

LOOPHOLE LANGUAGE AND COMPLIANCE CAVEATS

Why “Compliance” with the CDC’s Coronavirus Guidelines Must Not Be the Basis for Corporate Immunity



August 6, 2020

By Sarah Lim and Robert Weissman

During a White House press briefing on June 19, 2020, a reporter asked press secretary Kayleigh McEnany if she and her colleagues intended to wear masks to President Trump’s campaign rally the next day in Tulsa, Oklahoma, as called for by the Centers for Disease Control and Prevention (CDC) guidelines. [McEnany responded](#) that she would not wear a mask and that doing so was “in compliance with CDC guidelines, which are recommended, but not required.”

McEnany was not wrong. The [CDC’s guidelines](#) for large gatherings only urge organizers *to consider* mandating masks. McEnany honed in on the very tentative language of the CDC recommendations.

As guidelines, the CDC’s standards are, by definition, not binding or enforceable. But enforceability aside, the CDC guidelines on their own terms give businesses, organizations, schools and others almost complete discretion as to whether they should follow the substantive recommendations that CDC provides. The guidelines urge businesses and others to “consider” certain actions, and to implement protective standards if “feasible” or when “possible.” This sort of loophole language surrounds the bulk of the CDC’s most consequential recommendations.

These loopholes are especially pervasive in the CDC’s recommendations for “engineering controls,” the [preferred approach](#) to reduce risk where hazards cannot be removed (“elimination”) or replaced (“substitution”). Engineering controls adjust workplaces or establishments to reduce exposure to the hazards. In other words, the most important CDC recommendations are the most loophole ridden.

The CDC guidelines also fail to direct businesses when they should close, or what conditions should be met as a condition of opening.

These fundamental weaknesses in the CDC recommendations takes on extra importance in the context of proposals to grant businesses immunity from lawsuits when their negligence causes workers, consumers or patients to contract Covid-19. Most of those proposals would grant immunity if businesses attempt to comply with CDC or any other guidelines. The Senate Republican [proposal](#) would even require plaintiffs to make an affirmative showing that a business is violating CDC or other guidelines. In general, there is good reason to oppose

proposals to make regulatory compliance an absolute defense (e.g., the rules may be too weak, or not mandate appropriate protections in a particular context). But where regulatory standards give near-total discretion to businesses, as is the case with the CDC guidelines, a compliance defense amounts to immunity even when the entities do almost nothing.

Imagine a lawsuit by a retail salesperson who contracted the virus after her employer had instructed the salespeople not to wear masks. Under the current Senate proposal introduced by Sen. John Cornyn of Texas, the employer likely could not be held liable if it showed that it had *considered* requiring masks but decided that it would not be good for business. Under the bill, this defense could succeed even though the store owner rejected the substance of the CDC's recommendation.

More generally, under proposals being discussed in the Senate, the permissive language in the CDC guidance would in many cases make it virtually impossible for affected workers, consumers or patients to sue businesses whose actions led to their contracting COVID-19. Even businesses that recklessly disregard their duty to take reasonable care with regard to employees and consumers may be able to escape accountability, by claiming that they technically complied with the letter of CDC (or other) guidelines.

The balance of this report includes, verbatim, the CDC's guidelines for businesses and employers, institutes of higher education and four occupation areas: agricultural, meat and poultry processing, manufacturing, and casino businesses. (The CDC has posted worker safety guidelines for 37 occupations, but the others are either generally the same as the ones highlighted here or far less detailed.) The report highlights that the recommendations are weak, suggestive and full of caveats:

Gaping loopholes – calling for “consideration” of mitigation steps or implementation where “feasible” or “practical” – are highlighted in **yellow**. Recommendations that describe what businesses “should” do, rather than what they “shall” or “must” do, or are simply instructed to do, are highlighted in **green**.

Review of these recommendations demonstrates the degree to which the CDC guidelines are a Swiss cheese of loopholes, caveats and conditional language. Affording businesses immunity for complying with CDC guidelines is commensurate with affording immunity to businesses that merely consider, but choose not to implement, appropriate safety measures.

Appendix: Highlighted CDC Guidelines

Table of Contents

I.	Guidance for Businesses & Employers.....	3
II.	Considerations for Institutes of Higher Education.....	15
III.	Agricultural Workers and Employers.....	25
IV.	Manufacturing Workers and Employers.....	37
V.	Meat and Poultry Processors.....	47
VI.	Considerations for Casinos and Gaming Operations.....	56

[Guidance for Businesses & Employers](#)

Purpose

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). COVID-19 is a respiratory illness that can spread from person to person. The outbreak first started in China, but the virus continues to spread internationally and in [the United States](#). There is much more to learn about the transmissibility, severity, and other characteristics of COVID-19 and investigations are ongoing. Updates are available on CDC's web page at <https://www.cdc.gov/coronavirus/2019-ncov/>. CDC will update this interim guidance as additional information becomes available.

This interim guidance may help prevent workplace exposures to COVID-19 in non-healthcare settings (separate guidance is available for [healthcare settings](#)). CDC has also provided guidance for [critical infrastructure workers who may have had exposure to a person known or suspected to have COVID-19](#). Unless otherwise specified, this interim guidance for businesses and employers applies to critical infrastructure workplaces as well.

Role of Businesses and Employers in Responding to COVID-19

Businesses and employers can prevent and [slow the spread of COVID-19 within the workplace](#). Employers **should respond** in a way that takes into account the level of disease transmission in their communities and revise their business response plans as needed. Employers **should follow** the [White House Guidelines for Opening Up America Again](#), a phased approach based on current levels of transmission and healthcare capacity at the state or local level, as part of resuming business operations. Business operation decisions should be based on both the level of disease

transmission in the community and your readiness to protect the safety and health of your employees and customers.

Businesses and employers are **encouraged to coordinate** with [state](#) and [local](#) health officials to obtain timely and accurate information to inform appropriate responses. Local conditions will influence the decisions that public health officials make regarding community-level strategies. CDC has [guidance for mitigation strategies](#) according to the level of community transmission or impact of COVID-19.

As an employer, if your business operations were interrupted, resuming normal or phased activities presents an opportunity to update your COVID-19 preparedness, response, and control plans. All employers **should implement and update** as necessary a plan that:

- Is specific to your workplace,
- identifies all areas and job tasks with potential exposures to COVID-19, and
- includes control measures to eliminate or reduce such exposures.

Talk with your employees about planned changes and seek their input. Additionally, collaborate with employees and unions to effectively communicate important COVID-19 information.

See the [OSHA COVID-19 guidance](#) for more information on how to protect workers from potential exposures, according to their exposure risk. Plans **should consider** that employees may be able to [spread COVID-19](#) even if they do not show symptoms.

All employers **need to consider** how best to decrease the spread of COVID-19 and lower the impact in your workplace.¹ This **should include activities** to:

- prevent and reduce transmission among employees,
- maintain healthy business operations, and
- maintain a healthy work environment.

Prevent and Reduce Transmission Among Employees

Monitor federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations and ensure that workers have access to that information. Frequently check the [CDC COVID-19 website](#).

Actively encourage sick employees to stay home:

- Employees who have [symptoms](#) **should notify** their supervisor and stay home.

¹ Note that the CDC is not requiring employers to implement measures to protect their workers and decrease the spread of COVID-19 in their workplace. Instead, employers are instructed to merely “consider” how to best protect their workers but are not urged to carry out such considerations.

- Sick employees **should follow** [CDC-recommended steps](#). Employees **should not return** to work until the criteria to [discontinue home isolation](#) are met, in consultation with healthcare providers.
- Employees who are well but who have a sick family member at home with COVID-19 **should notify** their supervisor and follow [CDC recommended precautions](#).

Consider conducting daily in-person or virtual health checks (e.g., symptom and/or temperature screening) of employees before they enter the facility, in accordance with state and local public health authorities and, **if available**, your occupational health services:

- If implementing in-person health checks, conduct them safely and respectfully. Employers may use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the screener. However, reliance on PPE alone is a less effective control and is more difficult to implement, given PPE shortages and training requirements.
 - See the “Should we be screening employees for COVID-19 symptoms?” section of [General Business Frequently Asked Questions](#) as a guide.
- Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building.
- Follow guidance from the [Equal Employment Opportunity Commission](#) regarding confidentiality of medical records from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual’s medical status and history.

Identify where and how workers might be exposed to COVID-19 at work. Employers are responsible for providing a [safe and healthy workplace](#). Conduct a thorough [hazard assessment](#) of the workplace to identify potential workplace hazards related to COVID-19. Use appropriate combinations of controls from the [hierarchy of controls](#) to limit the spread of COVID-19, including engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards (see table below):

- Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties.
- When engineering and administrative controls cannot be implemented or are not fully protective, employers are required by OSHA standards to:
 - Determine what PPE is needed for their workers’ specific job duties,
 - Select and provide appropriate PPE to the workers at no cost, and
 - Train their workers on its correct use.

- Encourage workers to wear a cloth face covering at work if the hazard assessment has determined that they do not require PPE, such as a respirator or medical facemask for protection.
 - CDC recommends wearing a cloth face covering as a measure to contain the wearer's respiratory droplets and help protect their co-workers and members of the general public.
 - Cloth face coverings are not considered PPE. They may prevent workers, including those who don't know they have the virus, from spreading it to others but may not protect the wearers from exposure to the virus that causes COVID-19.
- Remind employees and customers that [CDC recommends wearing cloth face coverings](#) in public settings where other social distancing measures are difficult to maintain, **especially** in areas of significant community-based transmission. Wearing a cloth face covering, however, does not replace the need to practice social distancing.
- See the [OSHA COVID-19](#) webpage for more information on how to protect workers from potential COVID-19 exposures and [guidance for employers](#), including steps to take for jobs according to exposure risk.

Separate sick employees:

- Employees who appear to have [symptoms](#) upon arrival at work or who become sick during the day **should immediately be separated** from other employees, customers, and visitors, and sent home.
- Have a procedure in place for the safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.

Take action if an employee is suspected or confirmed to have COVID-19 infection:

In most cases, you do not need to shut down your facility. If it has been less than 7 days since the sick employee has been in the facility, close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. **If waiting 24 hours is not feasible**, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Follow the CDC [cleaning and disinfection recommendations](#):

- Clean dirty surfaces with soap and water before disinfecting them.

- To disinfect surfaces, use [products that meet EPA criteria for use against SARS-Cov-2](#), the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting.
- You may need to wear additional PPE depending on the setting and disinfectant product you are using. For each product you use, consult and follow the manufacturer's instructions for use.

Determine which employees may have been exposed to the virus and may need to take additional precautions:

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#).
- Most workplaces should follow the [Public Health Recommendations for Community-Related Exposure](#) and instruct potentially exposed employees to stay home for 14 days, **telework if possible**, and self-monitor for [symptoms](#).
- [Critical infrastructure](#) workplaces should follow the guidance on [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). Employers in critical infrastructure also have an obligation to manage potentially exposed workers' return to work in ways that best protect the health of those workers, their co-workers, and the general public.

Educate employees about steps they can take to protect themselves at work and at home:

- **Encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, and work meetings and travel.**²
- **Advise employees to:**
- Stay home if they are sick, except to get medical care, and to learn [what to do if they are sick](#).
- Inform their supervisor if they have a sick family member at home with COVID-19 and to learn what to do [if someone in their home is sick](#).
- Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees that if their hands are visibly dirty, they should use soap and water over hand sanitizer. Key times for employees to clean their hands include:
 - Before and after work shifts
 - Before and after work breaks
 - After blowing their nose, coughing, or sneezing
 - After using the restroom

² Because the CDC only directs employers to "encourage" employees to follow COVID-19 related guidelines, employers will be in compliance with CDC guidelines so long as employers encourage their employees to follow COVID-19 policies and procedures regardless of whether their employees actually follow such guidelines or not.

- Before eating or preparing food
- After putting on, touching, or removing cloth face coverings
- Avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover their mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol. Learn more about [coughing and sneezing](#) etiquette on the CDC website.
- Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use [products that meet EPA's criteria for use against SARS-CoV-2](#), the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
- Practice social distancing by avoiding [large gatherings](#) and maintaining distance (at least 6 feet) from others when possible.

*For employees who commute to work using public transportation or ride sharing, **consider offering the following support:***

- **If feasible,** offer employees incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ask employees to follow the CDC guidance on how to [protect yourself when using transportation](#).
- Allow employees to shift their hours so they can commute during less busy times.
- Ask employees to [clean their hands](#) as soon as possible after their trip.

Maintain Healthy Business Operations

Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Implement flexible sick leave and supportive policies and practices:

- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.

- The Families First Coronavirus Response Act (FFCRA or Act) [requires certain employers](#) to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.
- Employers with fewer than 500 employees are eligible for [100% tax credits](#) for Families First Coronavirus Response Act COVID-19 paid leave provided through December 31, 2020, up to certain limits.
- Employers that do not currently offer sick leave to some or all of their employees **should consider drafting** non-punitive “emergency sick leave” policies.³
- Employers **should not require** a COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
 - Under the American’s with Disabilities Act, employers are permitted to [require a doctor’s note from your employees](#) to verify that they are healthy and able to return to work. However, as a practical matter, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Most people with COVID-19 have mild illness and can recover at home without medical care and can follow CDC recommendations to determine when to [discontinue home isolation](#) and return to work.
 - The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](#). The guidance enables employers to take steps to protect workers consistent with CDC guidance, including requiring workers to stay home when necessary to address the direct threat of spreading COVID-19 to others.
- Review human resources policies to make sure that your policies and practices are consistent with public health recommendations and with existing state and federal workplace laws (for more information on employer responsibilities, visit the [Department of Labor’s](#) and the [Equal Employment Opportunity Commission’s](#) websites).
- Connect employees to employee assistance program (EAP) resources, if available, and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to help them [manage stress and cope](#).

Protect employees at [higher risk for severe illness](#) through supportive policies and practices. Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

- Support and encourage options to telework, **if available**.

³ This recommendation’s wording is exceptionally harmful for workers and should be paid particular attention to. Employers are instructed to “consider drafting” sick leave policies so workers are not penalized for sick leave if they contract COVID-19. However, the CDC does not tell employers that they “must modify” sick leave policies so workers will not be penalized if they leave if they contract COVID-19. Therefore, the CDC’s suggestive language allows employers to fire workers who contract COVID-19 and cannot work or force sick employees to work.

- Consider offering vulnerable workers duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Offer flexible options such as telework to employees. This will eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.
- Ensure that any other businesses and employers sharing the same workspace also follow this guidance.

Communicate supportive workplace policies clearly, frequently, and via multiple methods. Employers may need to communicate with non-English speakers in their preferred languages.⁴

- Train workers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.
- Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and capability to comply with those policies.
- Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.
- Consider using a hotline or another method for employees to voice concerns anonymously.

Assess your essential functions and the reliance that others and the community have on your services or products.

- Be prepared to change your business practices, if needed, to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations).
- Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.
- If other companies provide your business with contract or temporary employees, talk with them about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Talk with business partners about your response efforts. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.
- When resuming onsite business operations, identify and prioritize job functions for continuous operations. Minimize the number of workers present at worksites by

⁴ The CDC failed to use firm enough language to require employers to educate employees about COVID-19 procedures and facts in their native language. It should be noted that failing to provide COVID-19 training in an employee's native language is not only negligent, as it threatens to endanger not only the employee in question but other employees, but it is also discriminatory.

resuming business operations in phases, balancing the need to protect workers with support for continuing operations.

Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children until [childcare programs and K-12 schools](#) resume.

- Plan to monitor and respond to absenteeism at the workplace.
- Implement plans to continue your essential business functions in case you experience higher-than-usual absenteeism.
- Prepare to institute flexible workplace and leave policies.
- Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.

Establish policies and practices for [social distancing](#). Alter your workspace to help workers and customers maintain social distancing and physically separate employees from each other and from customers, when possible. Here are some strategies that businesses can use:

- Implement flexible worksites (e.g., telework).
- Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
- Increase physical space between employees at the worksite by modifying the workspace.
- Increase physical space between employees and customers (e.g., drive-through service, physical barriers such as partitions).
- Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).
- Close or limit access to common areas where employees are likely to congregate and interact.
- Prohibit handshaking.
- Deliver services remotely (e.g., phone, video, or web).
- Adjust your business practices to reduce close contact with customers — for example, by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options, where feasible.
- Move the electronic payment terminal/credit card reader farther away from the cashier, if possible, to increase the distance between the customer and the cashier.
- Shift primary stocking activities to off-peak or after hours, when possible, to reduce contact with customers.

If you have more than one business location, **consider giving** local managers the authority to take appropriate actions outlined in their COVID-19 response plans based on their local conditions.

Maintain a healthy work environment

Since COVID-19 may be spread by those with no symptoms, businesses and employers should evaluate and institute controls according to the [hierarchy of controls](#) to protect their employees and members of the general public.

Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase outdoor air ventilation, using caution in highly polluted areas. With a lower occupancy level in the building, this increases the effective dilution ventilation per person.
- Disable demand-controlled ventilation (DCV).
- Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 **if possible**, to enhance air exchanges in the building space.

Note: Some of the above recommendations are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#). Review these ASHRAE guidelines for further information on ventilation recommendations.

Ensure the safety of your building water system and devices after a prolonged shutdown:

- Follow the [CDC Guidance for Building Water Systems](#), which describes 8 steps to take before you reopen your business or building.

Give employees, customers, and visitors what they need to clean their hands and cover their coughs and sneezes:

- Provide tissues and no-touch trash cans.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.

- Place [posters](#) that encourage [hand hygiene](#) to help [stop the spread](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen. This **should include** signs for non-English speakers, as needed.⁵
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.
- Direct employees to visit CDC's [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.

Perform routine cleaning:

- Follow the [Guidance for Cleaning and Disinfecting](#) to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
 - For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of [products that are EPA-approved for use against the virus that causes COVID-19](#) is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Discourage workers from using each other's phones, desks, offices, or other work tools and equipment, when possible.
- Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.
- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that could be very dangerous to breathe in.
- Advise employees to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

- If a sick employee is suspected or confirmed to have COVID-19, follow the [CDC cleaning and disinfection recommendations](#).

⁵ See footnote 4.

Limit travel and advise employees if they must travel to take additional precautions and preparations:

- Minimize non-essential travel and consider resuming non-essential travel in accordance with state and local regulations and guidance.
- Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country where you will travel. Specific travel information for travelers going to and returning from countries with travel advisories, and information for aircrew, can be found on the [CDC website](#).
- Advise employees to check themselves for [symptoms of COVID-19](#) before starting travel and to notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.
- If they are outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to help them find an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, or resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Minimize risk to employees when planning [meetings and gatherings](#):

- Use videoconferencing or teleconferencing **when possible** for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.

Considerations for Institutes of Higher Education

As some institutions of higher education (IHE) open in the United States, the Centers for Disease Control and Prevention (CDC) offers the following considerations for ways in which IHEs can help protect students and employees (e.g., faculty, staff, and administrators) and slow the spread of the Coronavirus Disease 2019 (COVID-19).⁶ IHEs vary considerably in geographic location, size, and structure. As such, IHE officials can determine, in collaboration with [state and local health officials](#), whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the IHE and local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. Health facilities managed by the IHE may refer to CDC's [Guidance for U.S. Healthcare Facilities](#) and may find it helpful to reference the [Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic](#). These considerations are meant to supplement — **not replace** — any state, local, territorial, or tribal health and safety laws, rules, and regulations with which IHEs must comply.

Guiding Principles to Keep in Mind

The more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in IHE non-residential and residential (i.e., on-campus housing) settings as follows:

IHE General Settings

- **Lowest Risk:** Faculty and students engage in virtual-only learning options, activities, and events.
- **More Risk:** Small in-person classes, activities, and events. Individuals remain spaced at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

IHE On-Campus Housing Settings

- **Lowest Risk:** Residence halls are closed, where feasible.
- **More Risk:** Residence halls are open at lower capacity and shared spaces are closed (e.g., kitchens, common areas).
- **Highest Risk:** Residence halls are open at full capacity including shared spaces (e.g., kitchens, common areas).

⁶ The CDC sets the tone of these guidelines in the introduction when the CDC states that the guidelines are offered solely as “considerations”. Despite citing the guidelines as considerations, nowhere in the introduction does the CDC use language that urges IHEs to make every effort to implement their considerations.

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental prevention practices (such as [cleaning and disinfection](#)) are important principles that are covered in this document. Fortunately, there are a number of actions IHE administrators can take to help lower the risk of COVID-19 exposure and spread.

Promoting Behaviors that Reduce Spread

IHEs **may consider implementing** several strategies to encourage behaviors that reduce the spread of COVID-19.⁷

- **Staying Home or Self-Isolating when Appropriate**
 - If a decision is made to have any version of in-person classes, before returning to campus, **actively encourage students, faculty, and staff** who have been sick with COVID-19 [symptoms](#), tested positive for COVID-19, or have been potentially [exposed](#) to someone with COVID-19 (either through [community-related exposure](#) or [international travel](#)) to follow CDC guidance to [self-isolate or stay home](#).
 - Once back on campus, educate students, faculty, and staff on when they should [stay home or self-isolate](#) in their living quarters.
 - **Actively encourage students, faculty, and staff who are sick or have recently had a [close contact](#) with a person with COVID-19 to stay home** or in their living quarters (e.g., dorm room). Develop policies that encourage sick individuals to stay at home without fear of reprisals, and ensure students, faculty, and staff are aware of these policies. Offer virtual learning and telework options, if feasible.
 - Students, faculty, and staff **should [stay home](#)** when they have tested positive for or are showing [symptoms](#) of COVID-19.
 - Students, faculty, and staff who have recently had a [close contact](#) with a person with COVID-19 **should also [stay home and monitor their health](#)**.
 - CDC's criteria can help inform return to work/school policies:
 - [If they have been sick with COVID-19](#)
 - [If they have recently had a close contact with a person with COVID-19](#)
- **Hand Hygiene and Respiratory Etiquette**

⁷ Every section of recommendations begins with the phrasing "IHEs may consider implementing several strategies to..." It must be noted that due to this phrasing, IHEs can comply with CDC guidelines by either considering or not considering implementing strategies that reduce the spread of COVID-19.

- Recommend and reinforce [handwashing](#) with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Encourage students, faculty, and staff to cover coughs and sneezes with a tissue or use the inside of your elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- **Cloth Face Coverings**
 - Recommend and reinforce use of [cloth face coverings](#) among students, faculty, and staff. Face coverings should be worn [as feasible](#) and are **most** essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information [should be provided](#) to all students, faculty, and staff on [proper use, removal, and washing of cloth face coverings](#).
 - Note: [Cloth face coverings](#) should **not** be placed on:
 - Babies and children younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cover without assistance
 - [Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other medical personal protective equipment.
- **Adequate Supplies**
 - Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, hand sanitizer containing at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.
- **Signs and Messages**
 - Post [signs](#) in highly visible locations (e.g., building entrances, restrooms, dining areas) that [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)).
 - Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with faculty, staff, and students (such as on IHE websites, in emails, and on IHE [social media accounts](#)) in accordance with the [Clery Act](#).

- Find freely available CDC print and digital resources on CDC's [communications resources](#) main page.

Maintaining Healthy Environments

IHEs **may consider implementing** several strategies to maintain healthy environments.

- **Cleaning and Disinfection**
 - [Clean and disinfect](#) frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, dining hall tables) within IHE facilities at least daily or between use as much as possible. Use of shared objects (e.g., lab equipment, computer equipment, desks) **should be limited when possible**, or cleaned between use.
 - If transport vehicles (e.g., buses) are used by the IHE, drivers **should practice** all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect IHE buses, vans, or other vehicles, see guidance for [bus transit operators](#).
 - Develop a schedule for increased, routine cleaning and disinfection.
 - Ensure [safe and correct use](#) and storage of [cleaners and disinfectants](#), including storing products securely. Use products that meet [EPA disinfection criteria](#).
 - Encourage students, faculty, and staff to keep their personal items (e.g., cell phones, other electronics) and personal work and living spaces clean. Encourage students, faculty, and staff to use disinfectant wipes to wipe down shared desks, lab equipment, and other shared objects and surfaces before use.
 - Ensure there is adequate ventilation when using cleaning products to prevent students or staff from inhaling toxic fumes.
- **Shared Objects**
 - Discourage sharing of items that are difficult to [clean or disinfect](#).
 - Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each student their own art supplies, lab equipment, computers) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
 - Avoid sharing electronic devices, books, pens, and other learning aids.
- **Ventilation**
 - Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students, faculty, or staff using the facility.
- **Water Systems**
 - To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected, but encourage

faculty, staff and students to bring their own water to minimize use and touching of water fountains.

- **Modified Layouts**

- Space seating/desks at least 6 feet apart **when feasible**. For lecture halls, **consider taping off seats and rows** to ensure six-foot distance between seats.
- Host smaller classes in larger rooms.
- Offer distance learning in addition to in-person classes to help reduce the number of in-person attendees.
- Provide adequate distance between individuals engaged in experiential learning opportunities (e.g., labs, vocational skill building activities).
- Create [distance](#) between students in IHE vehicles (e.g., skipping rows) when possible.

- **Physical Barriers and Guides**

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., cash registers).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart in lines and at other times.

- **Communal Spaces**

- **Close shared spaces** such as dining halls, game rooms, exercise rooms, and lounges **if possible**; otherwise, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and [clean and disinfect](#) between use.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds especially when they cannot be at least 6 feet apart.
- For more information on communal spaces in student or faculty housing (e.g., laundry rooms, shared bathrooms and recreation areas) follow [CDC's guidance for Shared or Congregate Housing](#).

- **Food Service**

- Provide grab-and-go options for meals. If a cafeteria or group dining room is typically used, **if possible**, serve individually plated meals (versus buffet or any self-serve stations).
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and consider the [safety of individuals with food allergies](#).

Maintaining Healthy Operations

IHEs may consider implementing several strategies to maintain healthy operations.

- **Protections for Students, Faculty, and Staff at Higher Risk for Severe Illness from COVID-19**
 - Offer options for faculty and staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework and modified job responsibilities).
 - Offer options for students at [higher risk for severe illness](#) that limit their exposure risk (e.g. virtual learning opportunities).
 - Consistent with applicable law, put in place policies to protect the privacy of people at [higher risk for severe illness](#) regarding underlying medical conditions in compliance with applicable federal and state privacy and confidentiality laws.
- **Regulatory Awareness**
 - Be aware of state or local regulatory agency policies related to group gatherings to determine if events can be held.
- **Gatherings**
 - Pursue virtual group events, gatherings, or meetings, **if possible**, and promote social distancing of at least 6 feet between people if events are held. **Limit group size to the extent possible.**
 - Pursue options to convene sporting events and participate in sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities.
 - Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, or county).
- **Telework and Virtual Meetings**
 - Encourage telework for as many faculty and staff as possible, especially employees at [higher risk for severe illness from COVID-19](#).
 - Replace in-person meetings with video- or tele-conference calls whenever possible.
 - Provide student support services virtually, **as feasible**.
 - **When possible**, use flexible work or learning sites (e.g., telework, virtual learning) and flexible work or learning hours (e.g., staggered shifts or classes) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between people, especially if social distancing is recommended by state and local health authorities.
- **Travel and Transit**

- **Consider options** for limiting non-essential travel in accordance with state and local regulations and guidance.
 - Encourage students, faculty and staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
 - Encourage students, faculty and staff who use public transportation or ride sharing to follow CDC guidance on how to [protect yourself when using transportation](#). Additionally, encourage them to commute during less busy times and [clean their hands](#) as soon as possible after their trip.
- **Designated COVID-19 Point of Contact**
 - Designate an administrator or office to be responsible for responding to COVID-19 concerns. All IHE students, faculty and staff **should know** who this person is and how to contact them.
 - **Participation in Community Response Efforts**
 - **Consider participating** with state or local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).⁸
 - **Communication Systems**
 - Put systems in place for:
 - Consistent with applicable law and privacy policies, having students, faculty and staff report to the IHE if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19 external icon](#)(e.g. see “Notify Health Officials and Close Contacts” in the **Preparing for When Someone Gets Sick** section below), and other applicable federal and state privacy and confidentiality laws, such as the Family Educational Rights and Privacy Act (FERPA).
 - Notifying faculty, staff, students, families, and the public of IHE closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

⁸ College outbreaks do not stay solely on campus. They incubate disease and amplify transmission chains that reach and kill members of more vulnerable populations in the surrounding community as well as students’ and faculty’s communities when they commute. Urging IHEs to participate with state or local authorities in broader COVID-19 community response efforts should be one of the strongest requests or recommendations. However, by using the phrase “consider participating with state or local authorities in broader COVID-19 community response efforts”, the CDC has substantially weakened their recommendation and understated the importance of IHEs participation in community efforts to stop the virus’s spread.

- **Leave (Time Off) and Excused Absence Policies**
 - Implement flexible sick leave policies and practices that enable faculty, staff, and students to stay home or self-isolate when they are sick, have been exposed, or [caring for someone who is sick](#).
 - Examine and revise policies for excused absences and virtual learning (students) and leave, telework, and employee compensation (employees).
 - Leave and excused absence policies **should be flexible, not be punitive** to people for taking time off and should allow sick employees and students to stay home and away from others. Leave and excused absence policies should also account for employees and students who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
 - Develop policies for returning to classes and IHE facilities after COVID-19 illness. CDC's criteria to [discontinue home isolation](#) and [quarantine](#) can inform these policies.
- **Back-Up Staffing Plan**
 - Monitor absenteeism of employees and students, cross-train staff, and create a roster of trained back-up staff.
- **Staff Training**
 - Train staff on all safety protocols.
 - Conduct training virtually or ensure that [social distancing](#) is maintained during training.
- **Recognize Signs and Symptoms**
 - **If feasible**, conduct daily health checks or ask faculty, staff, and students to conduct self-checks (e.g., temperature screening and/or [symptom checking](#)).
 - Health checks should be done safely and respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and regulations. IHE administrators may use examples of screening methods found in CDC's [General Business FAQs](#).
- **Sharing Facilities**
 - Encourage any organizations that share or use IHE facilities to also follow these considerations.
- **Support Coping and Resilience**
 - Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
 - Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.

- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746

Preparing for When Someone Gets Sick

IHEs **may consider implementing** several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
 - Sick faculty, staff, or students **should not return** to in-person classes or IHE facilities, or end isolation until they have met CDC's [criteria to discontinue home isolation](#).
- **Isolate and Transport Those Who are Sick**
 - Make sure that faculty, staff, and students know they should not come to the IHE if they are sick, and should notify IHE officials (e.g., IHE designated COVID-19 point of contact) if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
 - Immediately separate faculty, staff, and students with COVID-19 [symptoms](#) (such as fever, cough, or shortness of breath). Individuals who are sick **should go home or to a healthcare facility**, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others](#) who are sick. IHEs may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE housing.
 - Work with IHE administrators and healthcare providers to identify an isolation room, area, or building/floor (for on-campus housing) to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
 - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
- **Clean and Disinfect**
 - Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#)
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.

- **Notify Health Officials and Close Contacts**
 - In accordance with applicable federal, state and local laws and regulations, IHEs should notify [local health officials](#), faculty, staff, and students immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#), FERPA or and other applicable laws and regulations.
 - Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home or in their living quarters and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.⁹

⁹ Note that nowhere in these considerations for IHEs is a recommendation for testing for students, faculty, and staff returning to campus. Expansive testing is a proven means for disease control. The CDC encourages testing for businesses and various occupations as a control when reopening. The CDC's decision not to recommend such testing for higher education is inexplicable and irresponsible, particularly given that colleges are environments where COVID-19 spreads easily and large outbreaks are likely.

Agriculture Workers & Employers

Create a COVID-19 Assessment and Control Plan

Farm owners and operators can prevent and [slow the spread of COVID-19](#). Owners/operators **should develop** a COVID-19 assessment and control plan to protect themselves and farmworkers, in accordance with the [CDC Interim Business Guidance for Businesses and Employees](#) and [General Business Frequently Asked Questions](#). [State](#) and [local health departments](#) may also provide resources to aid in the development of these plans. Owners/operators can respond in flexible ways to varying levels of disease transmission in the community and be prepared to refine their control plans as needed. A control plan **should reflect** the specific region, work site space, job tasks, and other features of each farm, ranch, orchard, or other agricultural operations and locations. Those involved in the work can best set priorities and assess **how realistic these recommendations are** for specific situations at their facilities.

Owners/operators **should designate** a qualified workplace coordinator who will be responsible for COVID-19 assessment and control planning. All workers **should know** how to contact the identified coordinator with any COVID-19 concerns, and the coordinator should handle such concerns confidentially, as appropriate.

The workplace coordinator **should have** a means to communicate in the preferred languages spoken or read by the workers, **if possible**, and provide [materials](#) at the appropriate literacy level.¹⁰ Farmworkers **should also be provided** with contact information about where to get COVID-19 testing.

Control plan

Recommendations for worker infection prevention are based on an approach known as the [hierarchy of controls](#). This approach groups actions by their likely effectiveness in reducing or removing hazards. In most cases, the preferred approach is to eliminate a hazard or hazardous processes (e.g. exclude sick workers and visitors), install **feasible engineering controls**, and implement appropriate protocols for [cleaning, disinfection and sanitation](#) to further reduce exposure or shield farmworkers. Until such controls are in place, or if they are not effective, other [administrative control](#) measures and [personal protective equipment \(PPE\)](#) will be needed.

Screening and Monitoring Workers

Consider screening farmworkers for COVID-19 signs and symptoms (e.g., temperature checks). Uniform policies and procedures for screening workers **should be developed** in consultation with

¹⁰ Despite the fact that the CDC provides posters available to download and print for free in various languages, the CDC still failed to use firm enough language to require employers to educate employees about COVID-19 procedures and facts in their native language.

state and local health officials and occupational medicine professionals. Possible options to screen workers for COVID-19 symptoms could include:

- Screening prior to entry into the work site, or if possible, before boarding shared transportation.
- Asking workers in appropriate languages if they have had a fever (or feelings of feverishness), respiratory symptoms, or [other symptoms](#) in the past 24 hours.
- Checking temperatures of workers at the start of each shift to identify anyone with a fever of 100.4°F or greater (or reported feelings of feverishness).
- Do not let employees enter the workplace if they have a fever of 100.4°F or greater (or reported feeling of feverishness), or if screening results indicate that the worker is suspected of having COVID-19-like symptoms (see managing sick workers below).
- Encouraging workers to report symptoms immediately, when onsite.
- Encouraging workers who have symptoms to self-isolate and contact a healthcare provider, or when appropriate, providing them with access to direct medical care or telemedicine. Also:
 - Coordinating any recommended diagnostic testing with the occupational medicine provider, or state and local public health officials.
 - Providing them with [information on when it is safe to return to work](#) along with the operation's return-to-work policies and procedures.
 - Informing human resources, health unit (if in place), and supervisor (so worker can be moved off schedule during illness and a replacement can be assigned, if available).

Ensure that personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious workers entering the facility by:

- Training temperature screeners to use temperature monitors according to manufacturer instructions.
- Using temperature monitors that are accurate under conditions of use (such as extreme hot/cold weather temperatures).
- Protecting the screener through the use of social distancing, barrier or partition controls, and personal protective equipment (PPE). However, reliance on PPE alone is a less effective control and is more difficult to implement, given PPE shortages and training requirements.
 - See the "Should we be screening employees for COVID-19 symptoms?" section of [General Business Frequently Asked Questions](#) as a guide.
- If temperature screeners need to be within 6 feet of workers, providing them with appropriate PPE:
 - Such PPE should include gloves, a gown, a face shield, and, at a minimum, a facemask. See OSHA's PPE standards at [29 CFR 1910 Subpart I](#)
 - Train employees on how to properly put on, take off, and dispose of all PPE.

- Filtering facepiece respirators, such as N95s, may be appropriate for workers performing screening duties. If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical evaluation, fit testing, and training in accordance with OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)).

Managing Sick Workers

Workers who appear to have [symptoms](#) including a fever, cough, shortness of breath, or a two-or-more of the following symptoms including chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, upon arrival at work, or who develop these symptoms during the day [should immediately be separated](#) from others at the workplace, sent to their permanent or temporary housing arrangements, or – when they can't be isolated in their existing housing arrangement – placed in alternative housing arrangements under quarantine away from other workers. (Note: employers should consult [DOL](#) and [DHS](#) regulations and/or guidance for any additional requirements or obligations concerning temporary foreign workers under the H-2A program).

If a worker is confirmed to have COVID-19, owners/operators [should consider](#) ways to inform anyone at the work site, to the extent it is reasonably knowable, who has been in sustained, close contact (within 6 feet) with that worker of their possible exposure to COVID-19 based on the [CDC Public Health Recommendations for Community-Related Exposure](#). However, the owners/operators [should protect](#) the infected worker's confidentiality and not identify them, as required by the [Americans with Disabilities Act \(ADA\)](#).

If a worker becomes or reports being sick, [clean and disinfect](#) the work area, equipment, common areas used (break areas, bathrooms, vehicles, etc.), and any tools handled by the symptomatic worker. If a worker is in employer-furnished housing, [consider providing](#) a dedicated space for the worker to recover away from others, and then clean and disinfect living quarters, cooking and eating areas, bathrooms, and laundry facilities. Do not allow other workers to use these areas until they have been cleaned and disinfected. A worker going to a home in the community [can be provided with guidance](#) to mitigate risk of transmission in the home.

Owners/operators [should work](#) with state, tribal, local, and territorial (STLT) health officials to facilitate the identification of other exposed and potentially exposed individuals, such as coworkers. Facilities [should work](#) with STLT officials to consider the appropriate role for [testing](#) and [workplace contact tracing](#) (i.e., identifying person-to-person spread) after a worker tests positive for COVID-19.

On-site healthcare personnel, such as facility nurses or emergency medical technicians, [should follow](#) appropriate CDC and OSHA protective guidance for [healthcare](#) and [emergency response](#) personnel.

Addressing Return to Work After Worker Exposure to COVID-19

- Employers **should follow** [CDC's Critical Infrastructure Guidance](#) for workers who have had a COVID-19 exposure but remain free of symptoms.
- Critical infrastructure employers have an obligation to manage the continuation of work in a way that best protects the health of their workers and the general public. Employers can use strategies from [CDC's COVID-19 Critical Infrastructure Sector Response Planning](#).
- When workers return who have had COVID-19, including those workers who have tested positive for COVID-19 but remained free of symptoms, to onsite operations, employers **should follow** the [CDC interim guidance for Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#). Consultation with an occupational health provider and state and local health officials will help owners/operators develop the most appropriate plan.

The COVID-19 pandemic is constantly changing, so employers of critical infrastructure workers will need to continue to reassess COVID-19 transmission levels in their area and follow recommendations from local, state, and federal officials. This guidance does not replace state and local directives for businesses.

Control plan—Engineering controls

Assess and identify opportunities to limit close contact with others (maintain a distance of at least 6 feet between people whenever possible) **if feasible**. This includes owners, operators, farmworkers, supervisors, crew leaders, delivery personnel, and anyone else entering the agricultural workplace. Engage farmworkers in this assessment process.

Adding touch-free methods (i.e., touch-free time clocks, automatic doors) or rearranging work tasks can help farmworkers stay at least 6 feet away from others. **Possible options** may include:

- Adjusting workflow to allow for a 6-foot distance between farmworkers, **if feasible**.
- Installing shields or barriers, such as plastic, between farmworkers, when a 6-foot distance between farmworkers is not possible.
- Adding additional clock in/out stations (touch-free if available) or additional time for clocking in/out to reduce crowding, **if feasible**.
- Removing or rearranging chairs and tables or adding visual cue marks in employee break areas to support social distancing between farmworkers.

Employers **should also train** workers to follow protective measures while on breaks.

Control plan—Cleaning, disinfection, and sanitation*Hand hygiene*

- Encourage farmworkers to [wash their hands](#) often with soap and water for at least 20 seconds.
- Farmworkers must have reasonable access to permanent and/or temporary hand washing facilities equipped with soap, potable water, and clean, single-use towels ([29 CFR 1928.110](#); [40 CFR 170.411](#), [170.509](#) and [170.605\(h\)-\(j\)](#)). Easy access is especially important in areas where multiple farmworkers are working; increase the number of hand washing stations to minimize the distance to a station and the likelihood of crowding at stations.¹¹
- In addition, to increasing the frequency of hand washing, if hands aren't visibly soiled or dirty, farmworkers can use hand sanitizer containing at least 60% alcohol, rubbing hands until they are dry.

These sanitizing stations **should be** in multiple locations on the farm, **if feasible**, such as the point of entry or exit to a farm field, the location where farmworkers clock in/out, and, **if possible**, in individual containers made available to workers in field settings.

Disinfection and sanitation

Farm owners/operators **should develop** [sanitation protocols](#) for daily cleaning and sanitation of work sites, **where it is feasible to disinfect** the work site, as well as cleaning and disinfecting procedures for high-touch areas such as tools, equipment, and [vehicles](#) used by farmworkers, following [CDC guidance on cleaning methods](#). In addition, they **should**:

- Follow the manufacturer's contact time recommendations to make sure solutions remain on surfaces for the recommended time.
- Since children may be present on the farm, plan how to keep cleaning chemicals, including hand sanitizers out of reach of children.
- Choose disinfectants or alternative cleaning methods (e.g., soap and water) for surfaces with which food comes into contact.

Also see additional [information from EPA on cleaning and disinfecting workplaces](#).

Conduct targeted and more frequent cleaning and disinfecting of high-touch areas of shared spaces (e.g., time clocks, bathroom fixtures, vending machines, railings, door handles). For example, **possible options may include**:

- Clean and disinfect break areas between each group using the areas, as well as daily.
- Clean and disinfect locker rooms at the end of each shift.
- Provide disposable disinfectant wipes or other appropriate disinfectant supplies, and required PPE to use these safely, so that commonly touched surfaces can be wiped down, as needed.

¹¹ Though the CDC guidelines mandate that farmworkers "must have reasonable access" to handwashing stations, it does not mandate that the number of handwashing stations should increase despite the obvious need for more hand washing to avoid overcrowding at such hand washing areas.

- Refer to the [Transportation Section](#) below for guidance on sanitizing farm vehicles and implements.

Sanitizing tools and equipment

Tools vary by agricultural production, but examples include handheld hoes, rakes, crates, milking equipment (including electronic components), gates, saddles, and animal harnesses.

- **Where possible**, do not share tools.
- If tools are used by multiple employees, they **should be cleaned and disinfected** between each employee use, **if possible**.
- When cleaning and disinfecting after each use is not possible, daily targeted and more frequent cleaning of shared equipment and tools is needed. In such cases, workers **may also need** to use gloves when handling shared tools and equipment.
- Dispose of all cleaning material and non-reusable PPE in compliance with [OSHA standards](#) to prevent further spread of COVID-19.

Control plan—Administrative controls

Training

All communication and training for workers **should be easy to understand** and **should be provided** in [languages](#) appropriate to the preferred languages spoken or read by those receiving the training, be at the appropriate literacy level, and include accurate and timely information about:¹²

- Signs and symptoms of COVID-19, how it spreads, risks for workplace exposures, and how workers can protect themselves.
- Proper [handwashing](#) practices and use of hand sanitizer stations.
- Employer policies regarding COVID-19 (disinfection protocols, housing and worker isolation, sick leave policies) and how employees should alert their supervisors if they are experiencing signs or symptoms of COVID-19 or if they have had recent close contact with a suspected or confirmed COVID-19 case.
-

Employers **should consider** placing simple posters at the entrance to the workplace and in break areas, employer furnished housing, and other workplace areas where they are likely to be seen. Posters should be in all of the languages that are common in the worker population. CDC has free, simple [posters available to download](#) and print, some of which are translated into different languages. OSHA provides [additional information](#) about training on its COVID-19 webpage.

¹² See footnote four.

Review leave and sick leave policies

- **Consider modifying** policies to make sure that ill workers are not in the workplace and are not penalized for taking sick leave. Make sure that workers are aware of and understand these policies.
- Analyze any incentive programs and **consider modifying** them, if warranted, so that workers are not penalized for taking sick leave if they have COVID-19.¹³
- **Consider additional flexibilities** that might include giving advances on future sick leave and allowing workers to donate sick leave to each other.

Promote social distancing

- **Consider reducing** crew sizes, staggering work shifts, mealtimes, and break times, and having farmworkers alternate rows in fields to facilitate a 6-foot distance between each other.
- **Consider placing** materials (such as harvesting buckets) and produce at a central transfer point instead of transferring directly from one worker to the next.
- **Consider grouping** healthy workers together into cohorts that include the same workers each day. This can increase the effectiveness of altering normal shift schedules by making sure that groups of workers are always assigned to the same shifts with the same coworkers. Effectiveness is optimized if it is aligned with shared living quarters and shared transportation. Grouping workers into cohorts may reduce the spread of COVID-19 transmission in the workplace by minimizing the number of different individuals who come into close contact with each other over the course of a week, and may also reduce the number of workers quarantined because of exposure to the virus.
- Grouped workers, as described above, are considered a single household or family. Farmworkers that are in the same shared housing unit should follow the [Households Living in Close Quarters Guidance](#). Owners/operators should maximize opportunities to place farmworkers residing together in the same vehicles for transportation and in the same groups to limit exposure.
- When providing training, **consider providing** it outside, in smaller than usual groups with participants 6 feet apart.

Control plan—Personal protective equipment (PPE)

As part of their hazard assessments, owners and operators **should consider** whether PPE is necessary to protect workers. This is especially important when engineering and administrative controls are difficult to maintain and there may be exposure to other workplace hazards.

Farm workers who have frequent and/or close contact (i.e., within 6 feet of) with coworkers who may be infected with SARS-CoV-2 are in the medium risk exposure category based on

¹³ See footnote three.

the [Guidance on Preparing Workplaces for COVID-19](#)[external icon](#). Medium risk workers rarely are required to use respirators for infection control. See the PPE section beginning on page 14 of the [booklet](#) for details. As is always the case when respirators are not required to protect workers, owners and operators may consider allowing voluntary use of filtering facepiece respirators (such as N95s) if workers wish to provide and use such equipment on their own. Owners and operators who allow voluntary use of respirators should ensure they comply with the voluntary use provisions of the OSHA Respiratory Protection standard ([29 CFR 1910.134](#)). Be aware that the use of filtering facepiece respirators may increase the risk of heat-related illness. Owners and operators **should adjust** water availability and frequency of breaks **as appropriate** whenever workers are at risk of heat-related illness.¹⁴

Farmworkers may need PPE such as gloves, face and eye protection, and other types of PPE when cleaning and disinfecting work sites, including frequently touched surfaces, tools, and equipment. Anyone involved in cleaning and/or disinfecting workspaces or equipment **should wear** gloves selected based on information provided in the manufacturer's Safety Data Sheet (SDS) for the specific sanitizing or disinfectant agent.

When PPE is needed, owners and operators **should consider** additional hazards that may be created by poorly fitting PPE in the work environment.

Training in the use of PPE

- Provide [appropriate PPE](#) training via the use of [videos](#) or in-person visual demonstrations, and ensure PPE is used properly by all farmworkers. Maintain physical/social distancing during these demonstrations. The following points **should be included** in training:
 - When to use PPE and what PPE is necessary.
 - How to properly [don \(put on\) and doff \(remove\) PPE](#)[pdf icon](#).
 - How to properly dispose of PPE, or if reusable, how to properly clean, and as appropriate, decontaminate PPE.
 - Reminder to change PPE if it becomes torn, dirty, or otherwise damaged.
 - After removing any PPE, always [wash hands](#) with soap and water for 20 seconds. If soap and water are not immediately available, and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol, rubbing hands until they are dry, may be used.

¹⁴ The CDC merely states that agricultural owners and operators “should adjust” water availability and frequency of breaks if employees choose to wear respirators. If employers are not forced to provide employees more frequent breaks and increased water availability, then the employees’ chances of heat-related illness increase which jeopardizes workers’ health regardless of COVID-19. When employees experience common symptoms of heat-related illness such as confusion or dizziness, they can increase the likelihood of disregarding or forgetting COVID-19 guidelines and could potentially expose themselves and others to COVID-19.

Glove use

Farmworkers can continue to wear whatever gloves they normally wear while doing fieldwork. Such gloves may include disposable gloves made of lightweight nitrile or vinyl, or heavy-duty rubber work gloves that can be disinfected.

Special considerations for shared housing

Farmworkers may have limited control over their environment in some employer furnished housing. Owners/operators **should provide** [basic guidance](#) about COVID-19 and steps being taken to prevent transmission in housing areas in language(s) the farmworkers understand. CDC also provides guidance for [shared or congregate housing facilities](#).

Family members **should be kept** together in housing facilities. In addition, grouped or cohorted workers, as described above, can be considered a single household or family. Farmworkers that are in the same shared housing unit **should follow** the [Households Living in Close Quarters Guidance](#). Most importantly, in employer-furnished housing, the owner/operator **should provide** a dedicated and segregated space for sleeping quarters, kitchens and restrooms for farmworkers with confirmed or suspected COVID-19 to recuperate without infecting others.

In addition to using cohorting for shared housing, additional measures such as enhanced sanitation and social distancing **should be taken** to reduce the likelihood of transmission within a shared housing group. These measures are detailed below.

Housing and enhanced sanitation

- Provide disposable gloves, soap for hand washing, and household cleaners to help residents and staff implement [personal preventive measures](#).
- Develop and implement enhanced sanitation and cleaning plans that address frequency of sanitation and cleaning, and identify a responsible person.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.

Disinfecting living quarters, cooking and eating areas, bathrooms, and laundry facilities

- Ensure shared rooms have good air flow:
 - Use an air conditioner or open windows, **if possible**.
 - Clean air conditioner units and change filters according to the manufacturer's directions.
 - Provide air filtration systems in units without air conditioner**s, if possible**.

- Clean common areas routinely following [CDC cleaning and disinfection guidelines](#). Residents should regularly clean and sanitize living quarters following [CDC cleaning and disinfection guidelines](#).
- Provide supplies for cleaning shared cooking utensils (such as knives, ladles, spatulas) and shared appliances (such as stoves, microwaves, and refrigerators, etc.).
- Maintain access to laundry facilities and post guidelines for doing laundry, **if possible** (e.g., restrict the number of people allowed in laundry rooms at one time to ensure social distancing, avoid shaking dirty laundry).
- Provide appropriate storage options for reusable PPE, such as work gloves, coveralls, safety glasses, boots, etc., to prevent cross contamination.

Housing and social distancing

- Support social distancing during the entire time farmworkers are housed, including while recreating, cooking, and sleeping.
- **Consider if possible**, adding physical barriers, such as plastic flexible screens, between bathroom sinks when there are multiple sinks. Modify common areas to encourage social distancing, **if feasible**, including furniture removal or spacing.
- **Consider modifications** to bed configurations to maximize social distancing in sleeping quarters, **to the extent feasible**. This may be accomplished through:
 - Head-to-toe sleeping arrangements with at least 6 feet of distance between beds.
 - Adding physical barriers, such as plastic flexible screens when beds cannot be 6 feet apart.
 - Minimizing or avoiding the use of bunk beds, which make distancing more difficult.
- **If possible and environmental conditions allow**, conduct meetings and conversations outdoors to minimize congregating in close quarters.
- Encourage residents to wear [cloth face coverings](#) in shared spaces.
- Advise residents that cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Other important considerations in shared housing

- **Consider instituting** daily health checks (e.g., symptom and/or temperature screening) and daily reporting to supervisors prior to and during the housing period to identify illnesses early.
- Complete the health checks in a way that keeps workers from congregating in large crowds, such as providing multiple screening points or staggered reporting times.
- Maintain confidentiality of workers with confirmed COVID-19 infection.
- Establish isolation plans for responding to farmworkers with COVID-19:
 - Provide accommodations separate from others, **if feasible**. **Consider designating** one person who is not at higher risk of severe illness to assist an ill, isolated person

and that personnel managing sick employees are appropriately protected from exposure. When personnel need to be within 6 feet of a sick colleague, follow the same PPE considerations for screeners who need to be within 6 feet of workers.

- Consider using separate buildings or rooms instead of physical barriers where possible.
- Consider providing separate food and bathroom access where possible.
- Consider restricting access to non-essential persons.
- Provide medical access and telemedicine for emergent illnesses.
- Provide transportation, if necessary, in a manner that does not expose others.
- Consult with a clinician or public health authority so they may monitor the situation and provide guidance on treatment and continued housing of all farmworkers.

For H-2A temporary housing considerations, [review DOL explanation of alternative housing arrangements in response to COVID-19](#).

Special considerations for shared transportation

Transportation used by farmworkers may be provided by the employer, owner/operator, or a contractor, or might be a carpool arranged by the farmworkers. The following considerations should apply to all types of transportation to and from the agricultural work site:

- Provide as much space between riders as possible.
- Group (or cohort) workers in the same crews and/or those sharing living quarters together when transporting.
- Increase the number of vehicles and the frequency of trips to limit the number of people in a vehicle.
- Make hand hygiene (hand washing/hand sanitizer) available and encourage riders to use hand hygiene before entering the vehicle and when arriving at destination.
- Instruct riders to follow [coughing and sneezing etiquette](#) when in the vehicle.
- Highly encourage all passengers and drivers to wear [cloth face coverings](#) when in the vehicle.

Transportation vehicles should be cleaned and disinfected in accordance with [CDC guidelines for non-emergency transport vehicles](#) before and after each trip, or daily at minimum.

Special considerations for children

Taking children to a work site not only exposes them to the hazards in the environment, but also distracts workers from their tasks, increasing the risk of injury for children and adults.

- Advise farmworkers to continue sending their children to childcare while they are working at the farm, if possible. Please see: [Guidance for Child Care Programs that Remain Open](#).

- Establish and enforce policies for farmworkers that restrict children from work sites. If childcare programs and K-12 schools are not open, the work site is not an acceptable alternative.¹⁵
- Even when homes and work sites overlap, continue to restrict children from the work site.
- If youth farmworkers are hired, ensure you are following [labor laws](#) and assigning [age-appropriate tasks](#), including as required by child labor regulations at 29 CFR Part 570.
- For hired youth, provide extra supervision and guidance, especially highlighting protection methods to minimize their exposure to COVID-19.

¹⁵ The implications of this firm directive are numerous and dangerous. Forcing employees to choose between caring for their children and working to support their families jeopardizes their livelihoods and their children's safety. The consequences of such decisions can affect not only the worker but their children in devastating ways.

Manufacturing Workers & Employers

Create a COVID-19 assessment and control plan

A qualified workplace coordinator **should be identified** who will be responsible for COVID-19 assessment and control planning. All workers in the facility **should know** how to contact the identified coordinator with any COVID-19 concerns. Infection control and occupational safety and health plans should apply to anyone entering or working in the plant (e.g., all facility workers, contractors, and others). Facility management **should reach out** to state and/or local public health officials and occupational safety and health professionals and establish ongoing communications to make sure they are getting relevant and up-to-date information concerning COVID-19. The workplace coordinators and management **should also be aware** of and follow all applicable federal regulations and public health agency guidelines. Work site assessments to identify COVID-19 risks and [prevention strategies](#) should be done periodically as part of sound occupational health and public health practice. As part of these assessments, facilities **should consider** the appropriate role for testing and workplace [contact tracing](#) (identifying person-to-person spread) of COVID-19 workers who tested positive in a work site risk assessment, following [available CDC guidance](#).

Controls

Worker infection prevention recommendations are based on an approach known as the [hierarchy of controls](#). This approach groups actions by their effectiveness in reducing or removing hazards. In most cases, the preferred approach is to:

1. Eliminate a hazard or processes;
2. Install engineering controls; and
3. Implement appropriate [cleaning, sanitation, and disinfection](#) practices to reduce exposure or shield workers.

Administrative controls, which are changes to the way people work, are also an important part of an approach to prevention in these workplaces.

Engineering controls

Configure communal work environments so that workers are spaced at least 6 feet apart, **if possible**. Current information about the asymptomatic spread of SARS-CoV-2 supports the need for social distancing and other protective measures within a manufacturing work environment. Changes in production practices may be necessary in order to maintain appropriate distances among workers.

Modify the alignment of workstations, including along production or assembly lines, **if feasible**, so that workers are at least 6 feet apart in all directions (e.g., side-to-side and when facing one another), **when possible**. Ideally, modify the alignment of workstations so that workers do not face one another. **Consider using** markings and signs to remind workers to maintain their location at their station away from each other and practice social distancing on breaks.

Use physical barriers, such as strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions to separate manufacturing workers from each other, **if feasible**.

Facilities **should consider consulting** with a heating, ventilation, and air conditioning engineer to ensure adequate ventilation in work areas to help minimize workers' potential exposures.

If fans such as pedestal fans or hard-mounted fans are used in the facility, take steps to minimize air from fans blowing from one worker directly at another worker. Personal cooling fans **should be removed** from the workplace to reduce the potential spread of any airborne or aerosolized viruses. If fans are removed, employers should remain aware of, and take steps to prevent, [heat hazards](#).¹⁶

Place handwashing stations or hand sanitizers with at least 60% alcohol in multiple locations to encourage hand hygiene. **If possible**, choose hand sanitizer stations that are touch-free. See OSHA's Sanitation Standard ([29 CFR 1910.141external icon](#)), which requires employers to provide handwashing facilities for workers.

Add additional clock in/out stations, **if possible**, that are spaced apart, to reduce crowding in these areas. **Consider alternatives** such as touch-free methods or staggering times for workers to clock in/out.

Remove or rearrange chairs and tables, or add partitions to tables, in break rooms, and other areas workers may frequent to increase worker separation. Identify alternative areas to accommodate overflow volumes such as training and conference rooms, or using outside tents for break and lunch areas.

Administrative controls

Employers **should do** the following to promote social distancing:

- Limit facility access only to essential workers.
- If meetings must be held, such as at shift changes, break them into smaller groups instead of holding a larger meeting. Eliminate non-essential meetings.
- Encourage single-file movement with a 6-foot distance between each worker through the facility, **where possible**.
- Designate workers to monitor and facilitate distancing on production or assembly line floors.
 - For some monitoring activities, it **may be possible** to leverage closed-circuit television (camera systems) to remotely view facilities as opposed to physically visiting the location.

¹⁶ Note that this recommendation, which will make the workspace more uncomfortable and doesn't really cost anything, is not caveated by, if feasible.

- Stagger break times or provide temporary break areas and restrooms to avoid groups of workers during breaks. Workers **should maintain** at least 6 feet of distance from others at all times, including on breaks.
- Stagger workers' arrival and departure times to avoid congregations of workers in parking areas, locker rooms, and near time clocks.
- Provide visual cues (e.g., floor markings, signs) as a reminder to workers to maintain social distancing.
- Encourage workers to avoid carpooling to and from work, if possible.
 - If carpooling or using company shuttle vehicles is a necessity for workers, the following control practices should be used:
 - Limit the number of people per vehicle as much as possible. This may mean using more vehicles.
 - Encourage employees to maintain social distancing as much as possible.
 - Encourage employees to use [hand hygiene](#) before entering the vehicle and when arriving at the destination.
 - Encourage employees in a shared van or car space to [wear cloth masks](#).
 - [Clean and disinfect](#) commonly touched surfaces after each carpool or shuttle trip (e.g., door handles, handrails, seatbelt buckles).
 - Encourage employees to follow [coughing and sneezingpdf icon](#) etiquette when in the vehicle.

Employers **may determine** that modifying production or assembly lines and staggering workers across shifts would help to maintain overall manufacturing capacity while measures to minimize exposure to SARS-CoV-2 are in place. For example, a plant that normally operates on one daytime shift may be able to split workers into two or three shifts throughout a 24-hour period. Depending on the items processed or manufactured in a particular plant, **one shift may need to be reserved for cleaning and sanitization**. Alternatively, workers could clean and sanitize their shared workstations at the beginning and end of their shifts.

Monitor and respond to absenteeism at the workplace.¹⁷ Develop and implement, **if necessary**, plans to continue essential business functions in cases of higher than usual absenteeism.

Review leave and incentive policies:

- Analyze sick leave policies and **consider modifying** them to make sure that ill workers, including asymptomatic workers infected with SARS-CoV-2, are not in the workplace. Make sure that employees are aware of and understand these policies.

¹⁷ It is imperative to note the CDC's change in tone from their earlier suggestive tone when discussing social distancing guidelines and other safety measures to their imperative tone when discussing the need to respond to absenteeism in the workplace. It is concerning that the CDC uses commanding language when discussing how to address absenteeism yet they use much less forceful language when outlining COVID-19 workplace adaptations that would protect workers.

- Analyze any incentive programs and **consider modifying** them, if warranted, so that employees are not penalized for taking sick leave if they have COVID-19.
- Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.

Consider cohorting (grouping together) workers. This can increase the effectiveness of altering the plant's normal shift schedules by making sure that groups of workers are always assigned to the same shifts with the same coworkers. Cohorting may reduce the spread of SARS-CoV-2 in the workplace by minimizing the number of different individuals who come into close contact with each other over the course of a week, potentially reducing the number of workers outside of the cohort exposure to the virus.

Establish a system for employees to alert their supervisors if they are experiencing signs or symptoms of COVID-19 or if they have had recent close contact with a suspected or confirmed COVID-19 case.

Provide workers access to soap, clean running water, and single-use paper towels for handwashing.

- Provide alcohol-based hand sanitizers containing at least 60% alcohol if soap and water are not immediately available.
- Place hand sanitizers in multiple locations to encourage hand hygiene. **If possible**, choose hand sanitizer stations that are touch-free.
- **Consider other workplace programs** to promote personal hygiene, such as:
 - Building additional short breaks into staff schedules to increase how often staff can wash their hands with soap and water or use hand sanitizers with at least 60% alcohol;
 - Providing tissues and no-touch trash receptacles for workers to use; and
 - Educating workers that cigarettes and smokeless tobacco use can lead to increased contact between potentially contaminated hands and their mouth, and that avoiding these products may reduce their risk of infection.

Workers **should be educated** to avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands upon completing work and/or removing personal protective equipment (PPE).

Educate and train workers and supervisors about how they can reduce the spread of COVID-19

Supplement workers' normal and required job training (e.g., training required under OSHA standards) with additional training and information about COVID-19, including recognizing signs and symptoms of infection and ways to prevent exposure to the virus. Training **should include** information about how to implement the various infection prevention and control measures recommended here and included in any infection prevention and control or COVID-19

response plan that an employer develops. OSHA provides [additional information](#) about training on its COVID-19 webpage.

All communication and training **should be easy** to understand and **should (1) be provided** in languages appropriate to the preferred languages spoken or read by the workers, **if possible**; (2) be at the appropriate literacy level; and (3) include accurate and timely information about:

- Signs and symptoms of COVID-19, risks for workplace exposures, the spread of the virus, and how workers can protect themselves;
- Proper [handwashing](#) practices and use of hand sanitizer stations;
- Cough and sneeze etiquette; and
- Other routine infection control precautions (e.g., signs and symptoms of COVID-19, putting on or taking off masks or cloth face coverings and social distancing measures).

Employers **should place** simple posters in all of the languages that are common in the worker population that encourage staying home when sick (or after testing positive for the virus that causes COVID-19), cough and sneeze etiquette, and proper hand hygiene practices. They **should place** these posters at the entrance to the workplace and in break areas, locker rooms, and other workplace areas where they are likely to be seen.

[...]

Employers **should post signs** that you can read from a far distance (or use portable, electronic reader boards) that inform visitors and workers of social distancing practices.

Employers **should provide** alternative training for workers who cannot read written materials or who require other reasonable accommodations.¹⁸

OSHA understands that some employers may face difficulties complying with certain OSHA standards due to the ongoing health emergency, including those standards that require certain types of worker training. OSHA is providing [enforcement discretion](#) around the completion of training and other provisions in its various standards. **OSHA has instructed its Compliance Safety and Health Officers (CSHOs) to evaluate whether an employer has made a good faith effort to comply with applicable OSHA standards** and, in situations where compliance was not possible given the ongoing pandemic, to ensure that employees were not exposed to hazards from tasks, processes, or equipment for which they were not prepared or trained.¹⁹

¹⁸ The CDC needs to firmly require that employers provide training for all employees regardless of that employees' required accommodations. Because of the CDC's weak language, the CDC is effectively allowing manufacturers to neglect the needs of certain workers on the basis of their disability which will increase the likelihood of those workers getting sick or being forced to stay home.

¹⁹ The CDC is highlighting the fact that OSHA is not obligating businesses to protect their employees but are only requiring them to provide a good faith effort.

Cleaning and disinfection in manufacturing

For tool-intensive operations, employers **should ensure** tools are regularly cleaned and disinfected, including at least as often as workers change workstations or move to a new set of tools. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Establish protocols and provide supplies to increase the frequency of sanitization in work and common spaces. [Disinfect](#) frequently touched surfaces in workspaces and break rooms (e.g., microwave and refrigerator handles, vending machine touchpads, knobs, levels, and sink handles) at least once per shift, **if possible**. For example, wipe down tools or other equipment at least as often as workers change workstations. Frequently clean push bars and handles on any doors that do not open automatically and handrails on stairs or along walkways. If physical barriers are being used, then these **should be cleaned** frequently.

Workers who perform cleaning and disinfection tasks may require additional PPE and other controls to protect them from chemical hazards posed by disinfectants. Note: Employers must ensure their [written hazard communication program](#) is up to date and training is up to date for all employees. (Also, see OSHA's [enforcement discretion memorandum](#) on this topic.) Employers may need to adapt guidance from this section, the [Environmental Services Workers and Employers](#) section, and the [Interim Guidance for Workers and Employers of Workers at Increased Risk of Occupational Exposure](#), to fully protect workers performing cleaning and disinfection activities in manufacturing workplaces.

Screening and monitoring workers

Workplaces, particularly in areas where community transmission of COVID-19 is occurring, **should consider developing** and implementing a comprehensive screening and monitoring strategy aimed at preventing the introduction of COVID-19 into the work site. **Consider a program** of screening workers before entry into the workplace, criteria for exclusion of sick workers, including asymptomatic workers who have tested positive for COVID-19; and criteria for return to work of [exposed and recovered](#) (those who have had signs or symptoms of COVID-19 but have gotten better). This type of program should be coordinated to the extent possible with local public health authorities and could consist of the following activities:

Screening of workers for COVID-19

Screening manufacturing workers for COVID-19 symptoms (such as temperature checks) **is an optional strategy** that employers can use. If implemented for all workers, policies and procedures for screening workers should be developed in consultation with state and local health officials and occupational medicine professionals...

- Screen before entry into the facility.
- Provide verbal screening in appropriate language(s) to determine whether workers have had [symptoms](#) including a cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell in the past 24 hours.
- Check temperatures of workers at the start of each shift to identify anyone with a fever of 100.4°F or greater (or reported feelings of feverishness). Ensure that screeners:
 - Are trained to use temperature monitors and monitors are accurate under conditions of use (such as cold temperatures); and
 - Wear appropriate PPE.
- Do not let employees enter the workplace if they have a fever of 100.4°F or greater (or reported feelings of feverishness), or if screening results indicate that the worker is suspected of having COVID-19.
 - Encourage workers to self-isolate and contact a healthcare provider;
 - [Provide information on the facility's return-to-work policies](#) and procedures; and
 - Inform human resources, employer health unit (if in place), and supervisor (so the worker can be moved off schedule during illness and a replacement can be assigned, if needed).

Ensure that personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious workers entering the facility:

- Implement engineering controls, such as physical barriers or dividers or rope and stanchion systems, to maintain at least 6 feet of distance between screeners and workers being screened.
- If screeners need to be within 6 feet of workers, provide them with appropriate PPE based on the repeated close contact the screeners have with other workers.
 - Such PPE may include gloves, a gown, a face shield, and, at a minimum, a face mask.
 - N95 filtering facepiece respirators (or more protective) may be appropriate for workers performing screening duties and necessary for workers managing a sick employee in the work environment (see below) if that employee has signs or symptoms of COVID-19. If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's [Respiratory Protection standard](#) (29 CFR 1910.134).

Managing sick workers

Workers who appear to have [symptoms](#) including a cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell upon arrival at work or who become sick during the day **should immediately be separated** from others at the workplace and sent home.

Ensure that personnel managing sick employees are appropriately protected from exposure. When personnel need to be within 6 feet of a sick colleague, appropriate PPE may include gloves, a gown, a face shield and, at a minimum, a face mask. N95 filtering facepiece respirators (or more protective) may be appropriate for workers managing a sick employee if that employee has signs or symptoms of COVID-19. If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's [Respiratory Protection standard](#) (29 CFR 1910.134).

If a worker is confirmed to have COVID-19 (regardless of whether that has had symptoms of COVID-19), employers **should inform** anyone they have come into contact with (including fellow workers, inspectors, graders, etc.) of their possible exposure to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow workers about how to proceed based on the [CDC Public Health Recommendations for Community-Related Exposure](#).

If a worker becomes or reports being sick, or testing positive for COVID-19, disinfect the workstation used and any tools handled by the worker.

Employers **should work** with state, local, tribal, and/or territorial health officials to facilitate the identification of other exposed and potentially exposed individuals, such as coworkers in a plant.

On-site healthcare personnel, such as facility nurses or emergency medical technicians, **should follow** appropriate [CDC](#) and [OSHA](#) guidance for healthcare and emergency response personnel.

Addressing return to work

- Critical infrastructure employers have an obligation to manage the continuation of work and return to work of their workers in ways that best protect the health of workers, their coworkers, and the general public. Employers **should consider providing** screening and ongoing medical monitoring of these workers, ensuring they wear an appropriate source control device (e.g cloth face covering and/or face shield) in accordance with CDC and OSHA guidance and any state or local requirements, and implementing social distancing to minimize the chances of workers exposing one another.
- Critical infrastructure employers **should continue** to minimize the number of workers present at work sites, balancing the need to protect workers with support for continuing critical operations.
- Reintegration (bringing back) of exposed, asymptomatic workers to on-site operations should follow the [CDC Critical Infrastructure Guidance](#). The guidance advises that employers may permit workers who have been exposed to COVID-19, but remain without symptoms, to continue to work, provided they adhere to additional safety precautions. Consultation with an occupational health provider and state and local health officials will help employers develop the most appropriate plan.
- Reintegration of workers with COVID-19 (COVID-19 positive), including those workers who have remained asymptomatic, to on-site operations should follow the [CDC interim](#)

[guidance, “Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings.”](#) As noted above, consultation with an occupational health provider and state and local health officials will help employers develop the most appropriate plan.

As employers move forward with continuing essential work, they **should implement** strategies to prioritize positions without which critical work would stop. This prioritization should include an analysis of work tasks, workforce availability at specific work sites, and assessment of hazards associated with the tasks and work site. Employers **may be able** to cross-train workers to perform critical duties at a work site to minimize the total number of workers needed to continue operations.

For workers who have had signs/symptoms of COVID-19

Both workers with COVID-19 who have symptoms and those that have tested positive for COVID-19 and have stayed home (home isolated) **should not return** to work until they have met the [criteria to discontinue home isolation](#), and have consulted with their healthcare providers and state and local health departments.

The situation is constantly changing, so employers of critical infrastructure workers will need to continue to reassess the virus’s transmission levels in their area and follow recommendations from local, state, and federal officials. This guidance does not replace state and local directives for businesses

Personal protective equipment

Employers must conduct a hazard assessment to determine if hazards for which workers need PPE are present, or are likely to be present. OSHA’s [PPE standards](#) (29 CFR 1910 Subpart I) require employers to select and provide appropriate PPE to protect workers from hazards identified in the hazard assessment. The results of that assessment will be the basis of workplace controls (including PPE) needed to protect workers.

Employers **should**:

- Use videos or in-person visual demonstrations of proper PPE [donning \(putting on\) and doffing \(removal\) procedures](#). (Maintain social distancing during these demonstrations.)
- Emphasize that care must be taken when putting on and taking off PPE to ensure that the worker or the item does not become contaminated.
- Provide PPE that is either disposable (preferred) or, if reusable, ensure it is [properly disinfected and stored in a clean location when not in use](#).
- PPE worn at the facility should not be taken home or shared.

[...]

Employers **should stress** hand hygiene before and after handling all PPE. Employers in manufacturing industries **should continue** to stay up to date on the most current guidance concerning PPE.

As part of their hazard assessments, employers must always consider whether PPE is necessary to protect workers. Specifically, when engineering and administrative controls are difficult to maintain and there may be exposure to other workplace hazards, such as disinfectants used for facility cleaning, PPE **should be considered**.

During the COVID-19 pandemic, manufacturing employers **should consider allowing** voluntary use of filtering facepiece respirators (such as an N95, if available) for their workers, even if respirators are not normally required. Employers who permit voluntary use of respirators must comply with applicable provisions of OSHA's [Respiratory Protection standard](#) (29 CFR 1910.134), including providing a copy of [Appendix D – Information for Employees Using Respirators When Not Required Under Standard](#) to employees who use such equipment.

In addition to face shields as noted above, workers in manufacturing facilities may need PPE such as gloves, face and eye protection, and other types of PPE when cleaning and disinfecting manufacturing plants (including frequently touched surfaces), tools, and equipment.

When PPE is needed, employers **should consider** additional hazards created by poorly fitting PPE (e.g., mask ties that dangle or catch, PPE that is loose and requires frequent adjustment or tends to fall off), including hazards resulting from use of such PPE in a particular work environment (e.g., where workers are around machinery in which PPE could get caught).²⁰

²⁰ The CDC merely says that employers “should consider” the hazards created by poorly fitted PPE, but the CDC does not urge or prohibit employers from providing employees poorly fitted PPE. OSHA recently released [a report](#) that details how improperly fitted PPE can increase the risk of COVID-19 exposure to oneself and their coworkers.

Meat & Poultry Processors

Create a COVID-19 assessment and control plan

A qualified workplace coordinator **should be identified** who will be responsible for COVID-19 assessment and control planning. All workers in the facility **should know** how to contact the identified coordinator with any COVID-19 concerns. Infection control and occupational safety and health plans should apply to anyone entering or working in the plant (e.g., all facility workers, contractors, and others). Facility management **should reach out** to state and/or local public health officials and occupational safety and health professionals and establish ongoing communications to make sure they are getting relevant and up-to-date information concerning COVID-19. The workplace coordinators and management **should also be aware** of and follow all applicable federal regulations and public health agency guidelines. Worksite assessments to identify COVID-19 risks and prevention strategies **should be done** periodically as part of sound occupational health and public health practice. As part of these assessments, facilities should consider the appropriate role for testing and workplace contact tracing (identifying person-to-person spread) of COVID-19-positive workers in a worksite risk assessment, following [available CDC guidance](#).

Controls

Worker infection prevention recommendations are based on an approach known as the [hierarchy of controls](#). This approach groups actions by their effectiveness in reducing or removing hazards. In most cases, the preferred approach is to eliminate a hazard or processes; install engineering controls; and implement appropriate cleaning, sanitation, and disinfection practices to reduce exposure or shield workers. Administrative controls are also an important part of an approach to prevention in these workplaces.

Engineering Controls

Configure communal work environments so that workers are spaced at least six feet apart, **if possible**. Current information about the asymptomatic spread of SARS-CoV-2 supports the need for social distancing and other protective measures within a meat and poultry processing work environment. Changes in production practices may be necessary in order to maintain appropriate distances among workers.

Modify the alignment of workstations, including along processing lines, **if feasible**, so that workers are at least six feet apart in all directions (e.g., side-to-side and when facing one another), **when possible**. **Ideally**, modify the alignment of workstations so that workers do not face one another. **Consider** using markings and signs to remind workers to maintain their location at their station away from each other and practice social distancing on breaks.

Use physical barriers, such as strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions, to separate meat and poultry processing workers from each other, **if feasible**.

Facilities should **consider consulting** with a heating, ventilation, and air conditioning engineer to ensure adequate ventilation in work areas to help minimize workers' potential exposures.

If fans such as pedestal fans or hard mounted fans are used in the facility, take steps to minimize air from fans blowing from one worker directly at another worker. Personal cooling fans **should be removed** from the workplace to reduce the potential spread of any airborne or aerosolized viruses. If fans are removed, employers should remain aware of, and take steps to prevent, **heat hazards**.²¹

Place handwashing stations or hand sanitizers with at least 60% alcohol in multiple locations to encourage hand hygiene. **If possible**, choose hand sanitizer stations that are touch-free. See OSHA's Sanitation Standard ([29 CFR 1910.141external icon](#)), which requires employers to provide handwashing facilities for workers.

Add additional clock in/out stations, **if possible**, that are spaced apart, to reduce crowding in these areas. Consider alternatives such as touch-free methods or staggering times for workers to clock in/out.

Remove or rearrange chairs and tables, or add partitions to tables, in break rooms and other areas workers may frequent to increase worker separation. Identify alternative areas to accommodate overflow volume such as training and conference rooms, or using outside tents for break and lunch areas.

Administrative Controls

Employers **should do** the following to promote social distancing:

- Encourage single-file movement with a six-foot distance between each worker through the facility, **where possible**.
- Designate workers to monitor and facilitate distancing on processing floor lines.
- Stagger break times or provide temporary break areas and restrooms to avoid groups of workers during breaks. Workers should maintain at least six feet of distance from others at all times, including on breaks.
- Stagger workers' arrival and departure times to avoid congregations of workers in parking areas, locker rooms, and near time clocks.
- Provide visual cues (e.g., floor markings, signs) as a reminder to workers to maintain social distancing.

²¹ Note that this recommendation, which will make the workspace more uncomfortable and does not really cost anything, is not caveated by, "if feasible".

- Encourage workers to avoid carpooling to and from work, **if possible**.
 - If carpooling or using company shuttle vehicles is a necessity for workers, the following control practices should be used:
 - Limit the number of people per vehicle as much **as possible**. This may mean using more vehicles.
 - Encourage employees to maintain social distancing as much **as possible**.
 - Encourage employees to use hand hygiene before entering the vehicle and when arriving at the destination.
 - Encourage employees in a shared van or car space to [wear cloth masks](#).
 - Clean and disinfect commonly touched surfaces after each carpool or shuttle trip (e.g., door handles, handrails, seatbelt buckles).
 - Encourage employees to follow [coughing and sneezing](#) etiquette when in the vehicle.

Employers **may determine** that modifying processing or production lines, shifts, and staggering workers across shifts would help to maintain overall meat and poultry processing capacity while measures to minimize exposure to SARS-CoV-2 are in place. For example, a plant that normally operates on one daytime shift may be able to split workers into two or three shifts throughout a 24-hour period. In meat and poultry processing plants, one shift may need to be reserved for cleaning and sanitization.

Monitor and respond to absenteeism at the workplace. Implement plans to continue essential business functions in cases of higher than usual absenteeism.

Review leave and incentivize policies:

- Analyze sick leave policies and **consider modifying** them to make sure that ill workers are not in the workplace. Make sure that employees are aware of and understand these policies.
- Analyze any incentive programs and **consider modifying** them, **if warranted**, so that employees are not penalized for taking sick leave if they have COVID-19.
- Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.

Consider cohorting (grouping together) workers. This can increase the effectiveness of altering the plant's normal shift schedules by making sure that groups of workers are always assigned to the same shifts with the same coworkers. Cohorting may reduce the spread of workplace SARS-CoV-2 transmission by minimizing the number of different individuals who come into close contact with each other over the course of a week. Cohorting may also reduce the number of workers quarantined because of exposure to the virus.

Provide workers access to soap, clean running water, and single use paper towels for handwashing.

- Provide alcohol-based hand sanitizers containing at least 60% alcohol if soap and water are not immediately available.
- Place hand sanitizers in multiple locations to encourage hand hygiene. **If possible**, choose hand sanitizer stations that are touch-free.
- Consider other workplace programs to promote personal hygiene, such as:
 - building additional short breaks into staff schedules to increase how often staff can wash their hands with soap and water or use hand sanitizers with at least 60% alcohol;
 - providing tissues and no-touch trash receptacles for workers to use; and
 - educating workers that cigarettes and smokeless tobacco use can lead to increased contact between potentially contaminated hands and their mouth, and that avoiding these products may reduce their risk of infection.

Workers **should be educated** to avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands upon completing work and/or removing personal protective equipment (PPE).

Educate and train workers and supervisors about how they can reduce the spread of COVID-19.

All communication and training should be easy to understand and should (1) be provided in languages appropriate to the preferred languages spoken or read by the workers, **if possible**; (2) be at the appropriate literacy level; and (3) include accurate and timely information about:

- signs and symptoms of COVID-19, how it spreads, risks for workplace exposures, and how workers can protect themselves;
- proper [handwashing](#) practices and use of hand sanitizer stations;
- cough and sneeze etiquette; and
- other routine infection control precautions (e.g., signs and symptoms of COVID-19, putting on or taking off masks or cloth face coverings and social distancing measures).

Employers **should place** simple posters in all of the languages that are common in the worker population that encourage staying home when sick, cough and sneeze etiquette, and proper hand hygiene practices. They **should place** these posters at the entrance to the workplace and in break areas, locker rooms, and other workplace areas where they are likely to be seen.

[...]

Employers **should post** signs that you can read from a far distance (or use portable, electronic reader boards) that inform visitors and workers of social distancing practices.

OSHA understands that some employers may face difficulties complying with certain OSHA standards due to the ongoing health emergency, including those standards that require certain types of worker training. OSHA is providing [enforcement discretion](#) around completion of training and other provisions in its various standards. OSHA has instructed its Compliance Safety and Health Officers (CSHOs) to evaluate whether an employer has made a good faith effort to comply with applicable OSHA standards and, in situations where compliance was not possible given the ongoing pandemic, to ensure that employees were not exposed to hazards from tasks, processes, or equipment for which they were not prepared or trained.

Cleaning and disinfection in meat and poultry processing

For tool-intensive operations, employers **should ensure** tools are regularly cleaned and disinfected, including at least as often as workers change workstations or move to a new set of tools. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Establish protocols and provide supplies to increase the frequency of sanitization in work and common spaces. [Disinfect](#) frequently touched surfaces in workspaces and break rooms (e.g., microwave or refrigerator handles or vending machine touchpads) at least once per shift, **if possible**. For example, wipe down tools or other equipment at least as often as workers change workstations. Frequently clean push bars and handles on any doors that do not open automatically and handrails on stairs or along walkways. If physical barriers are being used, then these should be cleaned frequently.

[...]

Screening of workers for COVID-19

Screening meat and poultry processing workers for COVID-19 symptoms (such as temperature checks) is an **optional strategy that employers may use**. If implemented for all workers, policies and procedures for screening workers **should be developed** in consultation with state and local health officials and occupational medicine professionals. Options to screen workers for COVID-19 symptoms include:

- Screen prior to entry into the facility.
- Provide verbal screening in appropriate language(s) to determine whether workers have had a fever, felt feverish, or had chills, coughing, or difficulty breathing in the past 24 hours.
- Check temperatures of workers at the start of each shift to identify anyone with a fever of 100.4°F or greater (or reported feelings of feverishness). Ensure that screeners:
 - are trained to use temperature monitors and monitors are accurate under conditions of use (such as cold temperatures); and
 - wear appropriate PPE.

- Do not let employees enter the workplace if they have a fever of 100.4°F or greater (or reported feelings of feverishness), or if screening results indicate that the worker is suspected of having COVID-19.
 - Encourage workers to self-isolate and contact a healthcare provider;
 - [Provide information on the facility's return-to-work policies](#) and procedures; and
 - Inform human resources, employer health unit (if in place), and supervisor (so worker can be moved off schedule during illness and a replacement can be assigned, if needed).

Ensure that personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious workers entering the facility:

- Implement engineering controls, such as physical barriers or dividers or rope and stanchion systems, to maintain at least six feet of distance between screeners and workers being screened.
- If screeners need to be within six feet of workers, provide them with appropriate PPE based on the repeated close contact the screeners have with other workers.
 - Such PPE may include gloves, a gown, a face shield, and, at a minimum, a face mask.
 - N95 filtering facepiece respirators (or more protective) may be appropriate for workers performing screening duties and necessary for workers managing a sick employee in the work environment (see below) if that employee has signs or symptoms of COVID-19. If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)).

Managing sick workers

Workers who appear to have symptoms (e.g., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day **should immediately be separated** from others at the workplace and sent home.

Ensure that personnel managing sick employees are appropriately protected from exposure. When personnel need to be within six feet of a sick colleague, appropriate PPE may include gloves, a gown, a face shield and, at a minimum, a face mask. N95 filtering facepiece respirators (or more protective) may be appropriate for workers managing a sick employee if that employee has signs or symptoms of COVID-19. If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)).

If a worker is confirmed to have COVID-19, employers **should inform** anyone they have come into contact with (including fellow workers, inspectors, graders, etc.) of their possible exposure

to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow workers about how to proceed based on the [CDC Public Health Recommendations for Community-Related Exposure](#).

If a worker becomes or reports being sick, disinfect the workstation used and any tools handled by the symptomatic worker.

Employers **should work** with state, local, tribal, and/or territorial health officials to facilitate the identification of other exposed and potentially exposed individuals, such as coworkers in a plant.

On-site healthcare personnel, such as facility nurses or emergency medical technicians, **should follow** appropriate CDC and OSHA guidance for healthcare and emergency response personnel.

Addressing return to work

- Critical infrastructure employers have an obligation to manage the continuation of work and return to work of their workers in ways that best protect the health of workers, their coworkers, and the general public. Employers **should consider** providing screening and ongoing medical monitoring of these workers, ensuring they wear an appropriate source control device in accordance with CDC and OSHA guidance, and implementing social distancing to minimize the chances of workers exposing one another.
- Critical infrastructure employers **should continue** to minimize the number of workers present at worksites, balancing the need to protect workers with support for continuing critical operations.
- Reintegration (bringing back) of exposed, asymptomatic workers to onsite operations **should follow** the [CDC Critical Infrastructure Guidance](#). The guidance advises that employers may permit workers who have been exposed to COVID-19, but remain without symptoms, to continue to work, provided they adhere to additional safety precautions. Consultation with an occupational health provider and state and local health officials will help employers develop the most appropriate plan consistent with CDC guidance.
- Reintegration of workers with COVID-19 (COVID-19 positive), including those workers who have remained asymptomatic, to onsite operations **should follow** the [CDC interim guidance, "Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings."](#)

As employers move forward with continuing essential work, they **should implement** strategies to prioritize positions without which critical work would stop. This prioritization **should include** an analysis of work tasks, workforce availability at specific worksites, and assessment of hazards associated with the tasks and worksite. Employers may be able to cross-train workers to perform critical duties at a worksite to minimize the total number of workers needed to continue operations.

For workers who have had signs/symptoms of COVID-19

Workers with COVID-19 who have symptoms and have stayed home (home isolated) should not return to work until they have met the [criteria to discontinue home isolation](#), and have consulted with their healthcare providers and state and local health departments.

The situation is constantly changing, so employers of critical infrastructure workers will need to continue to reassess the virus's transmission levels in their area.

Personal protective equipment

Employers must conduct a hazard assessment to determine if hazards are present, or are likely to be present, for which workers need PPE. OSHA's PPE standards ([29 CFR 1910 Subpart I](#)) require employers to select and provide appropriate PPE to protect workers from hazards identified in the hazard assessment. The results of that assessment will be the basis of workplace controls (including PPE) needed to protect workers.

Employers **should:**

- Use videos or in-person visual demonstrations of proper PPE [donning and doffing procedures](#). (Maintain social distancing during these demonstrations.)
- Emphasize that care must be taken when putting on and taking off PPE to ensure that the worker or the item does not become contaminated.
- Provide PPE that is either disposable (preferred) or, if reusable, ensure it is [properly disinfected and stored in a clean location when not in use](#).
- PPE worn at the facility **should not** be taken home or shared.

[...]

Employers **should stress** hand hygiene before and after handling all PPE. Employers in meat and poultry processing industries **should continue** to stay up to date on the most current guidance concerning PPE.

As part of their hazard assessments, employers must always consider whether PPE is necessary to protect workers. Specifically, when engineering and administrative controls are difficult to maintain and there may be exposure to other workplace hazards, such as splashes or sprays of liquids on processing lines or disinfectants used for facility cleaning, PPE should be considered.

During the COVID-19 pandemic, meat and poultry processing employers **should consider** allowing voluntary use of filtering facepiece respirators (such as an N95, if available) for their workers, even if respirators are not normally required.

In addition to face shields as noted above, workers in meat and poultry processing facilities may need PPE such as gloves, face and eye protection, and other types of PPE when cleaning and

disinfecting meat and poultry processing plants (including frequently touched surfaces), tools, and equipment.

When PPE is needed, employers **should consider** additional hazards created by poorly fitting PPE (e.g., mask ties that dangle or catch, PPE that is loose and requires frequent adjustment or tends to fall off) with respect to the work environment (e.g., machinery in which PPE could get caught).

Considerations for Casinos & Gaming Operations

As some casinos and gaming operations resume in some areas of the United States, CDC offers the following considerations for ways in which casino and gaming operators can help protect staff and customers and slow the spread of COVID-19. Casinos and gaming operations can determine, in collaboration with [local, state, territorial, federal, or tribal health officials](#), whether and how to implement these considerations, making adjustments to meet the needs and circumstances of the local community. Implementation should be guided by what **is feasible, practical, acceptable, and tailored** to the needs of each community. For more information on bars and restaurants within casinos, please see [CDC's Considerations for Restaurants and Bars](#). These considerations are meant to supplement—**not replace**—any local, state, territorial, federal, or tribal safety laws, rules, or regulations with which businesses must comply.

Guiding Principles to Keep in Mind

The more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in a casino or gaming setting as follows:

Lowest Risk

Gaming activities are only available in virtual or online format.

More Risk

Casinos are open but with limitations to allow social distancing and disinfection of machines between uses.

Activities are limited to gaming machines and equipment that do not require a dealer and that can be played by one customer at a time and disinfected between uses.

Individuals remain spaced at least 6 feet apart (2 arms' length) while seated or standing.

Sharing of gaming materials and equipment is not allowed.

Even More Risk

Casinos are open but with limitations to allow social distancing.

Games that require a dealer and that allow multiple players at the same time are offered, but the number of players is limited.

Individuals remain spaced at least 6 feet apart while seated or standing.

When possible, casino limits customers' sharing of objects such as dice, card shoes, shufflers, and roulette wheels, Pai Gow tiles, pit podiums, blackjack discard holders, and token boxes. Casino cleans and disinfects these objects between uses **as much as possible**.

When possible, casino limits sharing of items that are difficult to clean and disinfect, such as cards, and holds items for 72 hours before reuse of these items.

Highest Risk

Casino and gaming operations are open at full capacity.

Games that require a dealer and that allow multiple players at the same time are offered.

Individuals are not spaced apart while seated or standing.

Sharing of gaming materials and equipment is permitted with no restrictions.

Know How the Virus Spreads

The virus that causes COVID-19 is mostly spread by respiratory droplets released when an infected person talks, coughs, or sneezes. These droplets can land in the mouths or noses people who are nearby or possibly be inhaled into the lungs. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Infected people can spread the virus whether or not they have symptoms. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental [cleaning and disinfection](#) are important principles that are covered in this document.

Fortunately, there are a number of actions operators of casinos and gaming operations can take to help lower the risk of COVID-19 exposure and spread.

Promoting Behaviors that Reduce Spread

Casinos and gaming operations may consider implementing strategies to encourage behaviors that reduce the spread of COVID-19 among staff and customers.²²

- **Staying Home when Appropriate**
 - Educate staff and customers about when they should [stay home](#).
 - **Actively encourage** staff and customers to [stay home](#) if they have [symptoms](#) of COVID-19 or have tested positive for COVID-19.
 - Encourage staff and customers who have been [exposed](#) to someone with COVID-19 within the last 14 days to [stay home and monitor their health](#).
 - Consult [CDC criteria](#) to inform policies on when staff can return to work and when customers can return to the casino if they had symptoms of COVID-19, tested positive for COVID-19, or were exposed to someone with COVID-19.

²² Similar to the CDC's guidelines for Institutes of Higher Education, each section of recommendations for casinos begins with the phrasing "IHEs may consider implementing several strategies to..." Due to this phrasing, casinos can comply with CDC guidelines by either considering or not considering implementing strategies that reduce the spread of COVID-19.

- Develop [policies](#) that encourage sick staff to stay at home without fear of being punished or losing their jobs, and ensure staff are aware of these policies. Educate staff when they can [return to work](#).
- **Hand Hygiene and Respiratory Etiquette**
 - Recommend and reinforce frequent staff and customer hand hygiene behaviors (e.g., before, during, and after touching gaming tokens, cards, and other frequently touched surfaces). Encourage [handwashing](#) with soap and water for at least 20 seconds. If soap and water are not readily available, provide hand sanitizer that contains at least 60% alcohol.
 - Remind staff and customers to avoid touching their eyes, nose, and mouth.
 - Encourage staff and customers to cover coughs and sneezes with a tissue or to use the inside of their elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - If soap and water are not readily available, provide hand sanitizer that contains at least 60% alcohol.
- **Cloth Face Coverings**
 - Recommend and reinforce the use of [cloth face coverings](#) among staff and customers. Cloth face coverings should be worn **as feasible** and are **most** essential in times when social distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Provide information to staff and customers on [proper use, removal, and washing of cloth face coverings](#).
 - Note: [Cloth face coverings](#) should **not** be placed on:
 - Babies and children younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance
 - [Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected and does not have symptoms.
- **Adequate Supplies**
 - Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap and water, paper towels, tissues, no-touch (preferably covered) trash cans, cloth face coverings (**as feasible**), and hand sanitizer containing at least 60% alcohol (placed adjacent to every card table or table game, if supplies allow).
- **Signs and Messages**
 - Post [signs](#) in highly visible locations (e.g., at entrances, in restrooms, on televisions) that promote everyday protective measures and describe how to stop the spread of germs, such as by [properly washing hands](#) and properly wearing a cloth face covering. Provide signs and messages in multiple languages.
 - Broadcast regular [announcements](#) about reducing the spread of COVID-19 on PA systems. Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with staff and customers (such as on

business websites, in emails, and on [social media](#)). Ensure messages are [culturally appropriate](#).

- Find free CDC print and digital resources in a variety of languages on CDC's [communications resources main page](#).

Maintaining Healthy Environments

Casinos and gaming operations **may consider implementing** several strategies to maintain healthy environments.

- **Cleaning and Disinfection**

- [Clean and disinfect](#) frequently touched surfaces (e.g., ATMs, door handles, cash registers, workstations, sink handles, bathroom stalls, table rails, chairs, buttons or touch points on gaming machines) within facilities at least daily and between uses as much as possible. Use disinfectants from [EPA's List N: Disinfectants for Use Against SARS-CoV-2](#)[external icon](#).
- Limit customers' sharing of objects (e.g., items used in table games, dice, card shoes, shufflers, roulette wheels, Pai Gow tiles, pit podiums, blackjack discard holders, token boxes) **when possible**, and clean and disinfect these objects between uses **as much as possible**.
- [Clean and disinfect](#) electronic gaming machines (e.g., slots, touch screen games) at least daily and between uses **as much as possible**.
 - **Consider placing** wipeable covers over electronics.
 - Follow the [equipment manufacturer's instructions](#) for appropriate cleaning and disinfection procedures for machines and associated electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect machine buttons and touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- Develop a schedule for increased, routine cleaning and disinfection.
- Designate staff to clean and disinfect frequently touched surfaces for table games, gaming machines, and equipment.
- Ensure [safe and correct use](#) and storage of disinfectants, including storing products securely away from children. Use gloves when removing garbage bags or handling and disposing of trash. [Wash hands](#) after removing gloves.
- Ensure there is adequate ventilation when using cleaning products to prevent customers or staff from inhaling toxic fumes.

- **Shared Objects**

- Discourage sharing of items that are difficult to clean or disinfect.
 - **When possible**, dealers should instruct customers not to touch cards or deal cards face up.

- For items that are not easily cleaned and disinfected (e.g., cards), place in a designated separate area for at least 72 hours before using these items again.
 - Avoid sharing gaming items that are reusable, such as cards, dice, or gaming pieces. [Clean and disinfect](#) or replace items after a staff member or new customer comes into contact with them.
 - Ensure staff have adequate supplies to minimize sharing of high-touch gaming equipment.
 - **Account for the frequent replacement of shared objects** (e.g., dice, cards, chips) during table games to ensure there are enough gaming supplies.
 - Use touchless payment options **as much as possible, if available**. Ask customers to exchange cash or card payments by placing payment on a receipt tray or on the counter rather than by hand to avoid direct hand to hand contact. Disinfect frequently touched surfaces such as pens, counters, or hard surfaces between use.
 - Use disposable drink service items (e.g., utensils, cups, napkins). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water, or in a dishwasher. Staff **should wash their hands** after removing their gloves or after handling used drink service items.
- **Ventilation**
 - **Consider taking** steps to improve ventilation in the building, in consultation with a HVAC professional, to increase total airflow supply occupied spaces, **if possible**.
 - **Consider increasing** the percentage of outdoor air (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
 - Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors and prioritizing outdoor seating.
 - Do not open windows and doors if doing so poses a safety or health risk to customers or staff (e.g., risk of falling or triggering asthma symptoms).
- **Water Systems**
 - To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, decorative fountains, drinking fountains) are safe to use after a prolonged facility shutdown.
 - Drinking fountains should be cleaned and disinfected frequently or closed if this is not possible.
- **Modified Layouts and Procedures**
 - Change gaming layouts to ensure that staff and customers remain at least 6 feet apart, **when feasible**.

- Limit seating capacity to allow for [social distancing](#). Limit the number of customers at gaming tables based on type of game to maintain at least 6 feet between customers.
 - Limit seating by removing chairs to visually enforce maximum capacity at table games.
 - Provide visual cues on the floor for where chairs should be placed to ensure 6 feet of distance between customers and the dealer.
- Discourage eating at game tables.
- Discourage customers from congregating around gaming and food service areas.
- **Physical Barriers and Guides**
 - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., cash registers, gaming machines, between dealer and customer).
 - Provide physical guides, such as tape on floors or sidewalks and signage, to encourage individuals to remain at least 6 feet apart (e.g., at gaming tables, entrances, in purchase lines).
- **Communal Spaces**
 - Close shared spaces such as staff break rooms, **if possible**; otherwise stagger their use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and [clean and disinfect](#) between staff.
 - Provide outdoor options for staff areas and meetings.
 - Provide hand sanitizer containing at least 60% alcohol at designated eating staff areas.

Maintaining Healthy Operations

Casinos and gaming operations **may consider implementing** strategies to maintain healthy operations.

- **Protections for Staff at Higher Risk for Severe Illness from COVID-19**
 - Offer options for staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their risk of exposure (e.g., telework and modified job responsibilities).
 - Consistent with applicable local, state, territorial, federal, or tribal privacy and confidentiality laws and regulations, put in place policies to protect the privacy of people at [higher risk for severe illness](#).
- **Regulatory Awareness**
 - Be aware of local, state, territorial, federal, or tribal policies and recommendations related to group gatherings to determine if events can be held.
- **Gatherings**
 - Avoid scheduling group events (e.g., large concerts, shows), gatherings, or meetings where social distancing of at least 6 feet between people cannot be maintained.
- **Staggered or Rotated Shifts**

- Stagger or rotate shifts to limit the number of staff on the floor at the same time.
- Stagger and limit playing times to minimize the number of customers in the establishment.
- **Travel and Transit**
 - Encourage staff who use mass transit to consider using other [transportation options](#) (e.g., walking or biking, driving or riding by car alone or with household members only), **if feasible**.
 - Encourage staff who use public transportation or ride sharing to follow CDC guidance on how to [protect yourself when using transportation](#). Additionally, encourage staff to commute during less busy times and [clean their hands](#) as soon as possible after their trip.
- **Designated COVID-19 Point of Contact**
 - Designate a staff member for each shift to be responsible for responding to COVID-19 concerns. All staff **should know** who this person is and how to contact them.
- **Communication Systems**
 - Consistent with applicable local, state, territorial, federal, or tribal privacy and confidentiality laws and regulations, put systems in place for:
 - Having staff and customers report to the establishment's point of contact if they have [symptoms](#) of COVID-19, have tested positive for COVID-19, or were [exposed](#) to someone with COVID-19 within the last 14 days.
 - Notifying [local, state, territorial, federal, or tribal health authorities](#) of COVID-19 cases.
 - Notifying staff, customers, and the public of business closures, and restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).
- **Telework and Virtual Meetings**
 - Encourage telework for as many staff as possible (e.g., accountants, engineers), especially staff at higher risk for severe illness from COVID-19.
 - Replace in-person meetings with video- or tele-conference calls **when possible**.
- **Leave (Time Off) Policies**
 - Implement flexible sick leave policies and practices that enable staff to [stay home or self-isolate](#) when they have [symptoms](#) of COVID-19, have tested positive for COVID-19, have recently have been [exposed](#) to someone with COVID-19 within the last 14 days, or have to [care for someone who is sick](#).
 - Examine and revise policies for leave, telework, and staff compensation.
 - Leave policies **should be flexible and not punish** people for taking time off and should allow sick staff to stay home and away from co-workers. Leave policies **should also account** for staff who need to stay home with their children if there are school or childcare closures.
 - Develop policies for return-to-work after COVID-19 illness. CDC's [criteria to end home isolation](#) can inform these policies.
- **Back-Up Staffing Plan**

- Monitor absenteeism of staff, cross-train staff, and create a roster of trained back-up staff.
- **Staff Training**
 - Train all staff in COVID safety protocols.
 - Conduct training virtually, or ensure that [social distancing](#) is maintained during training.
- **Recognize Signs and Symptoms**
 - **If feasible**, conduct daily health checks or ask staff and customers to conduct self-checks (e.g., temperature screening and/or [symptom checking](#)). **Consider using** examples of screening methods in CDC's [General Business FAQs](#) as a guide.
 - Health checks should be done for staff and customers safely and respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and regulations.
- **[Support Coping and Resilience](#)**
 - Encourage staff to eat a healthy diet, exercise, get adequate sleep, and find time to unwind.
 - Encourage staff to talk with people they trust about their concerns and how they are feeling.
 - Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746

Preparing for When Someone Gets Sick

Casinos and gaming operations **may consider implementing** strategies to prepare for when someone gets sick.

- **Advise Sick Staff of Home Isolation Criteria**
 - Sick staff **should not return** to work or end isolation until they have met CDC's [criteria to end home isolation](#).
- **Isolate and Transport Those Who are Sick**
 - Make sure that staff know they should not come to work and should notify their manager or other designated COVID-19 point of contact if they have symptoms of COVID-19, have tested positive for COVID-19, or have been [exposed](#) to someone with COVID-19 within the last 14 days.
 - Identify an isolation room or area to separate anyone who has COVID-19 symptoms.
 - Immediately separate staff or customers with [COVID-19 symptoms](#). Individuals who are sick **should go home or to a healthcare facility** and follow [CDC guidance for caring for oneself](#).
 - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance, alert them that the person may have COVID-19.
- **Clean and Disinfect**

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#)
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Use disinfectants from [EPA's List N: Disinfectants for Use Against SARS-CoV-2](#)[external icon](#).
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing them securely away from children.
- **Notify Health Officials and Close Contacts**
 - In accordance with local, state, territorial, federal, or tribal laws, casino and gaming operators **should notify** [local, state, territorial, federal, or tribal health officials](#), staff, and customers immediately of any person who has COVID-19 at the establishment while maintaining that person's confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#) and other local, state, territorial, federal, or tribal privacy and confidentiality laws and regulations.
 - Inform those who have been [exposed](#) to someone with COVID-19 within the last 14 days to stay home and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.