-ncov).
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

## Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

## Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

## Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

## Administrative Controls

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: [www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy).

- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

## Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE.

Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

**High exposure risk** jobs are those with high potential for exposure to known or suspected sources of COVID-19.

**Very high exposure risk** jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.



In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: [www.osha.gov/covid-19](http://www.osha.gov/covid-19).

## **Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers**

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

### **Engineering Controls**

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems at: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm).
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: [www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html). OSHA also provides guidance for postmortem activities on its COVID-19 webpage: [www.osha.gov/covid-19](http://www.osha.gov/covid-19).

- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories” at [www.cdc.gov/biosafety/publications/bmbl5](http://www.cdc.gov/biosafety/publications/bmbl5).

## **Administrative Controls**

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

## **Safe Work Practices**

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

## Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: [www.osha.gov/covid-19](http://www.osha.gov/covid-19).

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: [www.osha.gov/covid-19](http://www.osha.gov/covid-19).

**NOTE:** Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage “Healthcare-associated Infections” ([www.cdc.gov/hai](http://www.cdc.gov/hai)) provides additional information on infection control in healthcare facilities.

## Workers Living Abroad or Travelling Internationally

Employers with workers living abroad or traveling on international business should consult the “Business Travelers” section of the OSHA COVID-19 webpage ([www.osha.gov/covid-19](http://www.osha.gov/covid-19)), which also provides links to the latest:

- CDC travel warnings: [www.cdc.gov/coronavirus/2019-ncov/travelers](http://www.cdc.gov/coronavirus/2019-ncov/travelers)
- U.S. Department of State (DOS) travel advisories: [travel.state.gov](http://travel.state.gov)

Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government's ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: [www.cdc.gov/travel](http://www.cdc.gov/travel).

## For More Information

Federal, state, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations.

Below are several recommended websites to access the most current and accurate information:

- Occupational Safety and Health Administration website: [www.osha.gov](http://www.osha.gov)
- Centers for Disease Control and Prevention website: [www.cdc.gov](http://www.cdc.gov)
- National Institute for Occupational Safety and Health website: [www.cdc.gov/niosh](http://www.cdc.gov/niosh)

## **OSHA Assistance, Services, and Programs**

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

### **Establishing a Safety and Health Program**

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit [www.osha.gov/safetymanagement](http://www.osha.gov/safetymanagement) for more information.

### ***Compliance Assistance Specialists***

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit [www.osha.gov/complianceassistance/cas](http://www.osha.gov/complianceassistance/cas) or call 1-800-321-OSHA (6742) to contact your local OSHA office.

### ***No-Cost On-Site Safety and Health Consultation Services for Small Business***

OSHA's On-Site Consultation Program offers no-cost and confidential advice to small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit [www.osha.gov/consultation](http://www.osha.gov/consultation), or call 1-800-321-OSHA (6742).

Under the consultation program, certain exemplary employers may request participation in OSHA's **Safety and Health Achievement Recognition Program (SHARP)**. Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

### ***Cooperative Programs***

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit [www.osha.gov/cooperativeprograms](http://www.osha.gov/cooperativeprograms).

### ***Strategic Partnerships and Alliances***

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

### ***Voluntary Protection Programs (VPP)***

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

## **Occupational Safety and Health Training**

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit [www.osha.gov/otiec](http://www.osha.gov/otiec).

## OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at [www.osha.gov/publications](http://www.osha.gov/publications) and [www.osha.gov/ebooks](http://www.osha.gov/ebooks). You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for *QuickTakes*, OSHA's free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit [www.osha.gov/quicktakes](http://www.osha.gov/quicktakes).

## OSHA Regional Offices

### Region 1

Boston Regional Office  
(CT\*, ME\*, MA, NH, RI, VT\*)  
JFK Federal Building  
25 New Sudbury Street, Room E340  
Boston, MA 02203  
(617) 565-9860 (617) 565-9827 Fax

### Region 2

New York Regional Office  
(NJ\*, NY\*, PR\*, VI\*)  
Federal Building  
201 Varick Street, Room 670  
New York, NY 10014  
(212) 337-2378 (212) 337-2371 Fax

### Region 3

Philadelphia Regional Office  
(DE, DC, MD\*, PA, VA\*, WV)  
The Curtis Center  
170 S. Independence Mall West, Suite 740 West  
Philadelphia, PA 19106-3309  
(215) 861-4900 (215) 861-4904 Fax

#### **Region 4**

Atlanta Regional Office  
(AL, FL, GA, KY\*, MS, NC\*, SC\*, TN\*)  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street, SW, Room 6T50  
Atlanta, GA 30303  
(678) 237-0400 (678) 237-0447 Fax

#### **Region 5**

Chicago Regional Office  
(IL\*, IN\*, MI\*, MN\*, OH, WI)  
John C. Kluczynski Federal Building  
230 South Dearborn Street, Room 3244  
Chicago, IL 60604  
(312) 353-2220 (312) 353-7774 Fax

#### **Region 6**

Dallas Regional Office  
(AR, LA, NM\*, OK, TX)  
A. Maceo Smith Federal Building  
525 Griffin Street, Room 602  
Dallas, TX 75202  
(972) 850-4145 (972) 850-4149 Fax

#### **Region 7**

Kansas City Regional Office  
(IA\*, KS, MO, NE)  
Two Pershing Square Building  
2300 Main Street, Suite 1010  
Kansas City, MO 64108-2416  
(816) 283-8745 (816) 283-0547 Fax

#### **Region 8**

Denver Regional Office  
(CO, MT, ND, SD, UT\*, WY\*)  
Cesar Chavez Memorial Building  
1244 Speer Boulevard, Suite 551  
Denver, CO 80204  
(720) 264-6550 (720) 264-6585 Fax



## **Region 9**

San Francisco Regional Office  
(AZ\*, CA\*, HI\*, NV\*, and American Samoa,  
Guam and the Northern Mariana Islands)  
San Francisco Federal Building  
90 7th Street, Suite 2650  
San Francisco, CA 94103  
(415) 625-2547 (415) 625-2534 Fax

## **Region 10**

Seattle Regional Office  
(AK\*, ID, OR\*, WA\*)  
Fifth & Yesler Tower  
300 Fifth Avenue, Suite 1280  
Seattle, WA 98104  
(206) 757-6700 (206) 757-6705 Fax

\*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at [www.osha.gov](http://www.osha.gov) or call us at 1-800-321-OSHA (6742).

## How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit [www.osha.gov](http://www.osha.gov) or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

**For assistance, contact us.  
We are OSHA. We can help.**





U.S. Department of Labor

**For more information:**

**OSHA<sup>®</sup> Occupational Safety and Health Administration**

**[www.osha.gov](http://www.osha.gov) (800) 321-OSHA (6742)**