



Document Services

COVID-19
RESOURCE GUIDE

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Valued Customer,

During this time, we know that your number one priority is to keep your customers and employees safe. We at Reynolds Document Services (RDS) want to equip you with the tools you need to accomplish that. That's why we've created a COVID-19 informational brochure to help you prepare for and stay informed about COVID-19. This brochure was created in collaboration with MED-PASS, an RDS company that provides forms and supplies for medical markets.

Inside this brochure, we have included up-to-date information about the description of the virus, signs and symptoms to look for, best practices for how to protect your workplace, and links to additional resources to keep you informed as the situation evolves.

Over the coming weeks and months, we will continue to provide the excellent service and support that you are used to receiving from RDS to the best of our ability. In addition, we are actively looking for ways to help keep your business running smoothly and your employees and customers safe. If you have questions or require assistance, please reach out to your local Document Services Consultant or email us at RDS@reyrey.com.

Sincerely,

Jerry Kirwan



Jerry Kirwan

Senior Vice President and General Manager
Reynolds Document Services

COVID-19 – INFORMATION FOR BUSINESSES AND PERSONNEL

General Information

Purpose

This is a resource packet designed to assist businesses to prepare for and stay informed about the coronavirus, the virus that causes COVID-19 disease.

Due to the rapidly evolving nature of the outbreak, this document contains links to public health resources that are updated regularly. In addition, guidelines for general infection control in the workplace and emergency preparedness for businesses are included.

Description

Coronaviruses are a large family of viruses that can infect people and animals. Sometimes animal viruses can “jump” hosts and spread to people. Once this happens, transmission from person to person can occur and spread rapidly. This was the case with the SARS coronavirus (SARS-COV) that spread in 2003, and most recently, the coronavirus that is causing COVID-19 (SARS-CoV-2). The virus can cause severe respiratory illness, multi-organ failure and death. An outbreak was first discovered in Wuhan (Hubei Province), China in December 2019 and has since spread to many countries in the world.

Symptoms, Clinical Presentation and Course of Illness

The most frequently reported signs and symptoms of COVID-19 include:

- Fever
- Cough
- Shortness of breath
- Muscle aches
- Fatigue

The **emergency warning** signs that require immediate medical attention are:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New onset of confusion or inability to arouse
- Bluish lips or face

Less commonly reported symptoms and signs are:

- Sore throat
- Headache
- Cough with mucous or blood

Transmission

- Symptoms may appear 2-14 days after exposure. The period between exposure and the onset of symptoms is called the *incubation period*.
- An infected person may still be contagious during the incubation period, even if he or she has not developed symptoms. People with mild symptoms can still infect others.
- Early reports suggest that the infection is spread through close contact (within 3-6 feet) with a person infected with COVID-19.
- The *route of transmission* (how the infection is spread) appears to be through respiratory droplets.
 - Droplets are expelled into the air when an infected person talks, laughs, coughs or sneezes.
 - Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity.
 - Droplets may also land on surfaces and remain infectious for prolonged periods.
- It is not clear if the virus is spread in smaller particles that can be inhaled (*aerosols* or *droplet nuclei*) but currently, airborne transmission from person-to-person over long distances is thought to be unlikely.

For updates on the outbreak, please see: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>

Workplace Infection Prevention and Control Measures

Encourage Proper Hand and Respiratory Hygiene

Provide basic training and bulletins to remind personnel, customers and others to:

- **Wash their hands** often with soap and water for at least 20 seconds
- **Use hand sanitizer** that contains at least 60% alcohol if soap and water are not readily available.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- **Cover mouth and nose** with a tissue when coughing or sneezing; use the inside of elbow to cover mouth if tissues are unavailable. Throw used tissues in the trash and wash hands immediately.

See hand hygiene steps here: <https://www.cdc.gov/healthywater/hygiene/hand/handwashing.html>

See respiratory etiquette guidelines here:

https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Provide Needed Supplies

On order to promote a work environment that supports personal hygiene, make sure that the supplies and resources are on hand, including:

- Soap, water, paper towels and handwashing sinks
- Alcohol-based hand sanitizer
- Disinfectants
- Tissues
- No-touch trash receptacles
- Signs reminding personnel and customers to wash their hands and practice respiratory hygiene

Practice In-Office Social Distancing

Ask personnel to comply with social distancing policies while in the office, including refraining from visiting cubicles or desks, shaking hands, using other people's office equipment or borrowing supplies (pens, staplers, etc.). In addition to in-office distancing, some companies may stagger schedules or offer work from home options in order to increase physical distance among employees.

Screen Employees for Risk Factors

Some individuals are at higher risk for developing serious illness from SAR-CoV-2 infection. Older adults, people with chronic health conditions and those with compromised immune systems may need to be reassigned so that they can maintain at least a six-foot distance from other workers, visitors and customers. See: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> for information about high risk groups.

Screen Personnel for Signs and Symptoms of Illness

The practice of screening all employees for signs or symptoms of respiratory illness may help prevent the spread of SAR-CoV-2 in the workplace. These measures involve:

- Educating all personnel about risk factors, signs and symptoms of infection;
- Requesting self-monitoring and reporting of symptoms, even if mild;
- Encouraging symptomatic and/or ill personnel to stay at home and self-isolate (see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>) for return to work criteria
- Provide temperature screening checkpoints at the beginning of shifts.

Restrict Travel

Discontinue all non-essential travel.

Disinfect the Environment

Assign a person (or persons) to oversee and document daily cleaning and disinfection of the work environment. Surfaces that should be cleaned and disinfected multiple times a day recommended include:

- Tables
- Desks
- Handles and doorknobs
- Light switches and fixtures
- Keyboards
- Phones and keypads
- Bathrooms
- Kitchen areas

Disinfectants

Use disinfectants appropriate for the surface. If surfaces are dirty, clean then using detergent or soap and water prior to disinfection. The following solutions are considered effective against hard to kill viruses:

Diluted household bleach

To make a bleach solution, mix: 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.

Alcohol solutions

Ensure solution has at least 70% alcohol.

Other common EPA-registered household disinfectants

The products and ingredients listed in the links below are expected to be effective against COVID-19. Follow the manufacturer instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> and

<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

Workplace Practices

Understand Your Business Vulnerabilities

Aside from the safety concerns of individual workers, business should prepare for systemic burdens related to the COVID-19 outbreak, including:

- **Absenteeism** – this can be a results of illness, caring for ill family members, caring for children who are not in school, or due to fear of exposure.
- **Changes in commerce patters** – customers may request off-peak hours to avoid crowds, increase demands on e-commerce, or suspend any non-essential purchases.
- **Supply chain or delivery interruptions** – shipments from areas severely affected by the virus may be delayed or cancelled.
- **Inventory vulnerabilities** – depending on the goods or services sold, companies may have inventory that is perishable or time-sensitive, while others may be unable to keep up with surges in demand. Purchasing, logistics (such as manufacturing schedules and shipping), and inventory needs may change dramatically over weeks or months.

Provide Information

Establish a central contact point of contact so that personnel know where to go for updated information specific to your company. Some suggestions:

- Circulate daily, company-wide emails
- Provide a telephone number with a voice recording of the current situation
- Post revised policies and procedures as soon as they are available
- Share the Emergency Plan with essential personnel as soon as it is finalized
- Establish a COVID-19 landing site on the company intranet
- Establish a phone tree for critical personnel

Assess the Risk Level of Each Job Task

OSHA has divided job tasks into four exposure risk levels. The level represents the occupational risk of exposure to SARS-CoV-2. The following table represents the risk levels:

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.
o Healthcare workers performing aerosol-generating procedures on known or suspected COVID-19 patients
o Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients.
o Morgue workers performing autopsies on the bodies of people who were known to or suspected of having COVID-19 at the time of their death.
High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.
o Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
o Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
o Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.
Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients.
o In areas without ongoing community transmission, this may include people who have frequent contact with travelers who have been in locations with widespread COVID-19 transmission (e.g., airport personnel).
o In areas with ongoing community transmission, this category includes anyone who has to be in contact with the general public (e.g., high-volume retail stores).
Lower exposure risk jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-Cov-2, nor frequent close contact (within 6 feet) of the general public.

Utilize Engineering and Administrative Controls Appropriate for the Situation and Task

Low exposure risk jobs:

- Follow general guidelines for infection prevention and control.
- Personal protective equipment (masks, gloves, gowns, etc.) are not required.
- Engineering controls for SARS-CoV-2 (i.e., special ventilation, barriers. Etc.) are not required.
- Monitor public health communications and communicate with personnel as the situation develops.

Medium exposure risk jobs:

- Follow general guidelines for infection prevention and control.
- Install physical barriers (.g., plastic sneeze guards) where feasible or indicated
- If possible, provide face masks to ill personnel and customers to contain respiratory secretions until they can leave the workplace.
- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communications, e-commerce, etc.).
- Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

High or very high risk exposure jobs:

- Follow general guidelines for infection prevention and control.
- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm.
- Place patients with known or suspected COVID-19 (i.e., person under investigation) in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html
- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. See www.cdc.gov/biosafety/publications/bmb15
- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- See also, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> for guidance on healthcare personnel with potential exposure to COVID-19.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Recording Workplace Exposures to COVID-19

OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log (<https://www.osha.gov/recordkeeping/RKforms.html>).

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are met:

- The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
- The case is work-related, as defined by <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5>; and
- The case involves one or more of the general recording criteria set forth in <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7>.

Manage Sick Personnel

- Promptly identify and separate sick personnel (See **Screening Personnel for Signs and Symptoms of Illness**)
- Instruct personnel to notify their supervisor immediately if symptoms develop at work.
- Instruct personnel to stay at home if symptoms develop at home, and to notify their supervisor if someone in their household becomes sick.
- Institute flexible sick leave policies and emergency sick pay, if feasible.
- Refer symptomatic employees to the local health department or their healthcare provider for possible testing.
- Implement return to work practices based on current guidelines. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Communicate with Local Public Health Authorities

State Epidemiologists: <https://www.cste.org/page/StateEpi>

Local Health Departments: <https://www.naccho.org/membership/lhd-directory>

Plan for Shelter-in-Place Orders

Many states have issued *stay at home* or more restrictive *shelter in place* orders for individuals, and have allowed only essential businesses to remain open. The definition of “essential business” varies from state to state but most agree that the following types of businesses are essential for everyday lives:

- Supermarkets and grocery stores
- Big-box stores
- Pharmacies
- Convenience stores and discount stores
- Garbage collection
- Healthcare operations
- Daycare centers
- Hardware stores
- Gas stations and auto-repair shops
- Banks

- Post offices and shipping businesses
- Veterinary clinics and pet stores
- Farmers' markets and food banks
- Businesses that provide necessities to shelters and economically disadvantaged people
- Educational institutions, for the purposes of facilitating distance learning
- Agriculture and food processing
- Warehousing, storage, and distribution
- Transportation, including airlines, taxis, rideshare programs, and vehicle rentals
- Businesses that allow essential businesses to operate

Employees associated with critical infrastructure, including utilities, law enforcement, transportation, public works, public health, food and agriculture are also exempt from mandatory shelter-in-place orders.

Establish a Continuity of Operations Plan (COOP)

Pandemics and widespread infectious disease outbreaks demand continuity of operations planning considerations specific to infectious disease outbreaks particularly as it relates to the impact on personnel. In general, a COOP provides detail and guidance so that organizations continue to perform essential services during a disruption of normal operations. It should include provisions for:

- Maintaining essential functions of the operation
- Establishing delegations of authority and orders of succession
- Managing communications
- Supporting information systems and network capacity
- Ensuring essential records access and management

Organizations are encouraged to consider the utilizing a Continuity of Operations Plan Template (see FEMA Continuity Plan [non-federal] Template at: <https://www.fema.gov/continuity-resource-toolkit>) to assist with medium-to long range planning during emergencies.

Activate the Incident Command System

Organizations that have an Emergency Response Plan based on the National Incident Management System (NIMS) will have an Incident Command System in place and should activate it when indicated by the local situation. The local or regional emergency management office will provide guidance and serve as a network for further information and resource sharing.

Further Resources

Current Situation

For current coronavirus disease (COVID-19) cases in the US see:

<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

For global case numbers reported by the World Health Organization, see:

<https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html#map>

For a current CDC Situation summary, see:

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html

Testing

To contact a state health department for a testing sites:

<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>

See CDC *Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)* at:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Government and Public Health Resources

Centers for Disease Control and Prevention Coronavirus Disease 2019:

<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>

Centers for Disease Control and Prevention – Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>

Centers for Medicare and Medicaid Services: Coronavirus Emergency Updates:

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

Federal Emergency Management Agency Continuity Resource Toolkit:

https://www.fema.gov/media-library-data/1536859210230-a1cc6e2fbae089261fccf7f8ee1693a8/non_federal_continuity_plan_template_508_083118.pdf

Federal Government Coronavirus COVID-19:

www.usa.gov/coronavirus

State and Local Health Department Directory:

<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>

Occupational Safety and Health Administration

<https://www.osha.gov/SLTC/covid-19/standards.html>

World Health Organization Coronavirus Disease Outbreak:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

See EPA List N: Disinfectants for Use against SARS-CoV-2:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

