

DOSH DIRECTIVE

Department of Labor and Industries
Division of Occupational Safety and Health
Keeping Washington Safe and Working

1.70 General Coronavirus Prevention Under Stay Safe - Stay Healthy Order Updated: July 7, 2021

I. Purpose

This Directive provides enforcement policy when evaluating workplace implementation of social distancing, facial coverings and respiratory protection, sanitation and sick employee practices as required under the Governor's Stay Home – Stay Healthy Order. On July 1, 2021, the Governor amended this order to "Washington Ready" (Proclamation 20-25.14).

Under the Order, people are required to stay home except where the Governor has authorized regional or industry specific permission to restart operations or operate essential businesses. Employers who continue operations under the Order are required to maintain coronavirus prevention practices consistent with DOSH, OSHA and Department of Health guidance. **Coronavirus is recognized as a very serious workplace hazard.**

II. Scope and Application

- A. Under the WISH Act and existing DOSH rules, employers are required to protect workers from hazards and implement programs to address known hazards in the workplace.
- B. DOSH staff will limit actions related to infectious disease only when there is an aspect of exposure that is specific to the relationship between employers and workers. DOSH will do so in a manner consistent with public health orders and issued guidance.
- C. There are extensive recommendations for healthcare workplaces with specific guidance related to treatment of COVID-19 patients and the related infectious disease control measures. This Directive will not normally be used by DOSH staff in specific healthcare delivery work task settings for hospital and clinic workers who are delivering care directly with COVID-19 patients. All other hospital and clinic work, such as maintenance, food preparation and delivery, administrative support, and supplies, are covered by this Directive.
- D. This Directive does cover workers providing healthcare services for people not known or suspected of having COVID-19. This work must follow procedures for Universal or Standard Precautions, or equivalent programs, as recommended by the CDC. This includes current recommendations to address COVID-19 as a community transmission hazard and potential for transmission by asymptomatic people in specific healthcare specialties.
- E. DOSH has updated this Directive to implement changes related to reopening of activities with the removal of restrictions from the Governor's proclamations. This Directive supersedes DD 1.70, dated May 21, 2021.

III. References

- Chapter 296-800 WAC, Safety and Health Core Rules
 - WAC 296-800-11005, Provide a workplace free from recognized hazards
 - WAC 296-800-140, Accident Prevention Program
 - WAC 296-800-22005, Keep your workplace clean
 - WAC 296-800-23025, Provide convenient and clean washing facilities
- Chapter 296-842 WAC, Respirators
- WAC 296-155-040, Safe Place Standards
- WAC 296-307-045, What are the requirements of the safe place standard?
- WAC 296-307-16102, Additional requirements to protect occupants in temporary worker housing from 2019 novel coronavirus (COVID-19) exposure.
- DOSH Directive 11.80, Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic
- **Governor's Proclamation "Washington Ready" issued July 1, 2021**
- Governor's COVID-19 Reopening Guidance for Businesses and Workers
- CDC Guidance: Infection Control in Healthcare Personnel
- CDC Coronavirus (COVID-19) Page
- Washington State Coronavirus Response (COVID-19) Page
- OSHA Publication 3990: Guidance on Preparing Workplaces for COVID-19.pdf (English)
- OSHA Publication 3992: Guidance on Preparing Workplaces for COVID-19.pdf (Spanish)
- Washington State Department of Health Recommendations for Temporary Worker Housing Facilities
- COVID-19 Guidance for Legionella and Building Water System Closures
- BOMA Guide "Getting Back to Work: Preparing Buildings for Re-Entry Amid COVID-19"
- COVID-19 Critical Infrastructure Sector Response Planning
- Secretary of Health "Face Coverings – Statewide" Order, 20-03.2, issued May 15, 2021

IV. Background

Staff shall learn and consider the baseline expectations for employers to provide workers a safe workplace during the coronavirus (COVID-19) virus outbreak. Overt workplace specific practices by the employer must be continued in accordance with the [Governor's Executive Order](#).

There are **five** basic categories of prevention elements that must be addressed during the inspection/investigation. Employers must:

1. Educate workers about coronavirus and how to prevent transmission in the language they understand best;
2. **Take steps to prevent COVID-19 transmission, including requiring face coverings or more protective masks for unvaccinated workers;**

3. Maintain regular cleaning and sanitization of common-touch surfaces;

4. Ensure frequent and adequate employee handwashing and facilities; and
5. Make sure sick employees stay home (or are isolated) or go home and have procedures for workers to report a suspected or confirmed case of COVID-19.

Employers must also provide basic workplace hazard education about coronavirus and how to prevent transmission in the language best understood by the employee. DOSH staff will need to be thoughtful on how these five elements are addressed based on the challenges that the specific worksite tasks present, but all four elements must be addressed in each operating workplace.

DOSH Staff shall ensure that employers and employees are made aware that it is against the law for any employer to take any adverse action (such as firing, demotion, or otherwise retaliate) against a worker they suspect for exercising safety and health rights such as raising safety and health concerns to their employer, participating in union activities concerning safety and health matters, filing a safety and health complaint or participating in a DOSH investigation. DOSH Staff will ensure workers are informed they have 30 days to file their complaint with L&I DOSH and/or with Federal OSHA. Additionally, [per Chapter 252, Laws of 2021 \(ESSB 5115\)](#), DOSH staff shall ensure that employers and employees are made aware that no employer may discharge, permanently replace, or in any manner discriminate against an employee who is at high risk of contracting COVID-19 seeking accommodation that protects them from COVID-19 exposure.

Employers must institute these prevention program elements or equivalent protections to limit the spread of the disease within the workplace under DOSH rules and in connection to the Governor's Order. These procedures are specific to COVID-19 prevention and the related virus. If a workplace has a concern about exposures to another pathogen, Technical Services must be consulted on procedures specific to that pathogen.

A. Special Circumstances.

1. **Quarantine and Isolation.** The requirements for people to quarantine or isolate are set by local health jurisdictions and apply to the individual. DOSH does not enforce these orders for individuals, but does expect employers to set rules to prevent people with known or potential COVID-19 virus infection, from entering the workplace. (Note that healthcare facilities may follow the CDC guidance specific to these settings--[Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.](#))

Definitions:

- **Quarantine** refers to sequestering after contact with a suspected or known COVID-19 case. The safest quarantine period ends 14 days after the last close contact with someone who has COVID-19. Most fully vaccinated individuals do not need to quarantine unless they are symptomatic for COVID-19, work in correctional facilities or homeless shelters, or are required to quarantine by their Local Health Jurisdiction.
- **Isolation** refers to sequestering when the individual is believed to be infected with SARS-CoV-2 (the virus that causes COVID-19) such as when someone has symptoms of COVID-19, or when someone tests positive for infection with SARS-CoV-2.

CDC guidance on quarantine and isolation, including specifics of contact requiring quarantine and ending the quarantine or isolation are given here:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Essential activities workers with potential exposure to a suspected or confirmed COVID-19 case, coming to common workplaces.

These workers may have an infection, but not be symptomatic. There is a risk that they could spread the infection to other workers

- a. No worker who should be in isolation may be allowed into a common workplace with other workers.
- b. People who have been in close contact with someone else with COVID-19 must not be allowed into the common workplace with other workers within 14 days of their last contact, except under the following circumstances.
 - When allowed by the local health jurisdiction, quarantine may be reduced to:
 - 10 days, **or**
 - No less than 7 days if the quarantined individual has a negative test result taken no more than 48 hours before ending quarantine.
 - When a worker is vital for continuation of a critical infrastructure operation. **This option should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety.** Employers must determine whether it is appropriate for the worker to come to the workplace. Other alternatives, such as teleworking or reassigning duties should be considered. If the worker returns to the workplace during quarantine, there is a potential for exposing other workers in the critical operation. When no alternatives exist, employers must work with public health officials to manage the continuation of the work in a way that best protects the health of their workers and the general public, including the determination of quarantine options.
- c. Employers of workers who have had contact but come to the workplace within 14 days of exposure must adhere to the following practices prior to and during each work shift:
 - Pre-Screen: Determine the employee's temperature and assess symptoms prior to their starting work. Workers should be asked to pre-screen at home before travelling to work (including measuring temperature), and should not be permitted to enter the workplace if they have symptoms of COVID-19; temperature equal to or higher than 100.4 degrees Fahrenheit; or are waiting for the results of a viral test ordered because they are symptomatic or had close contact to a person known or suspected to have COVID-19 symptoms. Temperature checks must happen before the individual enters the facility.
 - Screen at the workplace: Employers should conduct an on-site symptom assessment, including temperature screening, prior to each work shift. Screening should happen before the employee enters the facility.

- **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor. The employer's occupational health program or workplace COVID-19 coordinator or team must supervise self-monitoring. **Employers must consult with an occupational health provider and state and/or local health officials to ensure the medical monitoring is conducted appropriately.**
 - **Wear a Mask:** The worker must wear a face mask while in the workplace unless there is a medical reason prohibiting its use. Employers can issue facemasks or can approve worker supplied cloth face coverings in the event of shortages. If required, respirators must still be used according to the requirements of Chapter 296-842 WAC.
 - **Social Distance:** The worker must maintain 6 foot separation and practice social distancing as work duties permit in the workplace. Where duties do not permit social distancing, the employer must institute other controls as practicable to protect other workers. Barriers or fans may be effective in many circumstances.
 - **Disinfect and Clean Work Spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, and shared electronic equipment routinely.
- d. If the worker becomes sick during the shift, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms, and 2 days prior to symptoms, should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.
- e. Employers considering allowing potentially exposed workers to remain at the workplace during quarantine should consider the following preparatory actions. (For further information consult the CDC guideline document [COVID-19 Critical Infrastructure Sector Response Planning](#))
- Workers must not share headsets or other objects that are near the mouth or nose.
 - Employers must increase the frequency of cleaning commonly touched surfaces.
 - Employers should work with facility maintenance staff to increase air exchanges in room.
 - Workers must physically distance themselves when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.
2. **Working with people in non-healthcare (human) settings who have suspect or confirmed COVID-19.** Generally, this situation should be avoided, using remote services or delaying work until the COVID-19 case is resolved. However, some cases such as emergency repairs in the residence of the patient, emergency pet veterinary services, or delivery of essential goods to the residence may require workers to be in the presence of an ill individual.
- a. Workers must be informed of the individual's health status.

- b. When practicable, the ill individual must wear a medical procedure mask.
- c. Workers must be provided and required to wear a respirator. A half-face elastomeric respirator with N-95 cartridges, or other respirator with the same or higher protection must be used. Fit-testing and other respirator program elements must be complied with. See chapter 296-842 WAC, *Respirators*.
- d. Other personal protective equipment such as gloves, aprons, gowns, and head coverings should be considered to prevent contamination of the worker's body or street clothes. Handwashing and other hygiene resources must be available to the worker as needed during the work and at the conclusion.

B. Evaluation of respiratory protection for COVID-19 protection in healthcare when not treating suspect or known COVID-19 patients.

Healthcare facilities must follow social distancing guidelines including general provisions and any specific requirements set by the Governor. It is expected that all healthcare practitioners will follow Universal or Standard Precautions, or equivalent protocols to address infection control for all infectious diseases. The following specific requirements may be evaluated by DOSH staff when considering COVID-19 hazards:

1. Patient rules and masking.

- a. Evaluate patients at the time appointments are made and when arriving for signs and symptoms of COVID-19. If a patient is determined to have suspected or confirmed COVID-19, they should be asked to postpone medical treatment when appropriate and referred to healthcare providers for evaluation and treatment of their COVID-19.
- b. Patients and visitors to the medical facility must be required to wear cloth face coverings or other appropriate masks in the facility as practicable. Exceptions may be allowed for patients with conditions that may be aggravated by mask use or patients who have difficulty remaining masked due to mental acuity or youth.
- c. Masks may be removed briefly to facilitate specific examination elements for which they interfere. The procedures for the exam must minimize the period without the mask and time the medical workers must be in close proximity of the patient without a mask. In particular, face-to-face positioning of the patient and medical worker must be limited as practicable.

2. Worker masking and respiratory protection.

- a. Workers must wear, at minimum, cloth face coverings or procedure masks whenever working with others.
- b. Workers within 3 feet of a patient or equipment during an aerosol generating procedure must wear a fit-tested N95 filtering facepiece respirator or more protective respirator. (Particulate filters with any N, R, or P and 95, 99, or 100 rating are protective against the COVID-19 virus.) Examples of aerosol generating procedures include:
 - Dental work with an ultrasonic scaler, air/water syringe, or hand piece
 - Administering medicines with a nebulizer
 - Spirometry

- Deep or forced breathing exercises
- c. Employers must evaluate other procedures workers conduct involving close proximity to the patient breathing zone. Where workers have limited time of exposure (less than half hour per day), and patients are effectively masked during the procedures, and room conditions include effective ventilation and hygiene, then respirators may not be required. A surgical mask must be used when a respirator is not required. Examples of procedures that must be evaluated include:
 - Tonometry during eye exams
 - Visual examination of the oral and nasal cavities
 - Visual examination of the eyes
 - Swab sampling in the mouth or nose

3. Evaluation of PPE other than respirators.

- a. Other personal protective equipment, such as gloves, gowns, face shields, and head covers, generally will be determined based on general clinical guidelines.
- b. When there is a procedure which could predictably result in coughing or sneezing by the patient which could directly expose the worker, DOSH staff will review PPE to ensure it covers the workers body and street clothes and prevent soaking through. Scrubs may be worn as PPE if the employer allows workers to change out at the end of shift and launders the clothing.
- c. Medical establishments may be required to meet health department or FDA standards for PPE. Compliance with these standards is not addressed by DOSH staff.

C. Vaccination Status Verification.

Workers who are vaccinated against COVID-19 by a two-dose mRNA vaccine (such as Moderna and Pfizer), or a single dose vaccine (such as Johnson & Johnson), are considered “fully vaccinated” *two weeks after the final dose of vaccine* (the second dose for a two-dose regimen, or the single dose for a single-dose regimen). **Workers vaccinated outside the United States with a vaccine with a World Health Organization (WHO) Emergency Use Listing (EUL) are considered fully vaccinated if:**

- **The worker has completed the full vaccination series, AND**
- **The appropriate amount of time has passed according to the manufacturer’s guidance for the worker to be fully protected.**

Workers who have not received an FDA-authorized or WHO-listed COVID-19 vaccine must not be considered fully vaccinated.

1. The employer is not required to verify vaccination status if masking and physical distancing are to be maintained; employers have the choice to maintain masking and physical distancing in their workplaces.
2. If a worker declines to provide verification of their vaccination status, they are not considered fully vaccinated.

3. Employers must be mindful of privacy and medical confidentiality laws in implementing the vaccination verification process. Copies of employees' vaccination records may require secure and confidential handling as a medical record. Compliance staff must limit their inquiries to checking that the employer has effectively verified vaccination status for staff who are unmasked and not physically distancing. Vaccination records are not normally collected by CSHOs, and any records inadvertently collected during the inspection that provide more than the name and date of verification should be returned to the employer prior to or during the closing conference. Otherwise, those records must be placed in an envelope clearly marked "confidential" and "possible medical information contained within" on the envelope within the inspection file.
4. If masking and physical distancing are not maintained, the employer must have a demonstrable process to verify vaccination status. Example vaccination verification processes include:
 - a. Creating a log of the names of workers who have been verified as fully vaccinated and the date that the verification was done, OR
 - b. Checking vaccination status each day as workers enter a jobsite, OR
 - c. Documented worker attestations of vaccination, OR
 - d. Other methods that demonstrate an employer has verified a worker has been fully vaccinated.
5. Acceptable verification of vaccination status is:
 - a. A CDC vaccination card (which includes name of person vaccinated, type of vaccine provided, and date last dose administered), OR
 - b. A photo of a CDC vaccination card as a separate document or a photo of the attendee's vaccine card stored on a phone or electronic device, OR
 - c. Documentation of vaccination from a health care provider or state immunization information system record, OR
 - d. A hard copy or electronically signed self-attestation from the employee.

NOTE: In the event of a COVID-19 outbreak, state and local public health officials may require further verification of the worker's vaccination status, including observing the worker's CDC vaccination card, state immunization information system record, or other documentation.
6. The employer must provide evidence of their process to verify employee vaccination status to the department upon request.

V. **Enforcement Policy**

The following sections identify codes from chapter 296-800 WAC (Core Rules). When working in chapters 296-155 WAC (Construction) and 296-307 WAC (Agriculture), please use the comparable codes from those vertical standards.

A. Accident Prevention Programs.

1. In conducting program reviews, DOSH staff must look at all documents used by the employer to communicate with workers to determine their overall program. The employer must be effectively managing a program that covers the following elements:
 - a. Education of workers about workplace hazards, including COVID-19. Employers are required to train employees regarding the hazards and symptoms of COVID-19, how to protect themselves, and the COVID-19 expectations in the workplace.
 - b. Required use of face coverings or more protective masks for workers who are unvaccinated or have unknown vaccination status. This is addressed in DOSH Directive 11.80 (Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic).
 - c. Workplace cleaning; regular workplace cleaning is to be established.
 - d. Handwashing provisions must be made available if built-in facilities are not sufficient.
 - e. Ensuring sick employees with COVID-19 symptoms are not present in the workplace with other workers, including quarantine of close contacts and isolation of suspect and confirmed COVID-19 cases.
2. Where the employer is clearly implementing recommendations of the public health authorities, they do not need additional documentation of their program.
3. Violations of the sections of WAC 296-800-140, *Accident Prevention Program*, should be considered where the employer does not communicate workplace specific expectations to workers or is not effective in implementing those expectations.
4. Serious violations should specifically be considered in cases where the employer adopts practices or policies that clearly contradict the goals of coronavirus prevention practices published by DOSH, OSHA or public health recommendations. Verified vaccination status of workers may be considered when assessing severity.
5. Accident prevention program violations must follow instructions in the Compliance Manual.

B. Housekeeping.

Where a workplace is not being cleaned and kept sanitary per public health guidance, a violation of WAC 296-800-22005, *Keep your workplace clean*, may be considered. A serious classification should be strongly considered when workers are unvaccinated or have unknown vaccination status. Current public health guidance for cleaning stresses conducting normal cleaning for the prevention of communicable diseases. The only significant addition for COVID-19 is area cleaning if an individual is symptomatic. This extra cleaning is only relevant if the circumstance is recognized within 24 hours (if it has been longer than that, additional cleaning is not necessary).

C. Handwashing.

1. There is a requirement for handwashing facilities that applies to all workplaces at all times. A serious violation of WAC 296-800-23025, *Provide convenient and clean washing facilities*, or similar codes in other industry-specific rules, such as WAC 296-155 (Construction) and WAC 296-307 (Agriculture), will be considered whenever workers do not have basic handwashing facilities available at all, or they are grossly

inadequate in either number or maintenance. If workers are verified fully vaccinated, this may be considered in assessing severity.

2. Where employers cannot provide unlimited access to full handwashing facilities at all times, they **must provide alternate means** for frequent hand cleaning. A serious classification should be strongly considered if not adequate to achieve **disease transmission** prevention. This is specifically necessary where workers regularly handle or touch objects or surfaces touched by others. Alternate hand cleaning may include:
 - a. Portable wash stations with tepid water and soap.
 - b. Wipes or towelettes with water and soap.
 - c. Hand sanitizer stations.

D. Safe Place Violations.

1. Workplace conditions which have a direct potential for worker exposure to the COVID-19 virus may be cited under WAC 296-800-11005, *Provide a workplace free from recognized hazards*. This is the primary code to use for social distancing practice violations. This may include situations such as ineffective barrier or ventilation systems, or specifically allowing workers to be in close proximity, but where there is no written record of a policy or management decision. Masking violations requiring devices not normally considered respirators may be cited under this section (cloth face coverings or medical procedure masks). Violations of employee vaccination status verification may be cited under this section.
2. Physical distancing violations that meet the criteria for a safe place violation will be cited under WAC 296-800-11005. While physical distancing is no longer required as the primary control, 6 feet of physical distancing, physical barriers, or other controls must be maintained between workers in the following business categories OR appropriate face protection must be implemented per DOSH Directive 11.80:
 - Healthcare (including long-term care, doctor's offices, hospitals)
 - Public transportation (aircraft, train, road vehicles)
 - K-12 Schools, childcare facilities, and day camps in locations where students are present
 - Correctional facilities
 - Homeless shelters
3. Violations of the requirement for masking that do not fall under WAC 296-842 and meet the criteria for a safe place violation will be cited under WAC 296-800-11005. See DOSH Directive 11.80 for more details.
4. Violations of this section are safe place violations must follow the Compliance Manual instructions for safe place.
5. For construction inspections, use WAC 296-155-040 (1). For agriculture inspections, use WAC 296 307-045 (1).

E. Respirator Violations.

Violations involving proper use of respirators, including N95 filtering facepieces, PAPRs, and elastomeric facepiece respirators will normally be cited from chapter 296-842 WAC, *Respirators*. When these devices are used in place of a cloth face covering or medical procedure mask due to social distancing rules from public health authorities or the governor, the use will be considered voluntary use for compliance purposes. Protection from contaminated aerosols is required use. **Respirators are also addressed in DOSH Directive 11.80.**

F. Temporary Farmworker Housing.

Temporary worker housing in agriculture is covered under Chapter 296-307 WAC, Part L, *Temporary Worker Housing and Cherry Harvest Camps*. This rule has specific requirements for hygiene facilities and housekeeping. Employers must in general achieve adequate social distancing; frequent handwashing during work; sanitation practices during work; sufficient disinfection supplies in housing; and sick employee practices outlined above. Consult with Technical Services and Compliance Operations on application of these rules when there is a COVID-19 concern.

G. Local Health Jurisdiction Orders and Employer Policies.

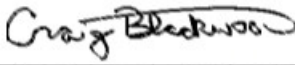
County and city health officers have authority to issue orders related to public health emergencies which may be more restrictive than the requirements in this Directive. Employers may also adopt or maintain stricter policies. DOSH staff will not enforce these orders or policies.

VI. Point of Contact

DOSH staff should contact Compliance Operations if there are questions about applicability of WISHA rules to an infectious disease in the workplace. Technical Services may be contacted with technical questions about workplace practices.

VII. Review and Expiration

DOSH will review this Directive, and it will remain effective until superseded or canceled.

Approved: 

Craig Blackwood, L&I Acting Assistant Director
Division of Occupational Safety and Health

Appendix A: Best Practice COVID-19 Program Considerations

Basic Program Elements

The following **bold program elements are essential** to the best practices program whenever applicable. Employers who can establish work rules consistent with this section are not required to have further active monitoring or ongoing assessment of their workplace.

1. Educate workers (and customers) about COVID-19 and how to prevent virus spread.

- a. Post posters/information from the local health department, state Department of Health, Center for Disease Control and Prevention, and other authorities.
- b. Inform workers about the steps being taken in the workplace to establish social distancing, increased handwashing, and to prevent the spread of the virus.
- c. Make information for workers available in the language they understand best.

2. Actions to prevent transmission of the COVID-19 virus.

- a. The primary action required of employers is establishing a requirement for cloth face coverings or more protective masks indoors as required in the Governor's "Washington Ready" Proclamation 20-25.14. Guidance on mask selection is found in DOSH Directive 11.80 (Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic).
- b. 6 feet of physical distancing, physical barriers, or other controls are recommended for all employers. However, as indicated above, it is required to be maintained between workers in the following business categories:
 - Healthcare (including long-term care, doctor's offices, hospitals)
 - Public transportation (aircraft, train, road vehicles)
 - K-12 Schools, childcare facilities, and day camps in locations where students are present
 - Correctional facilities
 - Homeless shelters
- c. Employers in other industries should evaluate continued physical distancing, use of physical barriers, or other controls. The evaluation should include factors such as public interaction and may take vaccination status into consideration. Recommendations or requirements from the local public health jurisdiction also need to be considered.
- d. In accordance with DOSH Directive 11.80, *Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic*, protective masks or respirators may be required in moderate transmission risk situations. Respirators may be required for workers, even if fully vaccinated, in high transmission risk situations.
- e. Provide personal protective equipment (PPE) such as gloves, goggles, face shields and face masks as appropriate or required, to employees for the activity being performed. Workers have the right to select and use personal protective equipment during a public health emergency, unless the employer can show the equipment creates a safety or security issue.
- f. Frequent customer/public interaction may be necessary in some places of employment.
 - (1) To the extent feasible, employers should establish social distancing with physical systems.
 - Set up tables that position people away from workers.

- Place pay stations at a safe distance.
- Install barriers between people.
- Place markers and lane dividers to encourage appropriate distancing.

(2) Have managers or floor leads observing individuals in the workplace and prepared to address behaviors that may put workers at risk.

g. Engineering controls can be established and maintained to provide increased protection from transmission of the COVID-19 virus.

(1) Barriers need to block direct pathways from face to face between individuals, and make it so any indirect air pathways are greater than 6 feet. Sneezes and coughs should not be directed into the air above someone within 6 feet.

(2) Covers can be used on common touch surfaces that cannot be easily cleaned. The covers may create a cleanable surface, or be something that can be changed out between individuals.

3. Regular cleaning of area, frequent cleaning of common-touch surfaces.

a. A cleaning schedule must be kept to maintain general housekeeping to prevent buildup of dirt and clutter. At this time, COVID-19 is not generally considered to require exceptional cleaning, but employers need to be mindful of ongoing public health recommendations for cleaning.

b. The first step in cleaning is to remove buildups of dirt and other materials on surfaces. Water and soap or other cleaning fluids are used with wipes, clothes, brushes or other physical means of removing these materials so that there is no visible build-up, smears, or streaks on the surface. Disinfecting is the second step and is primarily needed for high touch surfaces. Effective diluted bleach solutions or an EPA approved disinfectant **must be used** to make sure this is effective. (See the list of approved disinfectants at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>).

Surfaces that are commonly touched with the hands but difficult to clean (fabric, rough surfaces, and so forth) may need to be covered to make sure the environment is hygienic.

c. Cleaning supplies need to be available to workers to do spot cleaning when necessary.

d. Surfaces that are regularly touched by workers must be cleaned regularly to maintain a visibly clean state (no obvious soiling, smearing, or streaks) at least daily.

4. Workers must have facilities for frequent handwashing readily available, including hot and cold (or tepid) running water and soap.

a. DOSH staff must pay particular attention to transient outdoor work, delivery workers and non-fixed worksites where there are no exceptions being granted. Portable wash stations are readily available.

b. To facilitate more frequent cleaning, secondary handwashing or sanitizing stations can be provided with either hand sanitizer, or wipes/towelettes.

c. Gloves may be used to enhance hand hygiene and reduce spread of the COVID-19 virus, but must also be changed or cleaned frequently to be effective for this purpose. (Bare hand contact with the virus is not the concern. The concern is transferring the virus to the face or other surfaces with the hands. Gloved hands will transfer the virus as effectively as bare hands.)

- d. Workers must be able to wash their hands after touching any surface/tool suspected of being contaminated, before and after eating and using the restroom, and before touching their face.
- e. Provide supplemental washing facilities to allow additional handwashing when workers handle objects after others, such as:
 - Hand sanitizer stations
 - Wipes or towelettes
 - Tepid water and soap in portable containers.

5. Sick employee and post- employee illness procedures.

DOSH staff will ensure employers have a program to prevent sick employees from entering the workplace and when recognized, that ill employees are sent home.

- a. Ensure a system for preventing sick employees to be present at work.
- b. Health surveillance can be done to identify early signs of infection, and separate workers who may present a risk to others.
 - (1) There will usually be an initial screening and then periodic review (probably daily with COVID-19).
 - (2) Initial screening will involve some review of the worker's history that may be relevant to their risk of contracting the disease. This may also include review of the worker's susceptibility to the disease and an education element on the disease and prevention.
 - (3) Periodic screening will involve tracking symptoms and ongoing risks for contracting the disease.
 - (4) The employer should set up surveillance in consultation with a physician or occupational health nurse and consider having ongoing participation or review by the healthcare professional.
 - (5) The employer needs to consult with health professionals and determine whether the program relies on self-reporting by workers or if someone will be actively reviewing worker health on a regular basis.
- c. Establish a process for cleaning after any worker leaves the workplace reporting a suspected or confirmed case of COVID-19. Cleaning is not needed if it has been more than 24 hours since the worker left when the employer learns of the illness.
- d. Thoroughly clean areas where the worker worked or would have stayed more than 10 minutes.
 - Wipe all accessible surfaces.
 - Clean up any visible soiling including any smears or streaks.
 - Sanitize common touch surfaces in the vicinity.

6. Reopening closed facilities.

- a. Survey work areas for hazards that may have developed during closure.
- b. Follow any start-up procedures for resuming work and re-energizing equipment.
- c. Additional information on procedures for opening buildings can be found in the Department of Health and BOMA guidelines in the reference section.