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"THE EXPERTS IN EXCELLENCE"

COVID-19 SITE SAFETY AND SANITARY PRACTICES

April 12, 2020

NEUBER CONCRETE

A DIVISION OF J.F. NEUSER JR. GENERAL CONTRACTOR me.

"THE EXPERTS IN EXCELLENCE"

We here at Neuber Concrete are aware of the impacts that COVID-19 is having on families and businesses. The health and safety of all Neuber Concrete employees and partners, is our top priority. Neuber Concrete is taking steps to keep people healthy and reduce the risks of contracting or spreading the COVID-19 virus.

With that in mind, we would like to share our **COVID-19 Site Safety and Sanitary Practices** based on government guidelines; this Plan is based on currently available information from the CDC and OSHA and is subject to change based on further information provided by the CDC, OSHA, NIOSH and other public offices.

We value our employees and partners and appreciate your cooperation in navigating these uncertain times.

Please contact us with any questions.

Be Safe, Stay Healthy,

Joe Neuber

Neuber Concrete

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COVID-19 Site Safety and Sanitary Practices

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RESPONSIBILITIES:

Management

- Monitor procedures for protecting safety and wellness of the employees.
- Stay informed of updated guidance and recommendations that may arise.
- Inform and encourage employees to self-monitor for signs and symptoms of COVIC-19 and encourage sick employees stay home.
- Notify key contacts including customers and suppliers in the event of an outbreak that affects the company's ability to perform services while maintaining confidentiality as required by the Americas with Disabilities Act {ADA)
- Prohibit non-essential visitors.
- Limit worksite meetings or groupings to 10 people of less.
- Require 6-feet distancing whenever possible.
- Require workers and visitors to wear cloth face coverings in accordance with the CDC recommendations while on premise and require workers to wear gloves and eyewear.
- Require control practices such as hand washing, coughing and sneezing etiquette, and using tissues.
- Limit sharing of tools, equipment, and machinery.
- Provide sanitization materials to workers and visitors.
- Require frequent cleaning of high-touch areas.
- Clean and disinfect the worksite in accordance with CDC guidelines.
- Immediately separate and send home workers with COIVIC-19 symptoms. Promptly notify workers of any known exposure to COVID-19
- Provide employee training via phone or toolbox talks with employees on COVID-19 protocol. Training records will be maintained including subject, employee's names, trainer and date of training.
- Provide means of hand sanitation and maintain Safety Data sheets of all disinfectants used on site.
- Provide protective equipment (PPE) to any employees assigned cleaning/disinfecting tasks.

RESPONSIBILITIES:

Employees

- Limit person-to-person contact by maintaining at least a 6-foot distance.
- Maintain regular housekeeping practices of all surfaces, equipment, and tools.
- Understand how to wear, use and clean, and store personal protective equipment (PPE).
- Attend training focusing on the elements of infection prevention, including PPE.
- Vehicles and equipment/tools should be cleaned at least once per day and before change in operator or rider.
- When taking breaks and lunch, you may want to bring/pack food from home so that you limit your exposure to the public at large.
- Employees are encouraged to minimize ridesharing. While in vehicles, employees must ensure adequate ventilation. If riding with another person, protective face covering should be worn.
- When possible, employees should use/drive the same truck or piece of equipment each day.
- All **employees must use THEIR own tools!** Avoid sharing tools with co-workers; if this is not possible, disinfect before and after each use.
- If you must use tools from the foreman truck, they are to be used for the job that you are doing, then disinfected and put back where they were found. If the tool is needed for the whole day, it should be wiped down between uses by different employees.
- Clean and disinfect frequently used tools and equipment on a regular basis.
- (PPE) Personal Protective Equipment
    - Gloves must be worn while on site. The type of glove worn should be appropriate to the task. If gloves are not typically required for the task, then any type of glove is acceptable, including latex gloves.
    - Eye protection must be worn at all times while on site.
    - Face masks must be worn. Cloth masks are acceptable and will be provided. N95 masks will be provided - these are to be used for specific tasks as required by OSHA regulations. Your Safety Manager (Reggie Ryberg) can provide guidance on what is appropriate usage of N95 masks.
    - PPE gear must be cleaned and maintained by the employee.
- Practice good hygiene; wash hands with soap and water for at least 20 seconds. If this is not

available use alcohol-based products - min 60% alcohol. Place used wipes and towels in hand-free trash can.

- Avoid touching your face, eyes, food, etc. Employees who have symptoms (i.e., fever, cough, sore throat, shortness of breath, loss of taste or sense of smell, shortness of breath) should notify their supervisor immediately and stay home
  - DO NOT GO TO WORK
- 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 and state and local health departments.

General Job Site/Office Practices

- Our designated Safety Manager (Reggie Ryberg) will monitor for signs of illness in the workplace and if someone is showing symptoms, he will ask them to leave.
- If an employee's family member at home is infected with COVID-19, they must notify their supervisor.
- Frequently wash your hands with soap and water for at least 20 seconds. If not available, us alcohol-based products with min 60% alcohol. Always wash hands that are visibly soiled.
- Cover your mouth and nose with a tissue when you cough or sneeze or use inside or your elbow. Dispose of used tissues in hand-free trash can. Wash your hands after each sneeze or cough.
- Avoid touching your eyes, nose, food, etc. with unwashed hands.
- Practice social distancing of 6-feet or more.
- Clean and maintain PPE.
- Anyone responsible for emptying trash must wear PPE (masks, disposable gloves and eyewear). After trash is disposed of, disposable gloves must be thrown in trash and new gloves worn.
- Avoid hand shaking.
- Remove all clothes and wash all exposed body parts after completing work.
- Disinfect any tools, equipment, vehicles regularly and often.
- Limit all non-essential work-related travel to limit exposure to the general public, such as packing lunches as opposed to visiting restaurants, sending one person to pick-up essentials for the group, etc.
- When fueling vehicles, practice good hygiene; i.e., wear protective gloves when handling pumps.

OSHA'S Employee Responsibilities:

- Read the OSHA Poster at the workplace.
- Comply with all applicable OSHA standards.
- Follow all lawful employer safety and health rules and regulations and wear or use prescribed PPE while working.
- Report hazardous conditions to the supervisor.
- Report any work-related injury or illness to the employer, and seek treatment promptly.
- Exercise rights under the Act in a responsible manner

Visitors

All visitors will be screened in advance. If the visitor can answer "yes" to any of the following questions (without identifying which question applies), the visitor will not be permitted to access thesite.

1. Have you been asked to self-quarantine since December 2019?
2. Have you been in close contact with any person(s) who has been asked to self-quarantine since December 2019?
3. Have you experienced a recent onset of any illness-related symptoms, such as fever, cough, or shortness of breath?
4. Have you traveled outside of North America in the last 14 days?
5. Have you been in close contact with any person(s) who have traveled outside of North America in the last 14days?
6. Have you been in close contact with any person(ss) who has been diagnosed with COVIC-19?

Please note that the above information is not all-inclusive but should be used as a guide when evaluating employees exposure level and requirements. PPE requirements may need to be altered as the course of the pandemic proceeds, as information is dispersed by local/national authorities, and as updated risk assessments are conducted.

The number of visitors to the job site, including the trailer or office, will be limited to only those necessary for the work.

Deliveries

Site deliveries will be permitted but should be properly coordinated in line with the employer's minimal contact and cleaning protocols. Delivery personnel should remain in their vehicles if at all **Exposure Determination**

Exposure Determination

OSHA provided clarification of exposure risk by dividing job tasks into four exposure levels; very high, high, medium, and lower risk. We are considered LOW EXPOSURE RISK (CAUTION)

OSHA determined this category includes those with a low potential for exposure to COVID-19. These workplaces include employees who have minimal occupational contact with the public and other coworkers. While a significant number of workplaces may fall under the lower exposure risk (caution) category, necessary precautions and controls must be implemented to ensure employees remain at a low exposure risk.

Employee Training

Safety Manager (Reggie Ryberg) will instruct employees using the following materials:

- Weekly Safety Meeting Outline on Coronavirusor COVID-19
- CDCissued "Howto Protect Yourself and Others" information sheet.
- CDC issued "Cleaning and Disinfecting" information sheet.
- CDC issued "Situation Summary" information sheet dated 4/7/2020.
- CDCissued "Guidance for Preparing Workplaces for Covid-19 OSHA 39 with unwashed hands.

Weekly Safety Meetings Standard Subscription
Safety Training for the Construction Industry

COMPANY NAME: _____

Special Supplement 1 March 17, 2020

Coronavirus or COVID-19

Coronavirus (or more accurately, COVID-19) is affecting all of us, either directly or indirectly. Although there is no vaccine available yet, there are steps you can take that will reduce the likelihood that you will get the virus. Your actions can also have an impact on the health of your co-workers, your family, and your community.

Just like you need to understand typical jobsite hazards like power tools or heavy equipment, you need to understand how COVID-19 creates a hazard for you. Current research indicates that COVID-19 spreads in two primary ways:

- when you're close to an infected person (within about six feet), and
- when tiny droplets from an infected person's cough or sneeze get into your mouth, nose, or eyes. Keep in mind that these droplets are tiny, often invisible, and you can't feel them.

How can you protect yourself? Here are three actions you can take to reduce the likelihood that you'll get infected:

1) **Keep your distance.** Try to stay about six feet away from anyone who's sick. If there are cases of COVID-19 spreading in your community, try to stay at least six feet away from most people. When you can, stay home; that will keep you away from people who could be infected even if they don't have any symptoms yet.
2) **Clean your hands often.** The best way to clean your hands is to wash them with soap and water for 20 seconds. If you can't wash, rub a hand sanitizer that contains at least 60% alcohol over all the surfaces of your hands until they are dry.
3) **Avoid touching your eyes, nose, and mouth with unwashed hands.** Be mindful about keeping your hands away from your face.

How can you protect others? Even if you haven't been exposed to the virus, the actions you take to slow its spread can help protect your family, co-workers, friends, and the elderly or vulnerable folks in your community. When we slow the spread, fewer people will become sick at any given time. This delay makes it possible for our healthcare system to take good care of everyone. Here's what you can do:

1) **Cover coughs and sneezes with a tissue.** Then throw out the tissue and wash your hands. If you don't have a tissue, cough into the inside of your elbow; make sure your mouth and nose are close to your elbow.
2) **Clean and disinfect.** Use a disinfecting wipe or spray and wipe down door handles, sink and toilet handles, shared tools, phones, etc.
3) **Stay home if you're sick.** If you think you've been exposed to COVID-19, or if you have symptoms of the virus, call your healthcare provider. He or she will be able to give you specific and up-to-date information on what to do in your community.

SAFETY REMINDER

Social distancing is a good way to stay healthy.

NOTES:

SPECIAL TOPICS /EMPLOYEE SAFETY RECOMMENDATIONS/NOTES:

S.A.F.E. CARDS® PLANNED FOR THIS WEEK:

REVIEWED SDS # SUBJECT:

MEETING DOCUMENTATION:

JOB NAME:

MEETING DATE:

SUPERVISOR:

ATTENDEES:

These instructions do not supersede local, state, or federal regulations.

Weekly Safety Meetings Standard Subscription
Safety Training for the Construction Industry

COMPANY NAME: _____

Special Supplement 1 March 17, 2020

Coronavirus o virus COVID-19

(Coronavirus or COVID-19)

Coronavirus (o más precisamente, virus COVID-19) nos está afectando a todos, ya sea directa o indirectamente. Aunque no existe una vacuna disponible aún, hay pasos que usted puede tomar que reducirán su posibilidad de contraer el virus. Sus acciones también pueden tener un impacto en la salud de sus compañeros de trabajo, de su familia, así como de su comunidad.

De la misma manera en que usted necesita entender los peligros típicos de la obra de construcción, como de las herramientas de potencia o el equipo pesado, usted necesita entender cómo el virus COVID-19 crea un peligro para usted. Las investigaciones recientes indican que el virus COVID-19 se propaga de dos principales maneras:

- cuando está cerca de una persona infectada (dentro de una distancia de más o menos seis pies), y
- cuando pequeñas gotitas de la tos o estornudo de una persona infectada entran a su boca, nariz, u ojos. Tome en cuenta que estas gotitas son muy pequeñas, con frecuencia invisibles y no las puede usted sentir.

¿Cómo puede protegerse? Aquí les damos tres acciones que puede tomar para reducir la posibilidad de infectarse:

1) **Mantenga su distancia.** Trate de quedar a más o menos a seis pies de distancia de cualquier persona enferma. Si hay casos del virus COVID-19 que se estén propagando en su comunidad, trate de mantenerse a por lo menos seis pies de distancia de la mayoría de la gente. Cuando pueda, quédese en casa; de esta manera usted quedará alejado de las personas que pueden estar infectadas incluso si ellos no tienen ningún síntoma aún.
2) **Limpie sus manos con frecuencia.** La mejor manera de limpiar sus manos es lavarlas con agua y jabón por espacio de 20 segundos. Si no puede lavarlas, frote un desinfectante para las manos que contenga por lo menos 60% de alcohol por todas las superficies de sus manos hasta que estén secas.
3) **Evite tocar sus ojos, nariz, y boca con manos sin lavar.** Sea consciente en cuanto a mantener sus manos lejos de su cara. ¡Es más difícil de lo que piensa!

¿Cómo puede usted proteger a otras personas? Incluso si usted no ha quedado expuesto al virus, las acciones que tome para reducir su propagación pueden ayudar a proteger a su familia, compañeros de trabajo, amigos, y a las personas mayores o vulnerables en su comunidad. Al reducir la propagación, menos personas se enfermarán en un momento dado. Esta demora hace posible que nuestro sistema del sector salud pueda atender a todos. Esto es lo que usted puede hacer:

1) **Cubra la tos o estornudos con un pañuelo desechable.** Luego tire el pañuelo desechable y lávese las manos. Si no tiene un pañuelo desechable, tosa en la parte interior de su codo; asegúrese que su boca y nariz estén cerca de su codo.
2) **Limpie y desinfecte.** Use una toallita desechable o aerosol desinfectante para limpiar las manijas de puertas, manijas de fregaderos y escusados, herramientas compartidas, teléfonos, etc.
3) **Quédese en casa si está enfermo.** Si piensa que ha estado expuesto al virus COVID-19, o si tiene síntomas del virus, hable con su proveedor del sector salud. Él o ella podrá darle información específica y actualizada sobre lo que debe hacer en su comunidad.

SAFETY REMINDER

El distanciamiento social es una buena manera de mantenerse saludable.

NOTES:

SPECIAL TOPICS /EMPLOYEE SAFETY RECOMMENDATIONS/NOTES:

S.A.F.E. CARDS* PLANNED FOR THIS WEEK:

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These instructions do not supersede local, state, or federal regulations.

How to Protect Yourself and Others

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - » Between people who are in close contact with one another (within about 6 feet).
  - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everone should

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Avoid close contact** with people who are sick.
- **Stay at home as much as possible.**
- **Put distance between yourself and other people.**
  - » Remember that some people without symptoms may be able to spread the virus.
  - » Keeping distance from others is especially important for **people who are at higher risk of getting very sick.** https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html

cdc.gov/coronavirus

CS 316291A 04/06/2020

Cover your mouth and nose with a cloth face cover when around others

- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face cover when they have to go out in public,** for example to the grocery store or to pick up other necessities.
  - » 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.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others.** The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes

- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

CDC Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Cleaning and Disinfection for Households

Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)

Summary of Recent Changes

Revisions were made on 3/26/2020 to reflect the following:

- Updated links to EPA-registered disinfectant list
- Added guidance for disinfection of electronics
- Updated core disinfection/cleaning guidance

Background

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about COVID-19, spread from person-to-person of this virus happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. On the other hand, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Transmission of coronavirus occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close off rooms or areas used by ill persons before beginning disinfection. Taking measures to improve ventilation in an area or room where someone was ill or suspected to be ill with COVID-19 will help shorten the time it takes respiratory droplets to be removed from the air.

Purpose

This guidance provides recommendations on the cleaning and disinfection of households where persons under investigation (PUI) or those with confirmed COVID-19 reside or may be in self- isolation. It is aimed at limiting the survival of the virus in the environments. These recommendations will be updated if additional information becomes available.

These guidelines are focused on household settings and are meant for the general public.

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This

process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

General Recommendations for Routine Cleaning and Disinfection of Households

- Community members can practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics (see below for special electronics cleaning and disinfection instructions)) with household cleaners and EPA-registered disinfectants that are appropriate for the surface, following label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
    - For electronics follow the manufacturer's instructions for all cleaning and disinfection products. Consider use of wipeable covers for electronics. If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

General Recommendations for Cleaning and Disinfection of Households with People Isolated in Home Care (e.g. Suspected/Confirmed to have COVID-19)

- Household members should educate themselves about COVID-19 symptoms and preventing the spread of COVID-19 in homes.
- **Clean and disinfect high-touch surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks)**
    - In the bedroom/bathroom dedicated for an ill person: consider reducing cleaning frequency to **as-needed** (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.
- As much as possible, an ill person should stay in a specific room and away from other people in their home, following home care guidance.
- The caregiver can provide personal cleaning supplies for an ill person's room and bathroom, unless the room is occupied by child or another person for whom such supplies would not be appropriate. These supplies include tissues, paper towels, cleaners and EPA-registered disinfectants (see examples).
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- Household members should follow home care guidance when interacting with persons with suspected/confirmed COVID-19 and their isolation rooms/bathrooms.

How to clean and disinfect:

Hard (Non-porous) Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- 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 here . Follow manufacturer's instructions for all cleaning and disinfection products for (concentration, application method and contact time, etc.).
- Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3rd cup) bleach per gallon of water or
  - 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
    - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.

Electronics

- For electronics such as cell phones, tablets, touch screens, remote controls, and keyboards, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, clothing, and other items that go in the laundry

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands immediately after gloves are removed.
  - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
  - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
  - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
  - Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

Hand hygiene and other preventive measures

- Household members should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- Household members should follow normal preventive actions while at work and home including recommended hand hygiene and avoiding touching eyes, nose, or mouth with unwashed hands.
  - Additional key times to clean hands include:
    - After blowing one's nose, coughing, or sneezing
    - After using the restroom
    - Before eating or preparing food
    - After contact with animals or pets
    - Before and after providing routine care for another person who needs assistance (e.g. a child)

Other considerations

- The ill person should eat/be fed in their room if possible. Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. Clean hands after handling used food service items.
- If possible, dedicate a lined trash can for the ill person. Use gloves when removing garbage bags, handling, and disposing of trash. Wash hands after handling or disposing of trash.
- Consider consulting with your local health department about trash disposal guidance if available.

Additional Resources

- OSHA COVID-19 Website
- CDC Home Care Guidance
- CDC Home Care Guidance for People with Pets

Page last reviewed: March 28, 2020

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Situation Summary

This is a rapidly evolving situation and CDC will provide updated information and guidance as it becomes available.

Updated April 7, 2020

CDC is responding to a pandemic of respiratory disease spreading from person-to-person caused by a novel (new) coronavirus. The disease has been named "coronavirus disease 2019" (abbreviated "COVID-19"). This situation poses a serious public health risk. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this situation. COVID-19 can cause mild to severe illness; most severe illness occurs in adults 65 years and older.

Situation in U.S.

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is in the acceleration phase of the pandemic. The duration and severity of each pandemic phase can vary depending on the characteristics of the virus and the public health response.

- CDC and state and local public health laboratories are testing for the virus that causes COVID-19. View CDC's Public Health Laboratory Testing map.
- All 50 states have reported cases of COVID-19 to CDC.
- U.S. COVID-19 cases include:
  - Imported cases in travelers
  - Cases among close contacts of a known case
  - Community-acquired cases where the source of the infection is unknown.
- All U.S. states are reporting some community spread of COVID-19.
- View latest case counts, deaths, and a map of states with reported cases.

Related: COVID-19 cases in the U.S.

CDC Recommends

- Everyone can do their part to help us respond to this emerging public health threat:
  - CDC is recommending the use of a cloth face covering to keep people who are infected but do not have symptoms from spreading COVID-19 to others.
  - The cloth face cover is meant to protect other people in case you are infected.
  - The cloth face coverings recommended are not surgical masks or N-95 respirators. Medical face masks are critical supplies that should be reserved for healthcare workers and other first responders, as recommended by CDC.
  - The cloth face cover is not a substitute for social distancing.
  - CDC continues to recommend that people try keep about 6 feet between themselves and others.
- The White House "Slow the Spread" guidelines are in place until April 30. These are part of a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.
- People 65 years and older and people with severe underlying medical conditions should take special precautions because they are at higher risk of developing serious COVID-19 illness.
- If you are a healthcare provider, use your judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. CDC's Criteria to Guide Evaluation and Laboratory Testing for COVID-19 provides priorities for testing patients with suspected COVID-19 infection.
- People who get a fever or cough should consider whether they might have COVID-19, depending on where they live, their travel history or other exposures. All of the U.S. is seeing some level of community spread of COVID-19. Testing for COVID-19 may be accessed through medical providers or public health departments, but there is no treatment for this virus. Most people have mild illness and are able to recover at home without medical care.
- American citizens, lawful permanent residents, and their families who have been in one of the countries with travel restrictions for entering the U.S. in the past 14 days will be allowed to enter the United States but will be redirected to one of 13 airports. If you are returning from one of these countries, you should stay home and monitor your health. All other international travelers please follow CDC instructions during this time. Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

COVID-19 Background

COVID-19 is caused by a new coronavirus. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. Most international destinations now have ongoing community spread with the virus that causes COVID-19, as does the United States. Community spread means some people have been infected and it is not known how or where they became exposed. Learn more about the spread of this coronavirus that is causing COVID-19.

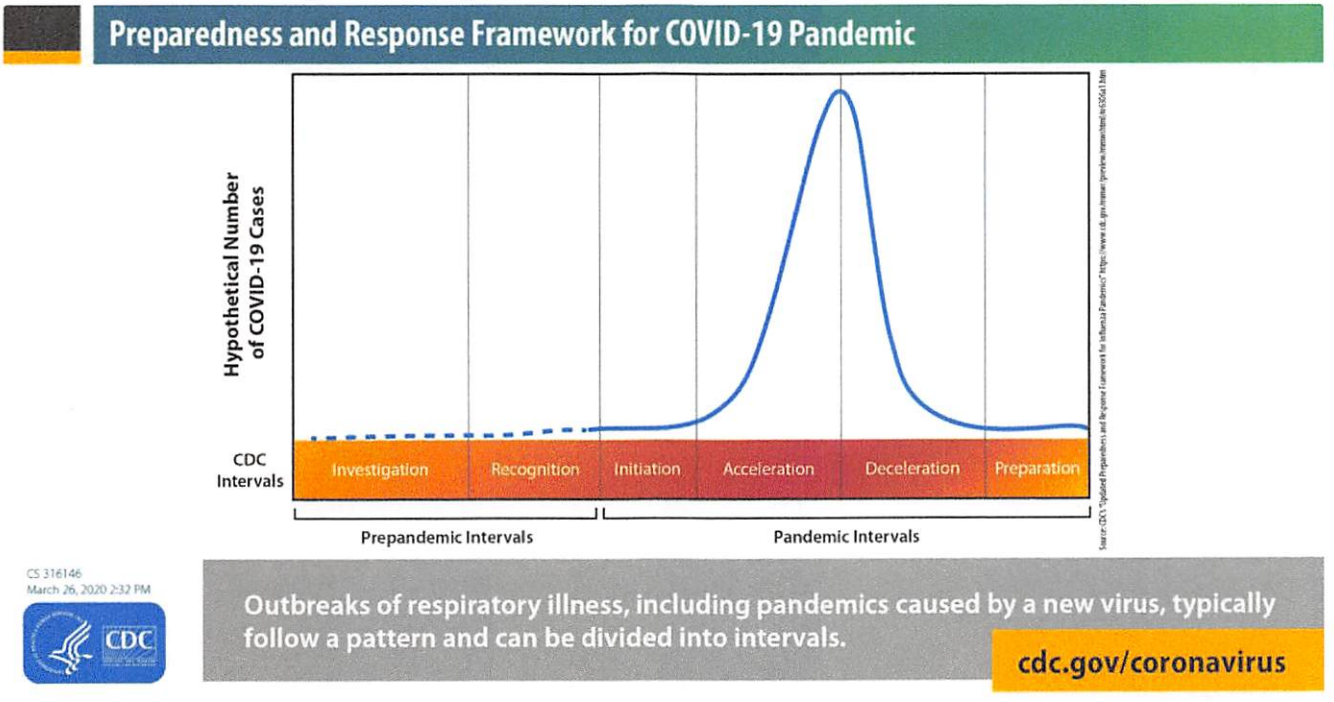
Severity

The complete clinical picture with regard to COVID-19 is not fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that majority of COVID-19 illnesses are mild. An early report out of China found serious illness in 16% of cases. A CDC Morbidity & Mortality Weekly Report that looked at severity of disease among COVID-19 patients in the United States by age group found that 80% of deaths were among adults 65 years and older with the highest percentage of severe outcomes occurring in people 85 years and older. People with serious underlying medical conditions — like serious heart conditions, chronic lung disease, and diabetes, for example — also seem to be at higher risk of developing serious COVID-19 illness.

Learn more about the symptoms associated with COVID-19.

COVID-19 Pandemic

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.



Source: CDC's "Updated Preparedness and Response Framework for Influenza Pandemics.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. On March 11, the COVID-19 outbreak was characterized as a pandemic by the WHO.

This is the first pandemic known to be caused by a new coronavirus. In the past century, there have been four pandemics caused by the emergence of new influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory disease follow a certain progression outlined in a "Pandemic Intervals Framework." Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases. The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses. Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.

Risk Assessment

Risk depends on characteristics of the virus, including how well it spreads between people; the severity of resulting illness; and the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness) and the relative success of these. In the absence of vaccine or treatment medications, nonpharmaceutical interventions become the most important response strategy. These are community interventions that can reduce the impact of disease.

The risk from COVID-19 to Americans can be broken down into risk of exposure versus risk of serious illness and death.

Risk of exposure:

- Cases of COVID-19 and instances of community spread are being reported in all states.
- People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with the level of risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure, with level of risk dependent on where they traveled.

Risk of Severe Illness:

Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19**. Based on what we know now, those at higher risk for severe illness from COVID-19 are:

- People 65 years and older
- **People who live in a nursing home or long-term care facility**
- People of all ages with underlying medical conditions

CDC has developed guidance to help in the risk assessment and management of people with potential community-related exposures to COVID-19.

CDC Response

Global efforts at this time are focused concurrently on lessening the spread and impact of this virus. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.

Highlights of CDC's Response

- CDC established a COVID-19 Incident Management System on January 7, 2020. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response.
- The U.S. government has taken unprecedented steps with respect to travel in response to the growing public health threat posed by this new coronavirus:
  - Foreign nationals who have been in China, Iran, the United Kingdom, Ireland and any one of the 29 European countries in the Schengen Area within the past 14 days cannot enter the United States.
  - U.S. citizens, residents, and their immediate family members who have been any one of those countries within in the past 14 days can enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.

Guidance on Preparing Workplaces for COVID-19

OSHA 3990-03 2020

OSHA®
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Occupational Safety and Health Act of 1970

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

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

This information will be made available to sensory-impaired individuals upon request. Voice phone: (202) 693-1999; teletypewriter (TTY) number: 1-877-889-5627.

Guidance on Preparing Workplaces for COVID-19

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

OSHA 3990-03 2020

U.S. Department of Labor

Contents

Introduction

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

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

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

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

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

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

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

About COVID-19

Symptoms of COVID-19

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

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

How COVID-19 Spreads

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

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

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

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

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

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

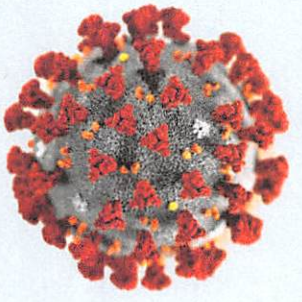
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

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

How a COVID-19 Outbreak Could Affect Workplaces

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

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



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

Photo: CDC / Alissa Eckert & Dan Higgins

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

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

Develop an Infectious Disease Preparedness and Response Plan

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

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

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

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

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

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

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

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

Prepare to Implement Basic Infection Prevention Measures

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

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

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

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

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

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

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

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

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

Implement Workplace Controls

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

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

Engineering Controls

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

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

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

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

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

Safe Work Practices

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

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

Personal Protective Equipment (PPE)

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

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

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).

- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

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

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

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

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

Follow Existing OSHA Standards

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

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

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

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030.

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

Classifying Worker Exposure to SARS-CoV-2

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

Occupational Risk Pyramid for COVID-19

Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

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

High Exposure Risk

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

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

Medium Exposure Risk

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

Lower Exposure Risk (Caution)

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

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

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

Engineering Controls

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

Administrative Controls

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

Personal Protective Equipment

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

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

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

Engineering Controls

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

Administrative Controls

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

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

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE. Each employer should select the combination of PPE that protects workers specific to their workplace.

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

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

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

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

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

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

Engineering Controls

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

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

Administrative Controls

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

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

Safe Work Practices

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

Personal Protective Equipment (PPE)

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

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

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

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

The CDC webpage "Healthcare-associated Infections" (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

Workers Living Abroad or Travelling Internationally

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

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

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

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

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

For More Information

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

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

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

OSHA Assistance, Services, and Programs

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

Establishing a Safety and Health Program

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

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

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

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

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

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

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

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

Cooperative Programs

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

Strategic Partnerships and Alliances

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

Voluntary Protection Programs (VPP)

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

Occupational Safety and Health Training

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

OSHA Educational Materials

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

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

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

OSHA Regional Offices

Region 1
Boston Regional Office
(CT*, ME*, MA, NH, RI, VT*)
JFK Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax

Region 2
New York Regional Office
(NJ*, NY*, PR*, VI*)
Federal Building
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax

Region 3
Philadelphia Regional Office
(DE, DC, MD*, PA, VA*, WV)
The Curtis Center
170 S. Independence Mall West, Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax

Region 4
Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax

Region 5
Chicago Regional Office
(IL*, IN*, MI*, MN*, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax

Region 6
Dallas Regional Office
(AR, LA, NM*, OK, TX)
A. Maceo Smith Federal Building
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax

Region 7
Kansas City Regional Office
(IA*, KS, MO, NE)
Two Pershing Square Building
2300 Main Street, Suite 1010
Kansas City, MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8
Denver Regional Office
(CO, MT, ND, SD, UT*, WY*)
Cesar Chavez Memorial Building
1244 Speer Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax

Region 9
San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American Samoa,
Guam and the Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 2650
San Francisco, CA 94103
(415) 625-2547 (415) 625-2534 Fax

Region 10
Seattle Regional Office
(AK*, ID, OR*, WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

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

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

How to Contact OSHA

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

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

OSHA®
www.osha.gov

U.S. Department of Labor

For more information:

OSHA® Occupational Safety and Health Administration

www.osha.gov (800) 321-OSHA (6742)