THE NEW NORMAL

A GUIDE FOR RESIDENTS AND COMMERCIAL ESTABLISHMENTS

subject to change

Please visit
http://www.miamidade.gov/global/initiatives/coronavirus/business/reopening-plan.page
for the most up-to-date information as well as other materials
to assist with re-opening

CARLOS A. GIMENEZ
MAYOR
MIAMI-DADE COUNTY

May 15, 2020

Throughout my 45-year career in public service, I have been involved in one way or another in responding to emergencies and extraordinary events in our community. As a firefighter, I responded to emergency calls every day. I served as a SWAT medic and responded to the initial crises and the aftermath of the McDuffie Riots. As the Fire Chief and Emergency Manager for the City of Miami, I developed and implemented equipment and procedures for large-scale gatherings at stadiums and other facilities, and led the response to Hurricane Andrew. I was appointed City Manager during the State Oversight that was imposed as a result of fiscal mismanagement, and I brought the City of Miami out of financial insolvency. As the Mayor of Miami-Dade County, I have led our community out of the Great Recession, an epidemic of Zika cases, and recovery from Hurricane Irma. From each of these events, I gained experience in leading an organization and a community through difficult times. All these events combined, however, do not equal the impact that the COVID-19 pandemic has had on Miami-Dade County.

Although we were criticized by some at the time, we responded quickly and responsibly to the coming pandemic: first, by protecting the elderly and medically-compromised residents; next, by restricting dining in restaurants and closing theaters, playhouses and other gathering places, and by imposing social distancing guidelines; then by closing parks and open spaces; and finally, by closing all non-essential retail and commercial establishments. Our Safer at Home protocols became the model for the state, and it is because you – our residents and business owners – cooperated and adhered to these restrictions, that we were able to avoid the worst predictions of the effects of the pandemic on our community, flatten the curve, and now, with criteria established by the Federal government showing a downward trend in cases and hospitalizations in Miami-Dade County, we can now relax some of these restrictions and work toward what will be our New Normal.

With the input of community members, medical experts and industry experts, and following the experience of communities that have come before us, this guide has been developed as the roadmap of our reopening. The plan is divided into phases, and the various industries and services provided in our community are mapped along these phases with gradual expansion of activities. Guidelines for residents, regardless of activities, are included to help keep you safe and healthy. Industry-specific rules are laid out to allow our economy to reopen, while protecting our community.

Earlier this month, we allowed for a limited reopening of parks and open spaces. Because we carefully planned and you followed the rules established, we did not experience an increase in cases and can now consider further openings. Should we see indicators that the percentage of positive cases is increasing in line with test counts, hospital beds are filling up, or people are not following the established orders, restrictions will go back into place. A daily dashboard will provide everyone with the most up-to-date information and the status of reopening each day.

Working together, we have been successful in largely protecting our community from the health impacts of the pandemic. Now it is time for us to join together to reverse the economic impacts our community has been suffering. Following this guide will take us safely to the New Normal, as will each of us taking personal responsibility for our safety. Remember: *I Keep You Safe, You Keep Me Safe*. We're in this together, and I am confident that we will emerge even stronger than before.

Yours in service,

Carlos A. Gimenez
Mayor, Miami-Dade County

Table of Contents

Introduction 2

Color Identification System 4

Emergency Orders 5

General Guidelines 6

Parks and Open Spaces 8

Reopening Plans 9

Specific Industry Group Protocols 13
- Retail (including Small Businesses) 14
  - Additional considerations for Personal Grooming, Massage and Tattoo Establishments 16
- Arts & Culture 18
- Manufacturing 20
- Office Spaces and Shopping Centers 22
- Warehousing/Trade & Logistics 24

Specialized Protocols 26
- Micromobility 27
- Restaurants, Bars and Similar Establishments 29
- Swimming Pools 42
- Hotels and Accommodations 45
- **Additional Guidelines for Banquet Halls and Conference/Meeting Facilities 49
- Beaches 51
- Wellness Facilities 55
- Childcare Facilities, Summer Camps, Sports Camps and After School Programs 62
- **Additional Guidelines for Specific Programs 70

Appendices

Introduction

This guide has been prepared for you – the residents, business and commercial establishment owners and people who operate other facilities throughout Miami-Dade County – to provide information you will need as we move to a New Normal. For your reference, links to Emergency Order (EO) 20-20, as amended, EO 27-20, as amended, EO 29-20, as amended and EO 30-20 are included in this document. Only businesses and establishments operating in compliance with the New Normal Guide and applicable EOs may operate.

Guided by facts about the disease and business operations provided by medical and industry experts, the protocols included in this document have been developed by County staff to guide our community as we slowly and thoughtfully begin to reopen services and allow for activities that have been suspended due to the COVID-19 pandemic. A dashboard has been developed to provide interested people with the up-to-date information we have to help us make decisions regarding these protocols and track the impacts of our actions.

Rules for all of us to follow regardless of where we will be and what we will be doing in Miami-Dade County are included, as well as more specific requirements for visitors to our parks and open spaces. Recommendations for businesses, commercial establishments and other facilities for reopening have been developed. General guidance for business opening follows, as well as detailed protocols for a handful of specific business categories and sub-categories are also included. Specialized protocols were not developed for every industry in Miami-Dade County. Businesses are encouraged to apply guidelines as applicable to your particular business model or process. If a particular commercial establishment supports multiple business lines, only those permitted to operate may be opened in any particular phase. **Points in bold MUST be followed;** other recommendations are strongly suggested. Finally, we have included documents that business and facility managers will find helpful to communicate rules and express guidelines developed by various regulatory agencies.

Establishments required to submit a plan for reopening under previous emergency orders may now be open if they comply with any COVID-19 safety plan for such establishment previously approved by Miami-Dade County and comply with the current version of the New Normal Guidebook, as amended from time to time.

This guide is intended to be a dynamic document and we want it to be useful to you. Should you have any questions or suggestions, please send an email to new-normal@miamidade.gov. We want to be responsive to our ever-changing and ever- challenging situation as we work our way to the New Normal.

Color Identification System

The color flag identification system below will be used to communicate each day where we are on the continuum of the New Normal. Depending upon the situation, we may take intermediate steps between these phases, but knowing what color phase we are in will help you navigate your activities.

Color	Phase
	Most stringent closures; only essential businesses open; social and physical distancing and facial covering requirements in place
	Parks and Open Spaces open; preparations taking place to reopen other sectors with strict capacity requirements in place; social and physical distancing and facial covering requirements in place
	Limited opening of non-essential businesses and other facilities; strict capacity requirements in place; social and physical distancing and facial covering requirements in place
	More expansive opening of businesses and facilities; capacity requirements expanded; social and physical distancing and facial covering requirements in place
	New Normal is in place; all businesses and facilities open; social and physical distancing and facial coverings encouraged

Emergency Orders

A number of emergency orders have been imposed since the beginning of the COVID19 pandemic that govern activities in Miami-Dade County. The orders impacting and promulgating the guidelines in this document are as follows

Emergency Order 20-20 and Amendment – governs the use of facial coverings, which must be worn in public places with exceptions; facial coverings are defined

Amendment 1 to Emergency Order 20-20
Emergency Order 20-20

Emergency Order 27-20 – imposes a curfew from 11pm to 6am each day.

Amendment 1 to Emergency Order 27-20
Emergency Order 27-20

Emergency Order 29-20 – governs reopening of parks and outdoor spaces

Amendment 1 to Emergency Order 29-20
Emergency Order 29-20

Emergency Order 30-20 – governs reopening of businesses and establishments

Emergency Order 30-20

General Guidelines

Emergency Order 20-20 was originally implemented at 11:59pm on April 9, 2020. As amended by subsequent Emergency Orders, these general guidelines and requirements should be followed by all residents and businesses.

- People must follow the social and physical distancing and facial covering and personal protection equipment (PPE) guidelines as defined by our Emergency Orders, the Centers for Disease Control (CDC) and consistent with Occupational Safety and Health Administration (OSHA) and other regulatory guidelines:
    - **Six foot distance between people; plexiglass or other partitions do not substitute for social and physical distancing in restaurants, casinos and other indoor entertainment venues**
    - **Wear facial coverings at all times in public, with certain exceptions**
    - **Wash hands and/or use hand sanitizer often**
- Facilities must implement certain procedures:
    - **enhanced sanitizing of all common areas and frequent touch points**
    - **placement of trash containers for face masks and other personal protective equipment (PPE) near exits and entrances and other common areas**
    - **comprehensive cleaning of facilities must be performed each night and include thoroughly disinfecting all frequent touch points and emptying all trash receptacles using solid waste bags that are double-bagged and securely sealed**
    - **posting CDC signage in publicly trafficked locations emphasizing measures to "Stop the Spread of Germs" and to exercise social responsibility**
    - upgrading or installing ventilation per OSHA guidance
    - designating quarantine rooms for infected individuals and deep clean after use
    - **installing hand sanitizer at entry points and through site**
    - **training all personnel in new operating protocols and modifications to existing codes of conduct to deal with COVID 19 issues**

- Businesses and workplaces must implement certain procedures
  - **food and beverages must be consumed when seated and may not be consumed outside of designated eating areas**
  - designing work group shifts to minimize contacts between employees and ensure easier tracking and tracing, as possible, and implement staggered breaks to reduce large group gatherings
  - avoiding meetings of more than 5 participants and encouraging virtual meetings
  - reducing seating in breakrooms and common areas to ensure minimum 6' physical distance
  - allowing non-core functions to work from home, as possible
  - implementing testing programs for high risk employees
  - establishing clear reporting protocols based on leading (e.g., thermometer temp spikes, thermal scanning spikes, increased absenteeism) and lagging indicators (e.g., staff health visits above pre-defined rate, community spread in retailer locale) to help prevent spread of cases
  - posting a contact email address and/or telephone number for employees and customers to contact if they have questions or concerns
  - encouraging participation in contact tracing by employees
  - **Any establishment that has an on-site employee or contractor who tests positive shall close until one of the following conditions is met:**
    - **the establishment is deep-sanitized and employees who were in close contact with the positive employee or contractor have been tested and cleared by a medical professional as being COVID-19 free or do not report to work for 14 days after the date the positive employee or contractor was last onsite; or**
    - **b.14 days from the date such employee or contractor was last onsite at such establishment if deep-sanitization is not performed.**
  - **Where an establishment has multiple floors or structures, or has a square footage in excess of 10,000 square feet, only those structure(s), floor(s), or area(s) where the infected person was present are required to be deep-sanitized as a condition of re-opening, and only those employees working in such structure(s), on such floor(s), or who came into contact with the positive employee or contractor must be tested or must not report to work for 14 days after the date the positive employee was last on-site.**
  - **Under no circumstances shall an employee or contractor who has tested positive report to work at an establishment until that employee is cleared by a medical professional as being COVID-19 free.**

Parks and Open Spaces

As we moved into the Orange flag phase, the first sector that re-opened in a limited way in Miami-Dade County was Parks and Open Spaces. On April 29, 2020 at 6:00am, Emergency Order 21-20 went into effect. The development of the Emergency Order included representatives from organizations involved in services and activities in parks, marinas and golf courses. Over the course of several meetings, protocols were developed and then reviewed carefully by medical professionals from the universities and hospitals in Miami-Dade County, as well as the Florida Department of Health. This collaborative process became the model for future efforts related to business and commercial establishment reopening. The original Emergency Order has now been replaced with Emergency Order 29-20 and includes provisions for parks, boats and marinas, golf courses and other outdoor establishments.

The protocols developed outlined specific rules to ensure social and physical distancing, effective sanitization of restrooms and high touch areas, use of facial coverings and limitations on gatherings of people. These protocols have been updated to allow for limited competition on athletic fields, provided facial coverings are worn in accordance with Emergency Order 20-20 and now include provisions for charter vessels and tour boats.

Amendment 1 to Emergency Order 29-20
Emergency Order 29-20

Reopening Protocols

While designated businesses are permitted to open, you are not required to open. Furthermore, if we experience another surge in cases, we may be required to close certain sectors. Should this happen, we will communicate this to the community with adequate time to prepare prior to the effective date.

As you prepare to reopen your establishment, please consider these examples of general safeguarding guidelines for reopening. All guidelines are categorized by workforce protection measures, employee protection measures, non-employee (or customer) protection measures, business process adaptations, employer-led public health interventions and industry-wide safeguards. This list is not intended to be all-inclusive, but rather examples of actions to be taken so that you may protect your employees and your customers. If a particular commercial establishment supports multiple business lines, only those permitted to operate may be opened in any particular phase. You may wish to enforce more stringent guidelines or procedures.

General Reopening Guidelines

I. Workforce protection

a. **Facial coverings must be worn inside businesses and commercial establishments**
b. **Do not allow employees who have flu like symptoms to report to work for 14 days after the onset symptoms**
c. **Encourage participation in contact tracing for employees that test positive**
d. Provide or coordinate safe transportation to work allowing for social and physical distancing
e. Allow for flexible schedules for childcare and sick time
f. Staggered breaks to reduce large group gatherings
g. **Install hand sanitizer at entry points and through site**

II. Employee protection

a. **Enforce personal protective equipment (e.g., face masks, gloves)**
b. **Ensure employees (and customers) stay more than 6 feet apart (use visual markers to help with implementation)**
c. **Enhanced sanitization of all common areas / touch points (doors, stairwell handles, light switch, elevator switch, etc.)**
d. **Procure increased amounts of soap, hand sanitizer, cleaning materials and protective equipment**

III. Non-employee Protection

a. **Visually mark separation 6 ft. apart for areas where people would group (e.g., queues and elevators)**
b. **Plexiglass and other partitions do not substitute for social and physical distancing in restaurants, casinos and other indoor entertainment venues**
c. **Food and beverages must be consumed only when seated and may not be consumed outside of designated eating areas; designated areas must be separate from casino floors, bowling lanes, and other active areas of establishments**
d. **Discourage entry to site of visitors and contractors, unless needed for operations**
e. Set up self-checkout lines and contactless payments, as applicable

IV. Business Process Adaptations

a. Upgrade/Install ventilation including HVAC filters or UV-C equipment per OSHA guidance
    i. Establishments are required to check HVAC systems to ensure proper recirculation of outside air and replacement of air filters
    ii. Ensure filter replacement or upgrade consistent with CDC and OSHA Guidelines (https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html)

iii. Utilize UV-C disinfection in commercial HVAC systems

iv. Comply with Section 553.908 on guidance on required air changes per hour. (http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0500-0599/0553/Sections/0553.908.html); comply with FBC 2017, Chapter 4, Ventilation Section of Mechanical Code (https://up.codes/viewer/florida/fl-mechanical-code-2017/chapter/4/ventilation#4) and ASHRAE Standard 62.1-2019, Ventilation for Acceptable Indoor Air Quality.

b. Clean and disinfect bathrooms every two to three hours

c. Eliminate the use of common water fountains and interactive displays

d. Limit capacity of elevators to ensure social and physical distancing

e. Designate quarantine rooms for infected individuals and deep clean after use

f. Require non-core functions to work from home, as possible

g. Avoid meetings of more than 5 participants, encourage virtual meetings

h. Reduce seating in breakrooms / common areas to ensure minimum 6' physical distance. If not possible, close common areas

i. Prior to re-open, flush plumbing and run water in sinks to eliminate stagnant water from the period of mall/store's closure

V. Employer Led Health Public Health Interventions

a. Post CDC signage in publicly trafficked locations emphasizing measures to "Stop the Spread of Germs" and to exercise social responsibility

b. Train all personnel in new operating protocols and modifications to existing codes of conduct to deal with COVID 19 issues

c. Design work group shifts to minimize contacts between employees and ensure easier tracking and tracing, as possible

d. Implement testing programs for high risk employees (e.g., frequent contact with customers or suppliers)

VI. Industry-wide Safeguards

a. Acknowledge in writing the review and understanding of relevant industry association and union organizations guidelines, including capability checklists and reference to WHO, DOH and CDC guidelines

b. Establish protocol to immediately disclose infection to state DOH bodies and procedure to safeguard store (e.g., deep cleaning)

c. Setup clear reporting protocols based on leading (e.g., thermometer temp spikes, thermal scanning spikes, increased absenteeism) and lagging indicators (e.g., staff health visits above pre-defined rate, community spread in retailer locale)

d. Post a contact email address and/or telephone number for employees /customers to contact if they have questions or concerns

e. Any establishment that has an on-site employee or contractor who tests positive shall close until one of the following conditions is met:

i. **the establishment is deep-sanitized and employees who were in close contact with the positive employee or contractor have been tested and cleared by a medical professional as being COVID-19 free or do not report to work for 14 days after the date the positive employee or contractor was last onsite; or**
ii. **14 days from the date such employee or contractor was last onsite at such establishment if deep-sanitization is not performed.**

f. **Where an establishment has multiple floors or structures, or has a square footage in excess of 10,000 square feet, only those structure(s), floor(s), or area(s) where the infected person was present are required to be deep-sanitized as a condition of re-opening, and only those employees working in such structure(s), on such floor(s), or who came into contact with the positive employee or contractor must be tested or must not report to work for 14 days after the date the positive employee was last on-site.**

g. **Under no circumstances shall an employee or contractor who has tested positive report to work at an establishment until that employee is cleared by a medical professional as being COVID-19 free.**

Specific Industry Group Protocols

For each of the following industries, a group of community members came together to provide factual information about their business models and customers, medical experts provided information about infection risks and County staff in turn developed proposed protocols for reopening in their industries. The community members represented a broad spectrum of businesses that ranged in size from very small to some of our largest employers. Discussions were lively and informed by factual information about best practices and a wealth of industry experience. These protocols were further reviewed by industry experts, taking into account international experience and best practices as different jurisdictions have moved through the phases of the COVID19 pandemic.

The protocols for each group are organized similarly and a timeline follows each to illustrate where in the continuum of moving to the new normal the proposed protocols fall. These guidelines are categorized by workforce protection measures, employee protection measures, non-employee (or customer) protection measures, business process adaptations, employer-led public health interventions and industry-wide safeguards. For the specific industries listed below, in addition to the guidelines included, all industries must follow the guidelines on page 10. Just as with the general guidelines, this list is not intended to be all-inclusive, but rather examples of actions to be taken so that you may protect your employees and your customers. If a particular commercial establishment supports multiple business lines, only those permitted to operate may be opened in any particular phase. You may wish to enforce more stringent guidelines or procedures.

Retail Establishments (including Small Businesses)

I. Workforce protection

a. Assess employee assignments based on risk profiles (vulnerable populations)

b. Enable single point of entrance

c. Facial coverings must be worn inside a retail establishment

d. Install hand sanitizing dispensers or make sanitizer available at entrances and in common areas

e. Establish sign-in stations or check points for employees with health questionnaire on symptoms

f. Encourage employees to self-identify and report symptoms; do not allow employees who have flu like symptoms to report to work for 14 days after the onset symptoms.

g. Institute staggered breaks in order to discourage large group gathering

II. Employee protection

a. **Space out customer queues for fitting rooms and at cashiers with floor markers (every 6 ft);** adopt virtual waiting area / queue where feasible

b. Ensure commercial / delivery drivers' access is limited to receiving area and minimize interactions with staff; exclude any interactions with frontline personnel

c. Installation of plexiglass sneeze guards and moving of pin pads to facilitate social and physical distancing at checkout stations

d. Procure appropriate amounts of soap, hand sanitizer, cleaning materials and protection equipment (masks, gloves)

III. Non-Employee Protection

a. Limit the number of staff and customers to state requirement up to a maximum of 50 percent of mall/store occupancy

b. **Place signs outside and inside the elevators to limit capacity to 4 passengers, with visual markers for passengers to stand on.** Signs should encourage people to take the stairs where appropriate and offer preferential treatment elderly, persons with disabilities, pregnant women, and families with small children

c. Cart handles and basket handles must be sanitized between uses

d. Valet may be utilized. **Valet operator will step away 6 feet after opening car door (visual markers should be placed on the ground to assist). After parking, vehicle operator will switch or sanitize gloves prior to servicing the next vehicle.**

e. Adapt curbside locations to be available in shopping center parking lots and throughout mall surface lots to accommodate pick-up

f. Set specific shopping hours for vulnerable groups (elderly, persons with disabilities, pregnant women)

IV. Business Process Adaptions

a. **Mark with arrows entry and exit points, creating one-way circulation paths inside stores**
b. Remove public seating areas, if possible, and enforce distancing through signaling
c. **Flush plumbing and run water in sinks to eliminate stagnant water from the period of mall/store's closure**
d. Change and/or upgrade mall/store HVAC filters or install UV-C disinfection equipment (per OSHA guidance)
e. Encourage adoption of contactless payment mechanisms (e.g., credit cards)
f. Install 'physical buffers' to handle shopping items (e.g. 1 or more tables between customer and cashier for loading, checkout and bagging of items)

V. Employer-led Public Health Interventions

a. **Train all personnel in new operating protocols and modifications to existing codes of conduct to deal with Covid-19 issues**
b. **Post CDC signage in publicly trafficked locations emphasizing measures to "Stop the Spread of Germs" (CDC) and exercise social responsibility (e.g., hygiene)**
c. Design work group shifts to ensure easier tracking and tracing
d. Encourage use of contactless thermometer for daily employee check in monitoring of temperatures
e. Evaluate the need for testing program for high risk employees (e.g., frequent contact with customers or suppliers)

VI. Industry-Wide Safeguards

a. Malls and stores must indicate how much "lead time" each needs to be ready to re-open
b. Acknowledge in writing the review and understanding of relevant industry association and union organizations guidelines, including capability checklists and reference to WHO, DOH and CDC guidelines
c. Establish and employ protocol to immediately disclose infection to state DOH bodies and procedure to safeguard store (e.g., deep cleaning.
d. Establish and employ clear reporting protocols based on leading (e.g., thermometer temp spikes, thermal scanning spikes, increased absenteeism) and lagging indicators (e.g., staff health visits above pre-defined rate, community spread in retailer locale)
e. **Stores/malls shall post a contact email address and/or telephone number for customers**

Additional considerations for Personal Grooming, Massage and Tattoo Establishments

I. Workforce Protection
   a. **Within the shop, a minimum of six feet (6') distance between customers, except for families residing at that same dwelling**
   b. **Capacity limited to 50% of building occupancy as required by law**
   c. As possible, install plexiglass barrier between salon chairs
   d. **Only the customers receiving the service may enter the shop (except for a an adult accompanying a minor or someone requiring assistance)**
   e. **All services require an appointment; appointments must be recorded for tracking purposes and for the notification of others that may have been present in the shop, if a positive COVID-19 case is reported**
      i. **Customers must wait outside of the business (practicing social and physical distancing) or in their cars until they are called for their appointment**
      ii. **A paging system may be utilized similar to what restaurants use, so that customers do not congregate outside of or around the shop**
      iii. **Walk-ins are prohibited**

II. Employee protection
   a. **Employees to wear masks and gloves at all times,** the use of face shields is strongly encouraged
   b. **Employees must not share tools**
   c. **Service Providers and Artists must wear single-use aprons**
   d. **Any face to face service requires a face shield being worn by the groomer/ stylist (e.g., beard/mustache, eyelashes, eyebrow, facial)**

III. Non-employee Protection
   a. **Customers to wear face masks (coverings may be removed for a short time when necessary to perform face services as instructed by groomer/stylist)**
   b. Provide customers with disinfection spray to apply on entry/exit

IV. Business Process Adaptations
   a. **Cleaning and disinfecting agents must be EPA registered and labeled as bactericidal, virucidal and fungicidal**
      i. **Reception and Retail Area**
         1. **Discard old magazines and other non-essential items in the waiting area that cannot be disinfected**
         2. **Wipe down all soft surfaces (couches, chairs) with water and a clean towel**
         3. **Clean and disinfect all hard, non-porous surfaces such reception counter, computer keyboard, phones, door handles, light switches and point of sale equipment**
         4. **Clean and disinfect all shelving, glass and display cases; keep product containers clean and dust free**
         5. **Place signage in window to notify customers of your diligence in practicing proper infection control**

ii. **Workstations – this must be performed after each service(s) provided to the customer**
    1. **Clean and disinfect all non-porous implements used in your services (immersion, spray or wipe)**
    2. **Store properly disinfected implements in closed containers**
    3. **Clean and disinfect all electrical implements used in your services**
    4. **Clean and disinfect chairs and headrests; consider barrier methods on chairs such as disposable paper drapes or towels that can be laundered after each client**
    5. **Clean and disinfect workstation, rolling cards, drawers and any containers used for storage**
    6. **Ensure that single use porous items are new**
    7. **All items on a nail station must either be new, never used, or cleaned and disinfected (stored in a closed container until ready to use)**
    8. **Waste must be doubled-bagged and disposed of daily; if applicable, as in the case of tattoo studios, waste must be picked up and disposed of by a medical waste company**

iii. **Treatment Rooms/Laundry/Shampoo Bowls/Pedicure Bowls**
    1. **Clean and disinfect any appliances used**
    2. **Clean and disinfect treatment tables**
    3. **Ensure all single use items are new**
    4. **Empty wax pots, completely clean and disinfect, and refill with new wax**
    5. **Any used linens, must be washed and dried on the HOT temperature setting**
    6. **All clean linens must be stored in closed covered cabinets**
    7. **Launder (porous) or disinfect (non-porous) all capes**
    8. **Clean and disinfect all shampoo bowls, handles, hoses, spray nozzles and shampoo chairs after each use**
    9. **Clean and disinfect pedicure bowls after each use**

b. **Washing hair before a cut is compulsory**
c. Encourage paperless transactions and offer to email receipts if possible
d. **All staff must wash hands before and after each service; if possible, it is recommended to wash hands in front the customer**
e. **Applicable guidelines for business operations must be followed:**
    1. http://www.floridahealth.gov/environmental-health/tattooing/
    2. Florida Beauty Salon and Barber Shop requirements
    3. COVID-19 Update from Florida State Massage Therapy Association (FSMTA)

Arts & Culture (includes non-profit museums and public gardens)

I. Workforce Protection
   a. **Install hand sanitizing stations at entrances and in common areas**
   b. Establish sign-in stations or check points for employees with health questionnaire on symptoms
   c. Encourage employees to self-identify and report symptoms

II. Employee Protection
   a. **Space out customer queues venue entry and at ticketing booths with floor markers (every 6 ft); adopt virtual waiting area / queue where feasible**
   b. Install Plexiglass barriers between cashier and customer
   c. Upgrade turnstiles to touchless ticket scanning
   d. **Procure appropriate amounts of soap, hand sanitizer, cleaning materials and protection equipment (masks, gloves)**

III. Non-employee Protection
   a. **Place signs outside and inside the elevators to limit capacity to 4 passengers, with visual markers for passengers to stand on.** Signs should encourage people to take the stairs where appropriate and offer preferential treatment to vulnerable groups (e.g., elderly, persons with disabilities, pregnant women, and families with small children)
   b. Valet may be utilized. **Valet operator will step away 6 feet after opening car door (visual markers should be placed on the ground to assist). After parking, vehicle operator will switch or sanitize gloves prior to servicing the next vehicle.**
   c. Set dedicated visiting hours or special events for vulnerable groups (e.g., elderly, persons with disabilities and pregnant women

IV. Business Process Adaptations
   a. **Mark with arrows entry and exit points, creating one-way circulation paths inside venue when possible; otherwise, enforce distancing by posting signs indicating 6' separation**
   b. Remove public seating areas, if possible – else, enforce distancing through signaling
   c. **Flush plumbing and run water in sinks to eliminate stagnant water from the period of facility closure**
   d. Change and/or upgrade HVAC filters or install UV-C disinfection equipment (per OSHA guidance)
   e. Enable website to support: (i) online payment of tickets, and (ii) questionnaire for visitors
   f. **Suspend group tours and group programming; implement circulation control measures to support social and physical distancing**
   g. **Eliminate the use of interactive exhibits unless a plan for application of protective measures has been approved**
   h. Establish special hours for members, senior citizens, individuals identifying health issues

V. Employer-led public health interventions

a. **Train all personnel in new operating protocols and modifications to existing codes of conduct to deal with Covid-19 issues**
b. **Post CDC signage in publicly trafficked locations emphasizing measures to "Stop the Spread of Germs" (CDC) and exercise social responsibility (e.g., hygiene)**
c. Design work group shifts to ensure easier tracking and tracing
d. Encourage use of contactless thermometer for daily employee check in monitoring of temperatures
e. Design testing program for high risk employees (e.g., frequent contact with customers or suppliers) to be tested every 2 weeks

VI. Industry-wide safeguard

a. Acknowledge in writing the review and understanding of relevant industry association and union organizations guidelines, including capability checklists and reference to WHO, DOH and CDC guidelines
b. Establish protocol to immediately disclose infection to state DOH bodies and procedure to safeguard facility (e.g., deep cleaning)
c. Establish and employ clear reporting protocols based on leading (e.g., thermometer temp spikes, thermal scanning spikes, increased absenteeism) and lagging indicators (e.g., staff health visits above pre-defined rate, community spread in retailer locale)
d. **Post a contact email address and/or telephone number for customers to contact if they have questions or concerns**

Manufacturing

I. Workforce Protection
   a. **Create a single point of access for employees**, and if necessary, a separate single point of access for visitors
   b. Establish sign-in stations or check points restricting access to employee workstations / production areas
   c. Ensure controlled measures to minimize visitor/contractor access to facility when entering property (escorted, PPE requirements)
   d. Consider 2-step inventory model
      i. Designated space for warehousing new inbound inventory, quarantined for 24 hours
      ii. Move inventory after 24 hours into "safe for use" warehousing space for use by facility

II. Employee Protection
   a. Procure increased amounts of soap, hand sanitizer, cleaning materials and equipment
   b. Install of additional hand sanitization and soaps in toilets and common areas
   c. Post promotional signage around hand washing and other best healthy hygiene practices
   d. Either eliminate timeclocks, sanitize timeclocks after each employee use, or use electronic solutions to avoid touch points
   e. Apply copper tape onto high-touch surfaces that can't be avoided
   f. Create operating "pods" (~2 employees per pod) in a production line, divided by physical barriers
   g. Air-gap connected workspaces, if possible, with a "clean room" to allow employees to sanitize

III. Non-employee Protection
   a. **Place signs outside and inside the elevators to limit number of people within elevator (1 person per at a time or at 50% capacity)**; offer preferential treatment to vulnerable groups (e.g., elderly, persons with disabilities, pregnant women)

IV. Business Process Adaptations
   a. Divided critical function teams with groups alternating work in-office or using satellite sites
   b. Digitize shift handovers and group discussions within facility
   c. Reduce seating in breakroom / common areas to ensure minimum 6' physical distance
   d. Designate quarantine rooms for potentially infected individuals and deep-clean after each use

e. **Mark common areas with physical markers to reinforce compliance with measures (e.g., 6 ft separation in queues)**
f. Upgrade/Install ventilation per OSHA guidance
g. **Flush plumbing to eliminate stagnant water and monitor water systems in the facility**

V. Employer-led public health interventions
   a. **Train all personnel in new operating protocols and modifications to existing codes of conduct to deal with COVID-19 issues**
   b. Design work group shifts to ensure easier tracking and tracing
   c. Evaluate the need for testing program for high risk employees (e.g., frequent contact with customers or suppliers)

VI. Industry-Wide Safeguards
   a. Acknowledge in writing the review and understanding of relevant industry association and union organizations guidelines, including capability checklists and reference to WHO, DOH and CDC guidelines
   b. **Establish protocol to immediately disclose infection to state DOH bodies and procedure to safeguard store (e.g., deep cleaning)**

Office Space and Shopping Centers

I. Workforce Protection
   a. Prepare basic hygiene protocols to re-open areas that haven't been operated for a long time (HVAC filters, check for mold, flush plumbing and run water in sinks to eliminate stagnant water)
   b. Install hand sanitizing stations at entrances and in common areas

II. Employee Protection
   a. All visitors and tenants must sanitize hands at time of building entry and wear facial coverings while in the building
   b. Offices with cubicles or open space designs must establish the minimum 6 feet of social and physical distancing required; or install physical barriers between workstations (e.g., plexiglass partitions) to ensure distancing
   c. Procure increased amounts of soap, hand sanitizer, cleaning materials and equipment
   d. Call centers with multiple employees utilizing the same consoles must establish alpha/bravo shifts and clean and sanitize equipment between shifts
   e. To the extent possible, offices should stagger arrival times of employees, alternate employees coming to the office and encourage teleworking and digital communication

III. Non-employee Protection
   a. All visitors and tenants must sanitize hands at time of building entry.
   b. Place signs outside and inside the elevators and other common areas (e.g., restrooms, breakrooms) to summarize key messages: restrictions to capacity, distancing, use of facemasks
   c. For medical offices, create separate entrances for those with medical issues

IV. Business Process Adaptations
   a. Install CDC signage located at the entry, lobby/waiting area, elevators, escalators, restrooms, tenant entrances mandating social and physical distancing and proper hand washing/sanitizing, over communicate the protocols throughout the building common areas
   b. Install visual/physical markings on floor and areas to accomplish distancing, arrange waiting areas to allow for proper social and physical distancing (e.g., for check-in and elevators)
   c. Distinguish between different types of buildings to determine occupancy, using space calculator to help ensure proper social and physical distance while at desks. (e.g., go from 1 person per every 150 SF/change to 1 person per every 350 SF)
   d. When possible, require tenants come to lobby to accept deliveries to limit use of elevators and stairs by visitors; establish a drop area for packages so that they may be disinfected and/or left undisturbed overnight before being handled

e. **All building tenants and visitors must wear facial coverings while in the building**
f. **Limit use of common conference rooms, lunchrooms and other common areas or schedule use to reduce gathering of large numbers of tenants or visitors**

V. Employer-led public health interventions
   a. Adjust ventilation per OSHA guidance

VI. Industry-wide safeguards
   a. Setup clear protocols based on Leading indicators (e.g., Thermometer temp spikes, thermal scanning spikes, increased absenteeism) and Lagging indicators (e.g., Staff health visits above pre-defined rate, community spread in retailer locale)
   b. **Clean and sanitize all high touch surfaces in common areas, including railings, seats, ATMs, kiosks and elevator buttons every two to three hours; discontinue use of common drinking fountains**

Warehousing/Trade and Logistics

I. Workforce Protection
   a. **Install hand sanitizing dispensers or make sanitizer available at entrances and in common areas**
   b. Establish sign-in stations or check points for employees with health questionnaire on symptoms
   c. Encourage employees to self-identify and report symptoms before returning to work
   d. **Perform deep disinfection of stored goods between shifts (i.e., mechanical sprayer / thermal foggers)**

II. Employee Protection
   a. **Ensure enough masks available for all employees that are in contact with other people (including office workers, warehouse workers unable to social and physical distance, and customer facing shipping and delivery workers), as well as sufficient quantities of soap, hand sanitizer, gloves as necessary**
   b. Have employees plan on working remotely when and where possible, and encourage employees to stay home if sick or caring for a family member
   c. **Acquire uniforms to supply employees with enough uniforms to be able to wear a clean uniform each shift**
   d. Restructure shifts, reducing overlap and staggering break times to ensure social and physical distancing once employees return
   e. **Barriers between all workstations**
   f. Divide critical function teams with groups alternating work in-office or using satellite sites

III. Non-employee Protection
   a. **Place signs notifying visitors, other non-employees of strict PPE requirements (i.e., masks for all visitors); ensure signs are posted in multiple languages (English, Spanish, Creole)**
   b. Use supplier and customer networks to inform non-employees of new safeguarding protocols
   c. Streamline visiting process and communicate to employees, including no-contact warehouse pickups and no in-person supplier/distributor meetings

IV. Business Process adaptations
   a. **Mark with arrows entry and exit points, creating one-way circulation paths inside warehouses**
   b. Ensure acquisition of enough equipment to be able to limit workers from sharing; institute policies to sanitize equipment where sharing of equipment is unavoidable
   c. Institute protocols for touchless paperwork, including acquiring tablet computers, or setting guidelines for employees to use their own emails or mobile phones if necessary
   d. Change and/or upgrade site HVAC filters or install UV-C disinfection equipment (per OSHA guidance)

e. Remove public seating areas, if possible, and enforce distancing through signaling
f. Acquire necessary technology to enable adoption of contactless payment mechanisms (e.g., credit cards) for delivery and drop-offs

V. Employer-led public health interventions
   a. Establish trainings for all personnel in new operating protocols and modifications to existing codes of conduct to deal with Covid-19 issues
   b. Post CDC signage in publicly trafficked locations emphasizing measures to "Stop the Spread of Germs" (CDC) and exercise social responsibility (e.g., hygiene)
   c. Design work group shifts to ensure easier tracking and tracing, and design no-overlap shifts
   d. Acquire contactless (or regular, with heavy sanitization protocols) thermometers for daily employee check in monitoring of temperatures
   e. Evaluate the need for testing program for high risk employees (e.g., frequent contact with customers or suppliers; travel between sites; direct contact delivery)

VI. Industry-wide safeguards
   a. Clean and disinfect multi-touch equipment like handgrips carts, steering wheels, pallet trucks, etc. every time a user changes and after each shift
   b. **Wash hands or use hand sanitizer between deliveries** and utilize alternative delivery options to minimize personal contact i.e. pick up and drop off locations and touchless paperwork and confirmations
   c. Acknowledge in writing the review and understanding of relevant industry association and union organizations guidelines, including capability checklists and reference to WHO, DOH and CDC guidelines
   d. Establish protocol to immediately disclose infection to state DOH bodies and procedure to safeguard store (e.g., deep cleaning)
   e. Setup clear reporting protocols based on leading (e.g., thermometer temp spikes, thermal scanning spikes, increased absenteeism) and lagging indicators (e.g., staff health visits above pre-defined rate, community spread in retailer locale)

Specialized Protocols

For each of the following categories, a group of experienced industry professionals came together to work with medical experts and our county staff to develop proposed protocols for reopening in these specialized areas: restaurants (dining in), hotels and accommodations and pools. In each of these areas, discussions were lengthy, in order to fully consider the broad and unique challenges that must be addressed. Again, these proposed protocols are informed by best practices and a wealth of experience. These protocols were further reviewed by medical and industry experts taking into account international experience and best practices as different jurisdictions have moved through the phases of the COVID19 pandemic. For the specific industries listed below, in addition to the guidelines included, all industries must follow the guidelines on page 10. You may wish to enforce more stringent guidelines or procedures.

Common-use moped, motorized scooter, bicycle or motorized bicycle or any micromobility devices

These guidelines have been developed to provide for the health and safety of the employees and users of micromobility vehicles. **Only vehicles that may be legally used on roads and requiring docking stations or with storage compartments on each vehicle to access rentals to may be used at this time. Vehicles limited to use on paths and sidewalks are not permitted while special approval is in place allowing restaurants to utilize sidewalks for seating.**

I. Workforce & Employee Protection Measures

- **a. Procure and maintain sufficient amounts of soap, hand sanitizer, cleaning materials and equipment.**
- **b. Post signage throughout the site to remind personnel to adhere to proper hygiene, social and physical distancing rules, appropriate use of PPE, and cleaning and disinfection protocols.**
- c. Adhere to hygiene and sanitation requirements from the Centers for Disease Control and Prevention and Department of Health and maintain cleaning logs on site that document date, time, and scope of cleaning.
- **d. Provide and maintain hand hygiene stations for personnel, including handwashing with soap, water, and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where hand washing is not feasible.**
- **e. Thermal Scans - all employees are to undergo a thermal scan at the beginning of every shift to confirm appropriate body temperature**
- **f. Masks are mandatory and to be worn at all times**
- **g. Gloves must be worn at all times.**
- h. Any shared device must be deemed essential and must be thoroughly sanitized between uses and shifts.
- i. Conduct regular cleaning and disinfection at least after every shift, daily, or more frequently as needed and frequent cleaning and disinfection of shared objects and surfaces, as well as high transit areas such as shared employee vehicles, restrooms and common areas.
- **j. Single point of access for employees. No visitors are permitted to enter the premises**
  - i. No work from outside contractors unless deemed necessary. Any contractors permitted to the premises are to comply with Workforce and Employee Protection Measures and will be monitored from a safe distance.
- **k. No shared "clock in" devices. All activity associated with "clocking in" to occur on personal devices**
- l. 2-step inventory model
  - i. Designated space for warehousing new inbound inventory, quarantined for 24 hours until deemed "safe, ready for use"
- m. Apply copper tape onto high touch services that cannot be avoided.
- **n. Operating "pods" (~2 employees per pod) to minimize interaction between employees in any essential functions that require 2 people.**
- **o. Establish a communication plan for employees, visitors, and customers with a consistent means to provide updated information.**

II. Non-employee (or Customer) Protection Measures

- **a. All vehicles in the field must be thoroughly disinfected using COVID-19-effective disinfectants. Particular attention should be paid to high-touch areas, including the handlebars, brake levers, helmet (inside and outside of the helmets, the visor, and the chin strap), helmet case, and the seat.**
- **b. Provide disinfecting wipes or other method of sanitation at docking stations for riders to wipe down the parts of the vehicle they touch before and after riding.**

c. **Include signage and messages in applications that are utilized to rent vehicles advising riders to clean vehicles with provided equipment before and after each ride and to follow the prevention guidelines issued by the CDC, including washing your hands before and after every ride.**
d. **In no instance shall vehicles be cleaned less frequently than once a day.**

III. Business Process Adaptations

a. Divided critical function teams with groups alternating shifts
b. Digitize shift handovers and group discussions within facility
c. Reduce seating in breakroom / common areas to ensure minimum 6' physical distance
d. Designate quarantine rooms for potentially infected individuals and deep-clean after each use
e. Mark common areas with physical markers to reinforce compliance with measures (e.g., 6 ft separation in queues)

IV. Employer-led Public Health Interventions

a. Train all personnel in new operating protocols and to deal with COVID-19 issues
b. Design work group shifts to ensure easier tracking and tracing
c. Evaluate the need for testing program for high risk employees (e.g., frequent contact with customers or suppliers)
d. Maintain a continuous log of every person, including workers and visitors, who may have close contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means

V. Industry-wide Safeguards

a. Certify management's ability to train, monitor and assure all employees are adhering to the industry guidelines; management commits to conducting quality assurance checks on a regular basis
b. Acknowledge in writing the review and understanding of relevant industry guidelines, including the protocols listed herein, as well as WHO, DOH and CDC guidelines
c. Establish protocol to immediately disclose infection to state DOH bodies

Restaurants, Bars and other Similar Establishments

This section applies to restaurants, bars and other similar establishments, regardless of licensure. **Entertainment may be provided, following noise guidelines and requirement that entertainers be at least 10 feet from customers. Dining establishments in Miami-Dade must follow these protocols to ensure a responsible opening and prioritizes the health, safety, and well-being of both patrons and staff. It applies to any legally established indoor and/or outdoor dining use. It shall remain the responsibility of the dining establishments to comply with all applicable federal, state and local laws, including the Americans with Disabilities Act.**

Recommendations are in conformance with the Centers for Disease Control and Prevention (CDC), World Health Organization, and the Florida Department of Health guidelines. Revisions may be recommended when advisable based on future health indicators.

Facility Preparation

- **Before re-opening, plumbing must be flushed to eliminate stagnant water from the period of closure** (see CDC guidelines: https://www.cdc.gov/ coronavirus/2019-ncov/php/building-water-system.html).
- **Must change and/or upgrade HVAC filters as necessary to maximize fresh air (using the maximum filtration for the design of the ventilation system) and increase outdoor airflow rates where possible. Filters should be changed regularly.**
    - Install high-efficiency air filters and HVAC systems.*
    - In addition to HEPA filtration, install Ultraviolet Germicidal Irradiation (UVGI) in small common areas that cannot be adequately ventilated.*
    - Maximize circulation of outdoor air in the indoor space as much as possible during hours of operations including open doors and windows and use of outdoor space whenever is practical and feasible

  The CDC recommendations for both of these measures are available at https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/air.html#table6

- **Must develop and implement plans as appropriate to address any parking garage or other facility access points leading to entrances** (e.g., limiting capacity in elevators; sanitizing elevator touchpoints; cleaning stairway handrails; frequent cleaning or suspending the use of parking payment machines. **These plans must be available for review and inspection.**

  ***Valet operator will step away 6 feet after opening car door (visual markers should be placed on the ground to assist). After parking, vehicle operator will switch or sanitize gloves prior to servicing the next vehicle.**
- **Must have self-dispensing hand sanitizer or handwashing station at the entrance to the dining establishment.**
- **Trash bins with lids that open without the need to touch the lids must be placed and available for use to staff and guests in all entrance areas.**
- **Must put in place a disposal plan for safe handling and dispensing of used PPEs in dining establishments and relevant exterior areas (e.g. use designated solid waste bags that are double-bagged and securely sealed).**

- **Music or entertainment shall be eliminated or set at a decibel level below that of normal conversation. Entertainers must maintain a distance of at least 10 feet from customers and other individuals including staff when performing. Patrons must be in stationary seats or at tables. Social distancing and facial covering requirements must be strictly enforced on dance floors.**
- Health and safety signage/visual aids with messaging similar to that appended to this document should be posted for customers and staff with easy visibility to all intended audiences. Signage should promote hand hygiene and physical distancing and request customers not to enter the dining establishment if they are unwell or have COVID-19 symptoms; Translate into all relevant languages.
- **All dining establishments must create visible floor markings for appropriate 6-foot distancing for each party in any waiting areas, whether exterior or interior.**
- **Distinct areas must be created for customer waiting, order pickup/take out and any third-party delivery services.**
- **Drinking or eating by customers is not permitted except when seated at a table.**
- **Must introduce plexiglass barriers at tills and counters as an additional level of protection for staff.**

Operational Preparations

HVAC systems must be set such that the fan is on while customers and/or employees are in the establishment (not set to "auto"). If possible, doors and windows may be open in order to allow for maximum air flow and circulation.

Supervisory Procedures
A team consisting of the heads of each dining establishment's internal operational units **must** be convened to evaluate the health status of staff prior to opening for business and on an ongoing basis as described below:

- **Records must be kept documenting:**
  - **Any unusual rise in worker absenteeism, especially those related to respiratory infections.**
  - **Numbers of staff that test positive for the virus and follow an established protocol* for managing the consequences resulting from each positive individual.**
  - **This documentation must include Closing Procedures in Case of Exposure. Dining establishments must have ready procedures to quickly mobilize to shut down the dining establishment, notify all staff and execute deep cleaning protocols per CDC guidelines.****
  - Lessons learned each day and corrective actions and policies implemented.
- The team will maintain:
  - Communication with managers of different units within the restaurant (Cooking staff, waiters, busboys, hosts, and if relevant, valet service members.
  - Contact information on staff, including emergency telephone numbers (ideally cell phone numbers) and e-mail addresses.
  - Physical or Electronic Logbook of actions, measures, and improvements implemented.
  - Physical or Electronic Logbook of training of staff including date of training, type of training noting the amount of time of training, and continuing training.

- **An individual must be assigned each shift to monitor and supervise the food, equipment, procedures, and management of the health and safety measures for dining establishment guests and staff. Cleaning Task Checklists must be created and used daily to ensure enhanced cleaning and sanitizing procedures are uniformly followed by each shift. An individual must be specifically assigned within the kitchen to monitor incidents of close contact as defined in the below under "Employee Social Distancing."**
- Regular announcements should be made reminding employees and customers to follow physical distancing and to wash their hands.
- Dining establishments electing to avail themselves of outdoor dining allowances should consider the impact of inclement weather in the formulation of their operational plans and on the maintenance of social distances during rain events.
- Self-audits or third-party audits are recommended and adapted to focus on enhanced COVID-19 procedures.

*If a COVID-19 case for a visitor or a staff member is reported, the establishment **must** strictly follow Florida Department of Health (https://floridahealthcovid19.gov/exposure/) and CDC guidelines for notification and for cleaning and disinfecting (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html and https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html). The COVID-19 Call Center is available 24/7 | 1 (866) 779-6121 | COVID-19@flhealth.gov

**https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Capacity Limitations

Physical distancing is critical to help slow the spread of COVID-19. **Social distancing protocols must be observed by patrons and staff, as outlined below.**

- **Restaurants and other food service establishments shall be permitted to have a minimum occupancy of 50 percent, and shall otherwise comply with social distancing requirements to the maximum extent possible. A restaurant or other food service establishment shall be allowed to operate at up to 100 percent capacity if the restaurant: (1) ensures six feet of distance between tables; (2) ensures that no more than six persons (or ten persons if in the same household) sit at a table; and (3) ensure that persons not actively eating or drinking are wearing facial coverings.* Any outdoor seating must maintain similar distancing but in no event may the combined indoor and outdoor operation exceed 100% of its legally permitted building occupancy.** See additional information regarding outdoor seating.

  *Plexiglass or other partitions do not substitute for social distancing in dining establishments, casinos and other indoor entertainment venues

  *Social distancing may be reduced in order to allow for no more than 50% of building occupancy.

- **A per table party limit of 6 persons (10 persons if from the same household) must be maintained whether seating is indoors or outdoors.** Dining establishments must also make reasonable accommodations to party sizes to accommodate guests with disabilities such as allowing additional seating for health care aides. Whenever possible, it is recommended to have a maximum of 6 persons for 100 square feet (10 square meters).

To provide greater flexibility and opportunity to serve patrons while this Emergency Order remains in effect, restaurants, snack shops, and other food service establishments shall be allowed to have outdoor dining as an ancillary use without obtaining additional permits, so long as they comply with all of the following conditions and maintain social distancing measures:

- The food service establishment has all current state and local licenses required to operate.
- The primary use of the establishment under non-emergency conditions is the preparation of food for consumption on premises.
- Outdoor dining areas shall be managed, operated and maintained as an integral part of the food service establishment.
- Outdoor dining areas may only be located in one or more of the following:
    - Walkways and pedestrian areas that front the food service establishment.
    - The first row of parking spaces, only in accordance with the following requirements:
    - The parking is adjacent to the walkway fronting the unit or building.
    - Where the outdoor dining area is adjacent to a drive aisle, driveway, or other vehicular use area, the exterior of the outdoor dining area is clearly delineated with bollards, cones, landscaping, planters, or combinations thereof.
    - All handicapped-accessible ramps, parking spaces, and walkways shall remain fully accessible and shall not be used for outdoor dining. Additionally, manholes and other utility structures shall remain fully accessible at all times.
    - Structures shall not be placed in or encroach into driveways or drive aisles.
    - Shade structures such as umbrellas and pop up tents are permitted, subject to the following:
        - Tents shall be spaced a minimum of 10 feet from each other.
        - Tents greater than 10’ by 12’ shall require a building permit in accordance with the Florida Building Code.
        - Handicapped-accessible tables and safe, handicapped-accessible routes to and from washrooms shall be provided.
- Outdoor dining areas are not located on any private or public road, drive aisle, or public sidewalk.
- Outdoor cooking or food preparation is prohibited.
- Tables and chairs in outdoor dining areas shall not be arranged in such a manner as to impede pedestrian access to the food service establishment or create an environment in which social distancing is difficult or impossible due to pedestrian traffic entering and exiting the establishment through the outdoor dining area.
- Outdoor dining areas shall comply with handicapped accessibility requirements and shall provide for a minimum clear and open pathway of 36 inches.
- Outdoor dining areas shall provide a minimum clearance of 3 feet from all fire department access and devices, such as Fire Department Connections (FDCs) and hydrants.
- Outside public address systems are prohibited, except in connection with outdoor entertainment as permitted by section 33-150(H) of the Miami-Dade County Code or equivalent municipal regulation.
- When permitted, alcoholic beverages may be served in accordance with the establishment’s current state beverage license, provided that such service is strictly incidental to the service of food and is from a service bar only.
- Blinking and flashing lights are prohibited.
- The total occupancy of the interior and outdoor dining areas combined shall not exceed

the establishment's current approved occupancy maximums under non-emergency conditions.

- All spacing and social distancing mandates shall be adhered to within both the primary establishment and the outdoor dining areas.
- The sanitation standards and mandates set shall be observed in all outdoor dining areas.
- This allowance under emergency powers shall not be construed to absolve a tenant from seeking any required consent from the property owner to provide for outdoor dining.

In addition to the foregoing, food service establishments may provide additional outdoor dining areas in accordance with the following requirements while this Emergency Order remains in effect, subject to prior review and approval by the County's Development Services Division or applicable municipal zoning department. Approval of such additional outdoor dining areas, which may include, without limitation, landscaped and parking areas, shall be subject to the following requirements:

- The property owner submits, or provides written authorization for a tenant to submit, an application for a "short term event permit" on a form provided by the County's Development Services Division. The application shall be accompanied by the following exhibits:
    - Site plan or survey depicting the area to be utilized.
    - Indication of the proposed occupancy of the proposed area.
    - Indication of the type of shade structures to be used.
    - Signature and seal of a Florida licensed and registered architect or engineer who will be responsible for performing plan reviews and inspections for Florida Building Code requirements.
- The proposed site complies with all of the conditions in section I above, except that the location of the dining area shall not be limited to walkways or pedestrian areas that front the establishment or to the first row of parking spaces.
- Landscaping is not removed or altered in any manner that would cause the foliage to die.
- Outdoor dining areas shall not be located in dry retention areas.
- No more than 20 percent of the parking area may be used for outdoor dining, including any parking stalls used in accordance with section I above.
- Building permits shall be obtained for all structures that normally require one.

In unincorporated Miami-Dade County, applications can be submitted online at https://www.miamidade.gov/Apps/RER/EPSPortal. County staff is available to assist applicants by phone at 786-315-2660 or email at james.byers@miamidade.gov or sydney.vincent@miamidade.gov.

Employee Procedures

Use of a full-body disinfectant booth (example, CleanTech J-1) to sanitize all employees prior to entry is recommended; however, a restaurant's voluntary installation of a sanitation booth does not negate the need for establishment of the below procedures.

Training

Proprietors must ensure all staff have a clear understanding of how a business will be operating with all necessary health and safety protocols.

- **Staff working in dining establishments must be provided with written instructions and training on how to prevent the spread of COVID-19 per existing Florida Department of Health literature** (see attached).
- Normal routine fitness to work procedures employed by food businesses as part of their Food Safety Management Systems (FSMS) must ensure that infected workers are excluded from food premises.
- Staff who are unwell or have symptoms of COVID-19 must not be at work and must be informed about how to contact medical professionals.*

*This is imperative because if an infected worker handles food, it is possible that they could introduce the virus to uncooked food they are working on, or onto surfaces within the food business, by coughing and sneezing, or through hand contact. Also, in the case of COVID19, it is not uncommon that infected people may be asymptomatic or pre-symptomatic and may not display any signs or symptoms of disease or may present with mild symptoms that are easily overlooked. Some infected people, not yet displaying symptoms, are contagious and capable of spreading SARS-CoV2 (the virus responsible for COVID19).

Health Screening Questions

The manager (or designee) must ask every employee the following health screening question before each shift to help identify any symptoms of COVID-19*:

- **Have you experienced**
  - **a fever ≥ 100.4 °F (38°C), cough (any kind dry or productive), sore throat, shortness of breath or breathing difficulties, fatigue, chills, muscle pain, headache, or loss of taste or smell since your last shift?**
- **Have you come into contact with anyone who has at least two of the symptoms listed above since your last shift?**
- **Have you come into contact with anyone who has tested positive for COVID-19 since your last shift?**

* Health screening questions can be administered on-line through a secure employee portal and sent electronically to the dining establishment prior to the employee arriving for work or via telephone.

Temperature Screening

Employees must take their temperature at home before coming to work and must not come to work if the thermometer reading reveals a temperature of ≥100.4 °F (38°C). They must report their temperature as being above or below this threshold upon arrival at work. Specific employee temperatures should not be kept by dining establishments; rather, the information is to be recorded in a daily log as "Pass/Fail."*

*It shall remain the responsibility of the dining establishments to comply with all applicable laws, including HIPPA, when engaging in screening procedures.

Alternatively, dining establishments may elect to take employee temperatures prior to their entry into the facility. **Thermometers must be single use or touchless/infrared and should be kept in a cool place and out of direct sunlight. Dining establishments using infrared thermometers must take care to carefully calibrate these thermometers according to the manufacturer's recommended calibration procedure and schedule.** Temperature taking should be conducted *in the shade* and when employees have rested (approximately 10-15 minutes) if they bike or walk to work.

Employees must not enter dining establishments prior to the self-reporting of acceptable temperature readings or the taking of their temperature by dining establishments electing to take employee temperatures. Temperature screening is required until further notice.**

*It is recommended that each facility have reliable single-use thermometers available in case a patron or employee becomes symptomatic while at the dining establishment

**Keep in mind that not having a temperature does not exclude someone from being contagious. It shall remain the responsibility of the dining establishments to comply with all applicable laws, including HIPPA, when engaging in screening procedures.

Time Clock

If a time clock or other conventional record-keeping device is used, it must be cleaned with sanitizer after each employee use. The dining establishment will provide a chlorine or alcohol wipe for the cleaning of these devices by each employee. Consider the use of an electronic wearable device for each employee that would automatically capture the time when an employee arrives and departs.

Handwashing and Need for Increased Frequency of Handwashing

Dining establishments need to ensure that adequate sanitary facilities are provided and ensure that food workers thoroughly and frequently wash their hands. **Employees must wash hands and change gloves (if applicable to workstation - see below) at least every 30 minutes and every time a team member changes tasks (including upon arrival at the dining establishment before starting work).**

Hand cleaning between tables is needed each time servers or staff come into physical contact with guests at the tables or with their food, drinks, dishware, silverware, napkins or other serving equipment. Hands must be washed before, after, and between deliveries to different tables (whether it be food or other table objects).

Dining establishments must facilitate easy hand cleaning with soap and water between tables by servers and other staff. This can be done by either:

- Installation of permanent or portable touchless faucets, liquid soap dispenses, and paper towel dispensers with easy accessibility within dining areas is recommended (this is in addition to existing bathroom facilities).

- Alternatively, simple handwashing stations can be created throughout the dining establishment and dining area through the use of commercially available wet towel bucket dispensers (employing single use paper towels and water) in conjunction with automatic soap dispensers. Wet cloth towels (with water) may also be used as an alternative to paper towels (so long as they are employed as single use). Handwashing stations must be accompanied by nearby touchless trash bins to dispose of used paper or cloth towels.

All dining establishments must employ some form of in-dining room handwashing station method that allows staff to wash their hands before and after coming into physical contact with table contents. Hand sanitizers can be used *as an additional measure* but should not replace handwashing.

Face Mask Requirement for all Employees and Third-Party Affiliates

All dining establishment employees are considered to be food handlers for the purpose of this document and must wear masks. Food handlers are people who directly touch open food as part of their work, but it also includes staff who may touch food contact surfaces or other surfaces in rooms where open food is handled. The term can, therefore, apply not only to host, managers, servers, bussers, and food runners but also to managers, cleaners, maintenance contractors, delivery workers, and food inspectors.

Gloves

Glove use is to be reserved to employees involved in direct food preparations as defined by existing industry regulatory standards* (traditionally back of house staff) but also includes bussers and foodrunners. In dining establishments where servers or other staff also act as bussers or foodrunners, glove use should be replaced by handwashing after each physical encountered as described above under "Handwashing". Safe glove use includes:

- **Do NOT touch mouth, nose or eyes** when wearing gloves.
- **All gloves must be changed frequently, at least every 30 minutes or when changing tasks.**
- **Gloves must be changed after carrying out non-food related activities, such as opening/closing doors by hand, and emptying bins.**
- **Hands must be washed between glove changes and when gloves are removed.**
- Removal of disposable gloves can lead to contamination of hands. Safe glove removal procedures may be found at https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf.
- Disposable gloves are **not** a substitute for handwashing.**

*Wearing disposable gloves can give a false sense of security and may result in staff not washing hands as frequently as required. The COVID-19 virus can contaminate disposable gloves in the same way it gets onto workers' hands. Handwashing is a greater protective barrier to infection than wearing disposable gloves.

** KNOW that viruses and bacteria will build up on the surface of the hands even when you wear gloves, so handwashing is critical when gloves are removed to avoid subsequent contamination of food.

Employee Social Distancing Measures

- Limit the number of staff in a food preparation area at any one time.
- Organize staff into working groups or teams to facilitate reduced interaction between groups.
- Stagger workstations on either side of processing lines, so that food workers are not facing one another.
- Space out workstations, which may require a reduction in the speed of production lines.
- Provide PPE such as face masks, hair nets, disposable gloves (in food preparation areas) per existing industry regulations. Use of PPE is routine in high-risk areas of food premises that produce ready-to-eat and cooked foods. When staff are dressed in PPE it is possible to reduce the distance between workers from 6 feet to 3 feet. Any breach of the 3-foot distance between workers **should** not exceed 15 consecutive minutes per incident. An individual should be specifically assigned within the kitchen to monitor incidents of close contact
- Frequency of surface cleaning and sanitizing should be increased.
- **The number of staff in break rooms must be limited and disinfected regularly.**
- **It is recommended that front-of-house staff not enter back-of-house areas where possible.**
- **Entertainment staff must maintain a 10-foot distance from customers.**

General Hygiene

EPA guidance on effective use of disinfectants is available at https://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf

- Kitchen areas must have handwashing stations fully equipped with soap and self-dispensing paper towels. Ideally the faucets operation is hands-free.
- Wash and frequently sanitize items such as ladles, tongs, and condiment holders.
- Keep internal doors open where possible to minimize contact.
- Washing of dishes, silverware, and table linen:
    - All dishes, silverware, and glassware must be washed and disinfected in a dishwashing machine, including items that have not been used, as they might have been in contact with the hands of guests or staff.
    - If for any reason manual washing is required, the usual steps must be followed (wash, disinfect, rinse), taking the maximum level of precautions. Drying must be carried out using disposable paper towels. Likewise, tablecloths and napkins should be washed in the usual manner.
    - Laundry: All table linen will be washed at high temperatures and per CDC guidelines
    - Textiles, linens, and clothes should be put in special, marked laundry bags and handled carefully to prevent raising dust, with consequent potential contamination of surrounding surfaces or people
- **Employee Meals:** Meals from home shall not be allowed in the kitchen.
- **Manager's Office: Must be disinfected with every shift change, with particular attention to high touchpoints (mouse, keyboard, etc.).**

Customer Experience

Customers must wear masks at all times unless seated at a table and actively engaged in eating or drinking.

Front door
Hands-free sanitizer must be available at the entrance. Front door must be operated using one or more of the following:

- **Use electronic self-opening mechanism or employ a door person to open and close doors for customers. Doors must be disinfected and wiped down doors every 30 minutes (self-opening doors do not require this frequency of wiping).**
- **Provide wipes/paper towels to customers at entrance and exit for individual use along with trash receptacle. Trash must be disposed of regularly and must be contained in a bin with a touchless lid that opens without the need to touch the lid. Doors must be disinfected and wiped down every 30 minutes.**

Host Stands must be operated as follows:

- **Hand sanitizer must be available at the host stand.**
- **Host staff must maintain social distance from the customer as escorting to the table.**
- **Mints, toothpicks and other articles must not be provided as self-service. If individually wrapped, they can be provided at the table.**
- Where possible, parties must wait in vehicles for their tables. Host stand waiting areas must contain visible floor markings as noted above for appropriate 6-foot distancing for each party in any waiting areas, whether exterior or interior.

The Bar

- **Any bar use must be treated as a table for in-house dining unless it is acting as a takeout area.**
- **Any bar seating must be socially distanced at 6 feet between parties.**

Table
No self-service of any kind including drink fountains, buffets or salad bars

Dining establishment Staff

- **Any employees approaching tables must wear masks.**
- **Gloves must be worn by bussers and food runners; as noted above, any other staff not wearing gloves that places or removes food or objects from a table while patrons are sitting at the table must wash their hands before, after and between each physical encounter with a guest table (where the table or its contents were physically touched).**
- **The server must maintain maximum social distance feasible while interacting with customers.**
- The number of staff approaching tables should be minimized.
- No self-service by customers**.**

Table Setting must conform to the following*:

- **All menus must be disposable and single-use, or the menu can be provided on a web page/QR code that the customer can be instructed to view on their personal device. Signage should instruct the customers on the use of internet and web page.**
- If silverware is not disposable, only roll-ups will be allowed. Employees providing cutlery to patrons must wash hands before handling cutlery and placing at tables. No open cutlery is permitted as a preset.
- No water/wine glasses are permitted as presets.
- No condiments or breadbaskets are permitted as presets (but may be made available after the party is seated).
- **All condiments must be single use.**
- **Hand sanitizing wipes or another form of handwashing method must be provided at each table**
- **Tables and chairs must be sanitized mechanically, using an EPA approved disinfectant that is safe for the furniture, after each party's use or, if not used, every 60 minutes.**

*The presentation or setting of single-service and single use articles and cleaned and sanitized utensils shall be done in a manner designed to prevent the contamination of food and lip-contact surfaces. As per FDA Food Code 4-904.13:

(A) Except as specified in (B) of this section, tableware that is preset shall be protected from contamination by being wrapped, covered, or inverted

(B) Preset tableware may be exposed if:

1. Unused settings are removed when a consumer in seated; or
2. Settings not removed when a consumer is seated are cleaned and sanitized before further use.

Order Taking at Quick Service Dining establishment Counter/Window

- **Contactless Procedures**: Minimize contact at drive-thru and front counter for delivery of food and drinks as well as payment.
- **Screen Shields**: When proper social distancing cannot be ensured, acrylic barriers **must** be installed.
- **Kiosks: Must be sanitized after each guest use or, if not used, every 60 minutes.**
- **Utensils: Must be made available at the front counter only. All utensils must be wrapped (no self-service).**
- **Drinks: Must be made available at the front counter only (no self-service). New cups must be provided for each refill.**
- **Food Packaging: All food must be packaged to-go and trays will not be available.**

Payment

- Contactless/Cashless transactions are encouraged.
- **Check presenters must not be used.**
- **Any necessary payment devices must be sanitized after each use. Provide wipes so that each customer wipes the device on use.**

Restroom

- **Surfaces**: **Must** disinfect high touch surfaces hourly (door handles, cubicle closures, sink levers, manual dispensers, air dryers (if applicable), etc.).
  - Any surfaces that become soiled with respiratory secretions or other body fluids, e.g. toilet, handwashing basins must be cleaned with a regular household disinfectant solution containing 0.1% sodium hypochlorite (that is, equivalent to 1000 ppm).
  - Surfaces must be rinsed with clean water *after* sufficient contact time for the chlorine. The clean water rinse should happen after 10 minutes contact time for chlorine.
  - Whenever possible, use only disposable cleaning materials.
    - If a known or suspected COVID19 person used the dining establishment restroom, discard any cleaning equipment made of cloths and absorbent materials, e.g. mophead and wiping cloths.
  - When pertinent, disinfect properly non-porous cleaning materials with 0.5% sodium hypochlorite solution or according to manufacturer's instructions before using for other rooms.
- **Guest Handwashing**: **Must maintain adequate levels of hand soap, paper towels, and hand sanitizer (if applicable). If paper towels are not provided, the dining establishment must install a hands-free door pull (elbow or foot-operated).** The preferred drying method is recommended to be self-dispensing.
- **Trash**: **Must have a trash can by the door if paper towels are used.** The trash bin must have a lid, and the lid should open **without** the need to handle (touch) the lid. Trash and sanitary trash **must** be discarded regularly.

Exit

- **Guests must wear masks or face covering that covers the mouth and the nose as they leave their tables.**
- **Guests must maintain social distancing as exiting the dining establishment.**
- **The dining establishment must wipe down door handles with each exit (or mirror applicable entry procedures noted above) as guests exit.**
- Provide a separate exit from the entrance if feasible and mirror the applicable entry procedures stated above.

Other Customer Experiences

Curbside Pickup

- **Curbside Service**: Where possible, **recommend the** use of curbside and contactless procedures to deliver orders to guests in the designated parking area.

Drive-Thru

- **Contactless Procedures**: Recommend use of a designated pan to receive payment, wearing of gloves (back of the house in food prep and front of the house in service), use of tray or pan to deliver food/drinks, and removal of any self-service elements.
- **Screen Shields**: Acrylic barriers are recommended to be installed as sneeze guards

Sharing of devices that are used for vaporizing and smoking shall be prohibited in dining establishment (e.g. hookah instrument, vape pen, dab pen, vapor pen, pen vaporizer, etc.)

Delivery

- **Packaging: All delivery services must ensure that packaging is secure for the guest so drivers cannot tamper with the product. Recommend to seal or staple packaging.**
- **Social Distancing: Contactless procedures must be followed when transferring orders to delivery drivers. Ensure that delivery drivers maintain minimum 6-foot social distancing while waiting for orders.**
- **All third party, contract services and vendor deliveries must maintain minimum 6-foot social distancing, wear face masks when entering dining establishments and wash hands/sanitize between stops and/or deliveries.**

Swimming Pools

These protocols were developed to serve community pools, pools at hotels and pools at condominiums, apartments and other residential complexes.

I. Workforce and Visitor Protections
   a. **Situate hand sanitizing stations and/or disinfectant wipes around the pool deck area and in public restrooms**
   b. **Establish a one-way flow into and out of the pool deck if there is a single entry/exit point, complemented by directional tape and personnel to monitor**
   c. Place additional fans or other ventilation systems to assist in directing air circulation away from guest or employee areas
   d. **If they have been removed, place lifesaving equipment (life ring and safety hook) back on the pool deck in an easily seen and accessible spot.**
   e. **Deep clean prior to open (e.g., pool furniture, gate latches, handrails, lifesaving equipment)**

II. Business process adaptations
   a. Designate one or more individuals to be responsible for reviewing and ensuring daily pool safety
   b. **Place clear markings on the floors and other areas to ensure guests follow social and physical distancing guidelines/spacing (including bathrooms)**
   c. **Remove chairs and lounge chairs on the pool deck to achieve appropriate (i.e. at least 6-feet) spacing between guests**
   d. **Place bins outside of 4 feet pool wet deck**
   e. **For pool bars, remove bar stools and chairs, mark spacing distances, and place barriers between guest and employees to ensure 6-feet distancing**
   f. **Enable all entry gates to pool area and doors to self-close and self-latch**
   g. **Ensure vacuum port covers are installed**
   h. **Remove any solar blankets from pool**
   i. **Check handrails, ladders, diving boards, etc. to ensure they are securely installed**
   j. **Ensure pool recirculation pump is set to run at least 3 hours before the pool opens to 3 hours after the pool is closed (24 hours/day for vacuum DE filters)**

III. Public health interventions
   a. **Provide training to employees on: (i) personal protective equipment and how to properly dispose them; (ii) how to detect symptoms of the virus; (iii) procedures to follow in case an infection is confirmed**
   b. **Place signage in several high visibility areas around the pool noting the social and physical distancing policies that are in effect for all persons on the pool deck and in the pool; use visual or infographics educational material provided by CDC and DOH on this issue**
   c. **Ensure pool rules sign is posted and easily visible from all areas of the pool**
   d. **Clean or back wash filters to remove any build-up of dirt or debris**
   e. **Ensure anti-entrapment devices are installed and working properly**

Hotels and Accommodations

These protocols were developed by the hotel industry to guide lodging and accommodation facilities of all sizes. When permitted, time share properties or short-term vacation rentals shall comply with the relevant provisions of this section.

General Guidelines

- Guests and employees must follow the social and physical distancing and facial covering and personal protection equipment (PPE) guidelines as defined by our Emergency Orders, the Centers for Disease Control (CDC) and consistent with Occupational Safety and Health Administration (OSHA) and other regulatory guidelines:
    - **Gatherings of fewer than 50 people; convention and meeting spaces follow social and physical distancing guidelines as noted in the section covering these spaces below**
    - **Six-foot distance between people, other than family members**
    - **Wash hands and/or use hand sanitizer often**
    - **Staff and guests must wear a mask or cloth face covering that covers the nose and the mouth as required by Emergency Order (EO) 20-20. Facial coverings must be worn by guests in common areas in the interior of the facility and in common areas in the exterior of the facility. Staff must wear facial coverings at all times inside the facility and in common areas outside the facility.**

Facility Requirements

Hand Sanitizer

- **Hand sanitizer dispensers (at least 60% alcohol content) will be placed at key guest and employee entrances and public areas throughout the hotel, unless restrooms with soap and water are readily available close by with signage directing guests to such bathrooms for proper hand hygiene.**
- If able to be sourced, a spray bottle of sanitizer or wipes will be provided in each room for guest use.

Signage

- **Signage for guidelines must be posted in prominent locations**
    - **Must be in multiple languages – English and Spanish**
    - Clear and concise
- Friendly signage explaining new processes to guests is highly recommended.

- **Signage will be posted throughout the property reminding employees of the proper use of personal protection equipment (PPE).** Checklist and visuals for employees should be posted.

Elevators

- **Elevators may be used up to 50 percent capacity, with no more than 4 occupants unless they are from the same household. The distance in the elevator will be marked to organize guests to stand at 3-feet distances between occupants who are all wearing facial coverings or masks**
- **An employee will be present to sanitize the button panels at regular intervals, at least once per hour.**
- If able to be sourced, provide hand sanitizer or paper towels to customers on every floor, at each elevator point so that each guest can avoid directly touching common areas and clean their hands if they have to touch a common area.

Cleaning and Sanitation

- Hotel will make the best effort to follow guidance of the CDC, OSHA and World Health Organization
- **All hotels must maintain regular housekeeping practices and use EPA approved cleaning solutions only**
- **Cleaning and disinfecting in the front and heart of the house will be conducted twice daily in all public spaces to include but not limited to, front desk check-in counters, elevator and elevator buttons, door handles, public bathroom rooms, room keys and locks, escalators and stair handrails, gym equipment, dining surfaces and seating areas.**
  - *Guest Rooms:* Industry leading cleaning and disinfecting protocols are used to clean guest rooms. **Use approved disinfectant to thoroughly clean all high-touch points including telephone, remote control, bathroom sinks, toilets, shower, tubs, hair dryers, desks and mirrors.**
  - *Laundry:* **All bed linens and laundry must be washed at high temperatures and in accordance with CDC guidelines**

Employer Guidelines

- Hotels will first recall displaced employees prior to hiring new employees
- For safety of both guests and employees, hotels will honor the requests of what the CDC defines as high-risk employees to remain on layoff, offering the opportunity to return as the risk continues to diminish
- Design work group shifts to minimize contacts between employees and ensure easier tracking and tracing, as possible
- Implement testing programs for high risk employees (e.g., frequent contact with customers or suppliers)

- Post a contact email address and/or telephone number for employees and customers to contact if they have questions or concerns
- **Any establishment that has an on-site employee or contractor who tests positive shall close for the shorter of:**
    - **the time needed for staff who were in contact with the positive employee or contractor to be tested and cleared by a medical professional as being COVID-19 free and the establishment to be deep-sanitized;**
    - **14 days from the date such employee or contractor was last on-site at such establishment, if deep sanitization is not performed.**
- **An establishment shall be deemed to have complied with the above if, after deep-sanitizing, employees who were in contact with the positive employee or contractor do not report to work for 14 days after the date the positive employee or contractor was last on-site**
- **Where an establishment has multiple floors or structures or square footage of more than 10,000 feet, only those structures, floors or areas where the infected person was present are required to be sanitized as a condition of re-opening, and only those employees working in such structures, floors or areas must be tested. All employees who came into personal contact with the positive employee must be tested or, in the absence of a test, be excluded from the premises for 14 days after the date the positive employee was last onsite.**
- **Under no circumstances shall an employee or contract who tested positive report to work at an establishment until that employee is cleared by a medical professional as being COVID-19 free.**
- A 'monitoring/response' team involving members of each relevant department will convene and evaluate the health status of hotel staff each morning. The team will report:
    - Any unusual rise in worker absenteeism, especially those related to respiratory infections,
    - Numbers of staff that test positive for the virus and follow an established protocol for managing the consequences resulting from each positive individual,
    - Lessons learned each day and corrective actions and policies implemented, and
    - Observations of any guests that are exhibiting signs of COVID-19.
    - The team will maintain:
    - Communication with managers of different sectors,
    - Contact information on staff, including emergency telephone numbers (ideally cell phone numbers) and e-mail addresses, and
    - Logbook of actions, measures, and improvements implemented.
    - An individual will be assigned each shift to monitor and supervise the equipment, procedures, and management of the health and safety measures for our guests.

Training

- **Training will be provided by the hotel in English, Spanish and Creole (as needed)**
- **Miami Dade College will be the training provider for the Lead Trainers. Each hotel will have a Lead Trainer responsible for providing ongoing training and daily reinforcement, based on each hotel's needs.**
- **All employees will receive a comprehensive program of training on COVID-19, based on compliance with published guidelines by the Center for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO) and Department of Health. Training will include procedures relating to disinfection, safety training, social and physical distancing, how to properly use and dispose of all PPE, prior to returning to work whenever possible, or within 5 days of the return date.**
- Staff training regarding COVID-19 will:
  - enable them to safely carry out assigned tasks,
  - take actions via following procedures to reduce the spread of COVID-19,
  - be able to answer guest questions about hotel policies that address:
    - preventive measures,
    - obtaining medical and pharmacy services,
    - provide advice about self-quarantine if guests develop respiratory symptoms,
    - Room occupancy policy for accompanying persons in the event of a suspected or confirmed case of COVID-19.
    - How to protect themselves from respiratory infections
- Hotel staff will have readily available the telephone numbers of health authorities, medical centers, hospitals within proximity to their respective hotel.

Prevention Measures

- Promote frequent and thorough hand washing, 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.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. Each employee will clean their workstations (e.g. computer keyboards, mouse and mousepad, etc. after each use)

Hotel Operations

Valet Service

- **Valet operators must wear facial coverings and gloves**
- **Valet operator will step away 6 feet after opening car door**

- **Visual marker will be placed on the ground to assist**
- **Guests need to remove and carry their own luggage (if physically able)**
- **After parking, vehicle operator will switch or sanitize gloves prior to servicing the next vehicle or re-entry into the building**

Guest Check In

- **Guests entry will be staggered by group/individual with a limit of 50 total occupants in the lobby with required social and physical distancing (including employees);**
- **Guest will wait for assistance in lobby on furniture or visible markers that are 6 feet apart.**
- **Only 1 person/group will approach front desk for assistance (should be one guest/person per station if stations are six feet apart)**
- Guest check-in should be accomplished with minimal contact points. If chip and pin hardware can be placed so it is accessible to the guest, guests should insert their own credit card into the chip reader for approvals. Hardware will be sanitized after each use.
  - Hotels with the capability to provide virtual or remote check-in procedures are encouraged to be utilized.
- **The reception desk will have a medical kit that includes the following items:**
  - **Germicidal disinfectant/wipes for surface cleaning Tissues**
  - **Face/eye masks (separate or combined, face shield, goggles). Note that disposable face masks can only be used once**
  - **Gloves (disposable)**
  - **Protective apron (disposable); and**
  - **Biohazard disposable waste bag**
- Employees who self-identify as high risk should be reassigned, if possible.

- **In preparation that a guest may be ill, the reception desk should have immediately available the telephone numbers of the following:**
  - **health authorities,**
  - **Medical centers, public and private hospitals, and**
  - **Assistance centers (Florida COVID-19 phone number).**

Restaurants and Food Service

- **Must follow all requirements for Restaurants indicated in this Guidebook (see page 29)**

Building Considerations

- Flush plumbing to eliminate stagnant water if establishment has been non-operational during closure period

- Hotels must change and/or upgrade HVAC filters or install UV-C disinfection equipment as necessary to maximize fresh air (using the maximum filtration for the design of the ventilation system) and increase outdoor airflow rates where possible.
- Increase fresh air flow whenever possible to dilute containments, while keeping humidity levels as low as possible.
- Workspaces for offices and the front desk will need to be spaced at least 6 feet between each employee
- Front desks may provide a physical buffer between guest and employee, such as a plexiglass shield
- Establish a disposal plan for contaminated materials, such as PPE and soiled cleaning supplies.
- Furniture in common areas should be shifted to accommodate social and physical distancing guidelines.
- If possible, to source, install high efficiency air filters and HVAC systems.
- Install or adjust existing trash bins to those with lids that open without the need to touch the lids placed and available for use to staff and guests in all common areas.
- **Pools, gyms and other amenities must follow Emergency Orders and guidelines as developed.**

Banquet, Meeting and Convention Spaces

General Guidelines

- **Events shall be at 50 percent capacity of its legal occupancy limit per meeting space and six (6) feet spacing requirement per existing guidelines;**
- **All venue seating shall comply with current social and physical distancing orders, i.e. six (6) persons per round table maximum and be at least six (6) feet apart from the back of one table's chairs to another table's chairs;**
- **No single event shall run for longer than six (6) consecutive hours, nor have a decibel level above 90 at any given time;**
- Meeting planners or event organizers should establish an attendee roster with valid cellphone number and/or emails (for contact tracing purpose) in case of a later positive test by an attendee. Hotel will establish a contact list for all employees servicing the event as well.
- Hotel and customer should establish at least one "Hygiene/Enforcement-compliance Ambassador" during the group event to ensure all attendees follow the required social and physical distancing guidelines herein noted.

Prior to Events

- **Hotels should provide portable air cleaners with HEPA filters based on the square footage of the meeting space.**
- **Hotels should change HVAC filters at minimum once per month, if said event space has been utilized.**
- **All event vendors and other 3rd-party suppliers shall undertake the same temperature checks, minimum social and physical distancing, and hand and face-coverings per existing guidelines;**
- **Venues shall be thoroughly cleaned and disinfected utilizing approved EPA enlisted chemical in conjunction with an electrostatic sprayer. All high touch areas must be disinfected on the same day of any such event.**
- **Venues with carpeted areas shall also require cleaning with machine that captures dust particles and debris using a high efficiency filter.**
- **One (1) hour prior to any event all venue personnel shall have their temperatures checked to ensure compliance with existing orders (i.e. temp. below the 100.4 F degrees threshold).**

Event Requirements

- **During events all silverware/glassware shall be disinfected via high-temperature D/W-cleaning and placed on tables (when applicable) no earlier than two (2) hours prior to the scheduled event;**
- **Self-serve buffet-style food service will be suspended and replaced by alternative service styles; all food and beverages served shall be done by gloved and masked venue personnel**

- **All water and coffee stations shall be eliminated, instead only bottled water and a set of designated venue staffers will pour coffee for event attendees;**
- **For social events a Plexiglas barrier shall be established to surround the DJ or the band; entertainers must maintain a 10 foot distance from attendees at all times**
- **The meeting planner or organizer should take temperatures of their attendees prior to entering the venue or require attendees affirm their temperature is below 100.4F; those above 100.4 F degrees shall not be permitted to enter/attend;**
- **All event attendees shall wear a face-covering while on the premises, including when going to/from the restrooms or moving to other areas of the room (exception is when they are actually eating, while seated);**
- **No eating or drinking shall be permitted while standing other than a speaker by him/herself while giving a toast during a social event or by a person when behind a podium separated from other attendees during a business function (afterward the microphone shall be cleaned with a disinfectant);**
- **During social events a dance floor may only be occupied by the requisite number of guests to provide for the approved social distancing spacing - supplemental dance floors are permitted if space allows, but also adhering to the same social distancing standards (members of the same household may dance together);**
- On dance floors, visual aid decals should be adhered to the dance floor to communicate social-distancing requirements
- **Hand sanitizing stations shall be present in the four corners of the dance floor. Venue to work with DJ or Band to eliminate line dancing to reduce large group gatherings and ensure social and physical distance.**
- **During events, venue cleaning personnel shall wipe down with peroxide disinfectant wipes or other EPA disinfectant products or electrostatic spraying (if possible without disrupting said event) High-touch points areas include stair-railings, door handles/push tabs, bathrooms, microphones, and other relevant high touch points.**

Beaches

Re-opening Strategy: Re-opening of beaches in Miami-Dade County will be a coordinated effort, occurring at the same time for the beaches in the cities of Miami Beach, Surfside, Bal Harbour Village, Sunny Isles Beach, Golden Beach and Key Biscayne, City of Miami Historic Virginia Key Beach, as well as for all Miami-Dade County beaches in Haulover Park, Crandon Park causeways, and Matheson Hammock and Homestead Bayfront Park atoll pool beaches.

The re-opening of beaches should be on a weekday to prepare for transition to higher use weekend attendance.

Operating Hours: Sunrise to sunset

Health Protocols (CDC guidelines for Visiting Parks and Recreational Facilities, including beaches, must be followed:
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/visitors.html):

- **No groups of more than 10 people will be permitted**
- **All beachgoers must have facial covering available and ready to use at all times; beachgoers must be able to show their mask upon request by local authority**
- **Facial coverings must be worn with the following exceptions**
  - Facial coverings are not required for:
    - children under 2 years old, following CDC guidelines
    - persons who have trouble breathing due to a chronic pre-existing condition; persons who are not able to remove face coverings without assistance or on their own or
    - persons involved in strenuous activity; however, the person involved in strenuous activity should have a face covering in their possession and must be able to show their mask upon request by local authority
    - while in the ocean
  - **Facial coverings must be worn in restrooms**
  - **Facial coverings must be worn when at concessions**
- Facial coverings that are wet are ineffective (beachgoers should bring an additional clean and dry face covering to replace a face covering that becomes wet or dirty)
- Social and physical distancing is not required for family members who reside together, up to a maximum of 10 people
- Beachfront restrooms
  - **Dedicated attendants are to be stationed outside restrooms**
  - **Access to restrooms is limited to maintain 6 feet of separation between individuals**
  - **Restrooms must be cleaned and disinfected every 2 to 3 hours** (per CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
  - Cross ventilation should be maximized for restrooms – keeping doors and windows open if feasible

- Signage must be posted outside and inside of restrooms emphasizing the requirement of wearing face coverings and the importance of hygiene (flushing with lid closed when possible, handwashing)

Activities on Beach Sand and Beach Shore Allowed with Facial Coverings or 6 Feet of Social and physical Distancing Between People of Different Households:

- It is suggested that areas on the beach be delineated showing sites for allowable activities (for example, with flags or cones and signs, or ropes with signs) to facilitate requirements for social and physical distancing areas that are dedicated for passive uses (sunbathing, sitting) with enough space established for each group of people who live in the same household (up to 10 people); each of the designated sunbathing/sitting areas should be separated by at least 6 feet
- Walking (with face covering if social and physical distancing cannot be maintained) and jogging (with face covering lowered and with joggers maintaining a social and physical distance of 12 to 15 feet)
    - Established pathways will be made one-way
- Swimming/surfing (body, kite)/paddle-boarding/kayaking
- Sunbathing or sitting on individually-owned beach chairs and/or beach towels, where permitted – a minimum of 6 feet apart
- Eating among members of the same household (up to 10 people)
    - Outdoor showers may be used as long as social and physical distancing is maintained; mark the approach leading to outdoor shower pads to enforce 6 feet social and physical distancing amongst beachgoers waiting to use the showers

Activities Not Permitted:

- **No groups greater than 10 persons shall congregate**
- **No shared equipment (i.e. beach chairs, umbrellas, coolers, etc.) among people from different households**
- **No canopies or tents**
- **No organized or group activities and athletics involving groups of two or more (for example, volleyball, football, soccer, frisbee, paddle ball, etc.)**
- **No gatherings of people from different households, unless social and physical distancing guidelines are maintained – group size shall not exceed 10 persons at any time**
- **Areas of social and physical gathering in beach parks, including bathhouses (changing rooms), picnic pavilions, playgrounds are not to be accessible**
- **No special events, including group picnics**
- **No use of exercise equipment and playgrounds**
- **No dogs/pets on the beach**
- **No fishing on the beach, except at areas specifically designated and while following social and physical distance guidelines**

Concessions Allowed Following CDC Guidelines, Emergency Orders and Social and physical Distancing (where concessions are permitted):

- Concession furnishings / beach chairs / umbrellas/ beach equipment provided by concessionaries and hotels and residential buildings
  - **Distancing of at least 6 feet for patrons not of the same household**
  - **Towels must be changed and used towels sent for laundering after each guest use**
- **Furnishings must be cleaned and disinfected after each guest use** (https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html) **using EPA approved disinfectants** (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
- **Food sales pursuant to New Normal restaurant guidelines (including no self-service)**
- **Food truck sales pursuant to New Normal restaurant guidelines**
- **Kiteboarding, kayak, paddleboards, sailboats, chair rentals, umbrellas, towel rentals pursuant to CDC recommendations and New Normal parks guidelines (including social and physical distancing and the requirement to clean and disinfect rental equipment between each use)**

Public Safety and Enforcement:

Enforcement of Beach procedures and protocols is a priority and beachgoers can be required to leave the beach if they are violating the requirements

- **New Normal guidelines for "Workforce Protection" apply to staff, including the requirement that staff exhibiting symptoms of illness shall not report to work**
- **All staff are required to wear face coverings and PPE (gloves must be changed every 1 to 2 hours and hands must be washed between changes of gloves)**
- **Police services must be available to respond to enforcement issues**
- **Lifeguard services are required in sites they are an already established presence**
  - If surf or beach conditions at a beach become too dangerous, it will be closed for water activities
  - Lifeguards are to be provided with PPE and training and safety guidance, as necessary, regarding
    - Rescue and resuscitation of drowning victims
    - Use of appropriate social and physical distancing, personal hygiene, and PPE
- Enforcement is a shared responsibility of the County, coastal municipalities, condominiums, and hotels
- The County is establishing a pool of enforcement staff ('Beach Ambassadors') that are available by request to supplement coastal municipalities' staff
  - At least 2 Ambassadors per block is recommended for high use areas and/or during peak periods (i.e., weekends and holidays)
  - After re-opening, Ambassador assignments can be reassessed to reassign the appropriate number of staff based on usage of various beaches
  - Use of Ambassadors can be phased out when there is evidence that beachgoers understand and are abiding by the requirements
- Beach bicycles and other beach equipment may be used by enforcement staff to maximize the range of their reconnaissance

- **Cleaning and disinfecting of restrooms and other public areas must be done pursuant to CDC guidelines**

  (https://www.cdc.gov/coronavirus/2019- ncov/community/organizations/cleaning-disinfection.html)
- **Post signage extensively wherever possible and develop Public Service Announcements (PSAs) to inform and educate the public of the Beaches Guidelines and Requirements; Miami-Dade County will develop signage and PSAs in 3 languages and make it available for coastal municipalities, condominiums and hotels;** these materials should be used to inform and educate all staff and beachgoers
  - Highlighting activities that are "Do's and Don't's" by illustrated design
  - Identifying designated areas for allowable activities
  - Using CDC materials for:
    - "Stop the Spread of Germs" - https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf
    - "Symptoms of Coronavirus" - https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf
    - "Use of Face Coverings to Help Slow the Spread of COVID-19" - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html
  - **Requiring that disposal of PPE must be in bagged trash receptacles**
  - Conveying that beachgoers will be required to leave the beach for non-compliance with requirements
  - Notifying individuals to be particularly cautious in their swimming, surfing, and other water-based activities due to the increased risks associated with rescue and resuscitation

Wellness Group – Gymnasiums, Fitness Studios and Other Similar Facilities

Guidelines for re-opening wellness facilities (commercial gyms and fitness centers, including, but not limited to, dance studios, martial arts studios, yoga studios, spinning studios, personal training services, and similar establishments) with best practices and minimum standards outlined by the Centers for Disease Control and Prevention (CDC) and the Florida Department of Health (DOH) to protect the health and safety of all members, staff and the community. These guidelines were developed in consultation with medical and public health experts and with industry stakeholders. The industry must be responsible, methodological and consistent when re-opening, with the intention of eliminating and/or minimizing COVID-19 exposure risks to all staff, members and the community.

The top priorities for these guidelines are to promote and protect the health and safety of all staff, facility users and patrons. The following key factors were considered:

- Capacity limits and social and physical distancing
- Use of facial covering in the facility
- Increased air filtration and ventilation
- Adherence to CDC and DOH guidance to control spread of germs, including SARS-CoV2
- Proper cleaning and disinfecting protocols
- Appropriate staff training, supervision and patron monitoring and reporting.

In addition to the general reopening guidelines for all business establishments as outlined in the New Normal Guide, the following industry specific requirements for wellness facilities, such as commercial gyms and fitness centers, including, but not limited to, dance studios, martial arts studios, yoga studios, spinning studios, personal training services, and similar establishments, must be adhered to.

Building Occupancy and Access Requirements

- **Monitor building occupancy and restrict customer access to no more than 50 percent of the building's indoor maximum occupancy.**
- **In no event may the combined indoor and outdoor operation exceed 100 percent of a building's legally permitted occupancy.**
- **All individuals are required to wear facial coverings**
- Provide an exit from the facility separate from the entrance, when possible.

Facility Requirements

- **Upgrade HVAC ventilation filters per OSHA and ASHRAE guidance, use MERV 13 or higher or HEPA filters or UV-C disinfection, optimize ventilation system settings to maximize introduction of fresh outdoor air through the system while maintaining proper thermal comfort and maintaining humidity level between 40% to 60% for HVAC systems.**
    - See OSHA's Guidance on Preparing Workplaces for COVID-19: https://www.osha.gov/Publications/OSHA3990.pdf

    - See ASHRAE Guidance on HVAC Systems: https://www.ashrae.org/file%20library/technical%20resources/covid-19/how-to-return-the-hvac-system-to-normal-operation-faq.pdf
    - See ASHRAE information on infectious aerosols: https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf
- Increase circulation of outdoor air as much as possible. Open windows and doors where feasible to improve natural ventilation in the facility.
- **Facility operators must ensure and document that outside air ventilation damper controls are working and remain fully open during this period.**
- **If fans are used (pedestal or mounted), take steps to minimize air flow from fans blowing directly from one person to another.**
- **Doors between separate fitness areas or rooms of the facility (excluding emergency exits) must remain open to reduce surface touching by multiple people.**
- **Prior to re-opening, flush plumbing and run water in sinks to eliminate stagnant water from the period of facility's closure.**
- **Equipment stations for highly-strenuous or highly-aerobic activity must be appropriately distanced so that there is a head-to-head 6-feet distance between patrons at each exercise station. The stations must be properly reconfigured to assure and maximize physical distance requirement.**
- **Markers must be placed to indicate the appropriate distance between individuals who are exercising.**
- **Social and physical distancing markers of 6 feet must be placed in front of the reception/membership desk and all other appropriate areas.**
- **Make readily available dispensers of a disinfectant included on the EPA List N: Disinfectants for Use Against SARS-CoV-2 (https://www.epa.gov/pesticideregistration/list-n-disinfectants-use-against-sars-cov-2) and provide patrons with sufficient cleaning and disinfecting materials, including disposable wipes, at all entrances, exits and at various locations throughout the facility and by workout stations.**
- **Facility and personal hygiene signage, such as signs on how to stop the spread of COVID-19, including signs on properly washing hands, everyday protective measures, facial coverings, social and physical distancing, and requirements for patrons to clean and disinfect equipment after use, must be conspicuously posted at all entrances, exits and at various locations throughout the facility, including bathroom facilities.**
- **Remove any unnecessary chairs, tables, or other furniture and all magazines, newspapers, service menus and similar shared items.**
- **Common-use amenities, including, but not limited to, saunas, steam rooms and locker rooms, showers (except pool showers), must remain closed at this time.**
- **Other common-use amenities, including, but not limited to, body lotions, deodorant, razors, shaving cream and mouth wash, must not be provided. However, facilities may provide patrons with single-use water bottles and other single-use amenities.**
- **Discontinue providing towels, heart monitors, personal fitness mats, blocks, bolsters, or similar equipment to customers.**

  - **Patrons must bring their own personal-use items, including, but not limited to, towels, heart monitors, fitness mats, blocks, or similar equipment that may be required for exercise**
- **Shower facilities must be closed, except for showers at facilities with pools, but only for use prior to entering the pool.**
- Doors to multi-stall restrooms should be able to be opened and closed without touching handles, if at all possible.
- **Place trash can by the door if the door cannot be opened without touching the handle.**
- **If toilet lid is present, close lid before flushing; place signs indicating that toilet lids (if present) should be closed before flushing.**
- **Provide paper towels in restrooms and disconnect air dryers or tape them off.**
- **For single restrooms, provide signage and materials (paper towels and trash cans) for individuals to use without touching the handles, and consider providing a key so disinfection measures can be better controlled.**
- **Place signs asking members and employees to wash hands before and after using the restroom.**

Operational Requirements (to be followed at any time when facility is occupied)

All individuals in the facility must wear a facial covering while maintaining a minimum of 6 feet distance from each other, unless otherwise specified in the chart below:

Minimum of 6 Feet Social and Physical Distancing

- Aerobic Classes
- All Dance Activity involving floor work including, but not limited to, Zumba, Ballet and Tap (Singles unless members of same household)
- Barre Classes
- Basketball (as prescribed in EO 29-20)
- Boot Camps
- Boxing (Singles unless members of same household)
- Chair Fitness
- Cheerleading
- Circuit Training (No sharing of equipment)
- CrossFit
- Gymnastics
- HIIT (High Intensity Interval Training)
- Indoor Tracks (Singular direction)
- Martial Arts (Singles unless members of same household)
- Metabolic Conditioning
- Personal Rope Jumping
- Pilates - (Bring your own equipment and/or props)
- Racquetball (as prescribed in EO 29-20)
- Soccer (as prescribed in EO 29-20)
- Selectorized gym equipment workout
- Spinning
- Stationary Cardio Equipment - High Intensity (Measured head to head)
- Strength Training
- Yoga - (Bring your own equipment and/or props)

Not Permitted

- Aerial Fitness
- Battle Rope Fitness
- Sparring
- Yoga involving temperature at or greater than 90 degrees Fahrenheit

- **Physical contact will be prohibited between any individual within the facility unless individuals are members of the same household.**
- **Aquatic programs within fitness and wellness centers must be limited as to class size to meet 6-foot distance requirement; in lap lanes, the 6-foot requirement is deemed met while swimming laps provided no more than one person is using a lane at any time. Lap lane sharing is prohibited.**

- **Pool sanitation and safety guidelines outlined in the Mayor's New Normal Guide must be adhered to:** https://www.miamidade.gov/information/library/new-normal.pdf

Sanitation and Disinfecting Requirements

Staff and users must be trained on the proper use of cleaning and disinfecting products. Products must be registered on the EPA's N List for SARS-CoV2. Products must be used following label instructions and Safety Data Sheets including for application method, contact time, dose, PPE use and disposal.

- **All employees and patrons must be required to sanitize their hands with soap and water or hand sanitizer at least 60% alcohol:**
  - **Upon entering the facility (or before beginning their fitness activities, if conducted outdoors);**
  - **After using each piece of equipment;**
  - **Upon completing their fitness routine; and**
  - **Upon exiting from facility.**
- **Disinfecting wipes (wipes must be registered on the EPA N List to kill SARS-CoV-2) must be available throughout the facility and patrons must disinfect every piece of equipment after each use. Equipment must be allowed to fully air dry before next use.**
- **Staff must monitor the facility and ensure that all equipment and high-touch surfaces are appropriately disinfected after each use. Equipment and high-touch surfaces to be cleaned and disinfected include, but are not limited to:**
  - **Hand grips on cardio equipment such as treadmills, bicycles, ellipticals;**
  - **Touch screens on exercise equipment;**
  - **Hand grips on dumbbells, weight bars, and other strength-training systems;**
  - **Weight plates and weight-selection pins;**
  - **Pads/cushioned components such as permanently installed mats, anti-fatigue flooring, bike seats, lifting benches, and seating or other cushioned components of strength training machines used for exercise activity;**
  - **Fitness balls, rope handles, and other fitness accessories.**
- **During daily operation, routinely (every two hours at a minimum) clean and disinfect common-area surfaces, particularly high-touch surfaces including, but not limited to, counters, handrails, seating, doorknobs, light switches, and all furniture/equipment that is in use.**
- **During daily operation, routinely (every two hours at a minimum) clean and disinfect restrooms and high-touch surfaces within restrooms including, but not limited to, faucets, toilets, and doorknobs.**
- **In addition to routine cleaning and disinfecting during hours of operations, clean and disinfect the entire facility at the close of business or before the facility opens to the public.**

Employee Protection Requirements

- **Employees must wear facial coverings. Any employee who appears to have flu-like symptoms or other symptoms related to COVID-19 upon arrival at work, or who becomes sick during the day, must immediately be separated from other employees, customers, and visitors, and sent home.**
- **The manager (or designee) must ask every employee the following health screening questions before each shift to help identify any symptoms of COVID-19:**
  - **Have you experienced a fever ≥ 100.4 °F (38°C), cough (any kind dry or productive), sore throat, shortness of breath or breathing difficulties, fatigue, chills, muscle pain, headache, or loss of taste or smell since your last shift?**
  - **Have you come into contact with anyone who has at least two of the symptoms listed above since your last shift?**
  - **Have you come into contact with anyone who has tested positive for COVID-19 since your last shift?**
- **Any establishment that has an on-site employee or contractor who tests positive shall close for the shorter of:**
  - **the time needed for staff who were in contact with the positive employee or contractor to be tested and cleared by a medical professional as being COVID-19 free and the establishment to be deep-sanitized;**
  - **14 days from the date such employee or contractor was last on-site at such establishment, if deep-sanitization is not performed.**
- **An establishment shall be deemed to have complied with the above if, after deep-sanitizing, employees who were in contact with the positive employee or contractor do not report to work for 14 days after the date the positive employee or contractor was last on-site.**
- **Where an establishment has multiple floors or structures or square footage of more than 10,000 feet, only those structures, floors or areas where the infected person was present are required to be sanitized as a condition of re-opening, and only those employees working in such structures, floors or areas must be tested. All employees who came into personal contact with the positive employee must be tested or, in the absence of a test, be excluded from the premises for 14 days after the date the positive employee was last onsite.**
- **Under no circumstances shall an employee or contractor who tested positive report to work at an establishment until that employee is cleared by a medical professional as being COVID-19 free.**

Other Considerations for Facility

- Whenever possible, patrons must reserve spots in pre-assigned classes/time slots ahead of time.
- Whenever possible, patrons must wait outside of the facility until their scheduled appointment.
- Consider offering designated block of times for patrons who are 65 years of age and older, or patrons who are considered high-risk, to safely exercise.
- Consider contactless payment options.

- Protect staff who are defined by the CDC as COVID-19 vulnerable or high-risk individuals (e.g., age, pre-existing underlying medical conditions, etc.), where possible, by redeploying to other, or reassign to other job functions where risk of exposure is minimum (i.e., job functions with minimum contact with staff and visitors).
- Health screening questions for staff can be administered online through a secure employee portal and sent electronically to the facility prior to the employee arriving for work or via telephone.
- Consider health screening questions for patrons to help identify any symptoms of COVID-19.
- Plan for potential COVID-19 cases in the facility to work and coordinate events with the DOH in Miami-Dade County, i.e., monitor and contact trace COVID-19 cases, cleaning and disinfecting of impacted area, including temporary closure until area impacted is cleaned and disinfected
- Maintain good records for visitors and staff movements for each shift during operation to facilitate investigating potential COVID-19 cases.
- Consider the use of air conditioning and/or purifying systems for indoor facilities.
- Consider the use of UV/germicidal lights. If used, proper maintenance required as per manufacturer.
- Communicate to staff and members everything the facility owner/operator is doing to eliminate and/or minimize spread of germs, including SARS-CoV2, in the facility (including health policies for staff, flex attendance schedule, cleaning and disinfection protocols, social and physical distancing requirements, and health and safety measures).
- Utilize communication platforms including social media, websites, and outdoor and indoor signage.

Other Considerations for Individuals Visiting Facilities (Staff and Patrons)

- Stay home if:
  - You are or someone in your household is sick;
  - You have a temperature; and/or
  - You have allergies and can’t control sneezing.
- Use online gym/workout services whenever possible.
- Pre-plan your workout routine to avoid lingering/socializing that will allow other members to workout due to reduced occupancy and distancing requirements.
- Limit the items touched within the gym to only the items needed for use.
- Avoid using lifting gloves and other items that are not easily cleaned.
- If feeling ill during exercise, stop activity and safely exit the facility.
- Wipe down each piece of equipment you use before and after use and dispose of the wipe appropriately.
- Wash hands before and after leaving the facility, if possible. If not, use hand sanitizer when upon entering and exiting the facility.
- If you get the urge to sneeze or cough, put on your mask, cover your nose, and mouth with mask, napkin or handkerchief. Attempt to delay the urge to sneeze or cough and immediately leave the facility. Wash your hands and face thoroughly before returning.

Childcare Facilities, Summer and Sports Camps and After School/Full Day Programs Discussion

These guidelines have been developed to provide a safe and responsible environment to serve children and families in Miami-Dade County and to deliver services in the "New Normal" for childcare facilities, summer and sports camps, and after school/full day programs in adherence with the guidelines and regulations from:

- American Camp Association, Camp Operation Guide Summer 2020 https://www.acacamps.org/resource-library/coronavirus/camp-business/camp-operations-guide-summer-2020
- Florida Department of Children and Families (DCF) https://myflfamilies.com/service-programs/child-care/covid-19-faqs-provider.shtml
- Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html
- Florida Department of Education (DOE) http://www.fldoe.org/em-response/index.stml
- Florida Department of Health (FDOH) guidelines http://www.floridahealth.gov/
- Miami-Dade County general reopening guidelines on page 21 of the "New Normal, A Guide for Residents and Commercial Establishments" https://www.miamidade.gov/information/library/new-normal.pdf
- AIHA, Reopening: Guidance for Childcare Centers, Version 3, July 15, 2020
- https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/open-america/community-mitigation-quicklinks.pdf
- https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html

CDC MMWR Early Release / Vol. 69 August 21, 2020 "Limited Secondary Transmission of SARS-CoV-2 in Child Care Programs — Rhode Island, June 1–July 31, 2020"

This document provides guidance and procedures to protect children and families, as well as employees in childcare, summer camps, sports camps and after school/full day programs. These guidelines identify a safe approach for moving from current operations beginning not sooner than June 8, 2020. Individual program schedules will be determined by their readiness to fully implement and follow the safety protocols and guidelines.

A coordinated countywide approach will provide consistent, safer, and effective provisions for the above-mentioned programs. These guidances and protocols are outlined to serve children and families while complying with Florida DOE, DCF, CDC, FDOH and Miami-Dade County regulations.

Our top priority is to keep children and employees safe.

General Guidelines

I. Workplace Protection

- Implement daily screenings for staff (and all persons entering the facility) consisting of entry temperature checks and CDC health screening questions, respectfully, as well as in accordance with any applicable privacy laws or regulations. It is highly encouraged that staff send daily temperature checks prior to arrival and caregivers check the child's temperature prior arrival. In addition, the provider will check the temperature upon arrival.

- Persons with body temperatures of greater than100.4 or who say yes to screening questions will be prohibited from entering the building or program. Thermometers must be in proper working order and calibrated.
- Persons exhibiting other symptoms will also be prohibited from entering program/facility.
  - Concern for an artificially elevated temperature at initial screening (driving in a car without AC or walking to facility). Individual should wait either in a separate room with a face covering on within the center or in the shade outside with the temperature check repeated after 10-15 minutes.
- Conduct ongoing observation throughout the day of students and staff.

- **Require staff to stay home if they are sick and parents/guardians to keep sick children at home.**
- **Establish controlled means of entrance and egress to limit interaction amongst individuals and maintain social distancing:**
  - **Limit entry to facility to one adult per child. Adults must wear cloth facial coverings** (surgical masks and N95 masks should be reserved to health care professionals).
  - **Modify access to facility to prevent inadvertent interaction between arriving and departing adults and children**. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#pickup
    - Stagger start and end times of activities and programs to reduce peak traffic. There shall not peak traffic created at any time during operations including end and closing of shifts.
  - **Suspend visits and tours of facilities for anyone other than children served and staff during operational hours. Allow staff from DCF and DOH to inspect facilities when necessary**.
- **Implement enhanced facility sanitation (cleaning and disinfecting always using approved on the EPA List N as effective against SARS-CoV-2 and follow disinfectant label instructions for its application including quantity, contact time, and method of application) and personal hygiene practices, including:**
  - **Schedule deep cleaning and disinfecting prior to program start and enhanced cleaning and disinfecting prior to each day's opening.**
  - **Implement cleaning and disinfecting practices for most touched areas throughout the day (every 2- 3 hours) including bathrooms, common areas, door handles, light switches, copy machines, physical barriers, etc.**
    - Follow CDC Guidance for Cleaning and Disinfecting https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html

- **Provide handwashing station with adequate soap, potable water, paper towels, or hand sanitizer with at least 60% alcohol at each building or program entrance, exits, and throughout the program or facility.**
- **Installation of permanent or portable touchless faucets, liquid soap dispensers, and paper towel dispensers with easy accessibility within facility is recommended (this is in addition to existing bathroom facilities).**
- **Simple handwashing stations can be created throughout the facility through the use of commercially available wet towel bucket dispensers in conjunction with automatic soap dispensers**. Wet cloth towels (with water) may also be used as an alternative to paper towels (so long as they are employed as single use). Handwashing stations must be accompanied by nearby touchless trash bins to dispose of used paper or cloth towels.
    - **Hand sanitizer may be used if handwashing is not possible. Ensure hand sanitizing stations are out of the reach of very young children.**

- **Modify interior spaces to maximize physical distancing, including installation of barriers, modification of furniture and layouts, and segmentation of common areas to ensure the separation of groups of not more than 12 children as long as the space provides no less than 36 square feet of usable floor space per child.**
- **Establishments are required to check HVAC systems to ensure proper recirculation of outside air and replacement of air filters with filters that have a MERV rating of ≥ 13.**
    - Ensure filter replacement or upgrade consistent with CDC and OSHA Guidelines (https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html)
    - Air Change outs are paramount:
        - Comply with Section 553.908 on guidance on required air changes per hour. (http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0500-0599/0553/Sections/0553.908.html)
        - Comply with FBC 2017, Chapter 4, Ventilation Section of Mechanical Code- (https://up.codes/viewer/florida/fl-mechanical-code-2017/chapter/4/ventilation#4)
- ASHRAE Standard 62.1-2019, Ventilation for Acceptable Indoor Air Quality.
    - Consider opening doors and windows when feasible without impacting indoor air quality in terms of humidity and airborne particulates levels.
- **Prior to re-opening the facility, flush plumbing and run water in sinks to eliminate stagnant water from the period of closure. Refer to the guidance for building water systems after a prolonged shutdown**. Ensure the safety of your occupants and building water system and devices. https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html

II. Employee Protection

- Require staff to check for symptoms and their temperatures prior to coming to work. Sick staff should stay home.
- **Provide staff with appropriate Personal Protective Equipment (PPE) and cleaning and disinfecting materials, maintaining not less than a 15-day supply.**
- **Teach and reinforce proper use and disposal of PPE and proper hygiene practices (proper personal and facility hygiene practices) among all staff.** https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf.
    - **Cloth face coverings to be worn by all adults in the program including parents and other allowed visitors. Those involved in strenuous activity can remove their mask while maintaining a 10-foot social distance.** https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.
    - **Disposable gloves for diapering, foodservice, and feeding of infants and toddlers, must be removed after each individual use. Properly wash hands with soap and water for at least 20 seconds and/or properly clean and sanitize hands w proper hand sanitizer at least contains 60% alcohol after removal of disposable gloves.**
- **Ensure physical distancing among staff and groups of no more than 12 children.**
    - Stagger breaks, meals, program activities
    - Prohibit staff from gathering in communal space-break rooms and common areas.
- **Reinforce hygiene practices, including hand washing:**
    - **Upon arrival to the facility and after breaks.**
    - **Before and after preparing food or drinks.**
    - **Before and after eating or handling food or feeding children.**
    - **Before and after administering medication or medical ointment.**
    - **Before and after diapering.**
    - **After using the toilet or helping a child use the bathroom.**
    - **After coming in contact with bodily fluid.**

    - **After handling animals or cleaning up animal waste.**
    - **After playing outdoors or in sand.**
    - **After handling garbage.**
    - **After sneezing and or coughing.**
    - **Before and after glove usage.**
  - **Implement enhanced cleaning and disinfecting protocol for facility including staff areas, most touched areas (doorknobs, phones, keyboards, shared objects, faucets, etc.) at start and end of day.**
  - **Reduce risk to staff who are defined as COVID-19 vulnerable (e.g., age, pregnancy, pre-existing conditions, etc.), where possible, by redeploying to functions with less social proximity and interactions.**

Enhance staff communication

- **Provide training and educational materials, including this guide, to staff. Include information on everyone's responsibilities as they relate to COVID-19.**
  - **Verify that staff have read and understood the educational material.**
- **Communicate to staff workplace controls, including the proper use and disposal of PPE.**
- Maintain flexible leave policies:
  - Permit employees to take leave to care for a family member sick with COVID-19.
- Communicate strategies for administrative and COVID-19 vulnerable staff to telework from home, if possible.
- **Post signage to educate and train staff and visitors or building occupants to control spread and transmission of COVID-19 using below guidance:**
  - CDC guidance to stop the spread of germs https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf
  - CDC guidance on COVID-19 symptoms https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf

III. Protection of Children

- **As part of the initial enrollment or re-enrollment process, program staff should speak about the risk of COVID-19 to the parents of children with underlying health conditions. Parents should be encouraged to speak to their child's health care provider to assess their risk and to determine if they should stay home.**
- **Parents with children with underlying medical conditions, must provide clearance from the primary care physician indicating the child is able to participate in center-based or in person programs to enroll/reenroll the child in the program. Programs must follow children's care plan for underlying health conditions.**
- **Conduct daily wellness check on children at drop off – temperature of children and CDC screening questions for adults regarding children's health.**
  - **Children with temperature >100.4 or whose guardian says yes to screening questions will be prohibited from entering the building or program, unless cleared by a doctor.**
  - **Children who exhibit symptoms of an upper respiratory illness will not be permitted to attend the program that day.**
- **Children and youth >2 years will be expected to wear face coverings unless engaged in strenuous activities. Accommodations will be made for pre-school children and for children with disabilities or special needs**.
- **Establish strict density measures to ensure that groups are no greater than 12 children and can maintain separation and social distancing requirements.**

    - **Revise facility capacity, accordingly, ensuring that there are separate spaces for groups of no greater than 12 children.**
    - **As much as possible, maintain 6 feet distance between children unless accommodations are warranted for very young children or children with disabilities.**
    - **Restrict mixing, have the same group of children stay with the same staff each day, including during mealtimes.**
    - **Maximize use of outdoor spaces and increase time spent on outdoor activities.**
  - **Children who exhibit symptoms of illness during the day must be placed in a supervised isolation space established for this purpose and parents must be contacted immediately.**
    - **Continue ongoing monitoring.**
- **Establish training for children and schedule for frequent handwashing throughout the day.**
    - Implement healthy hand hygiene behavior, refer to website: https://www.cdc.gov/handwashing/posters.html
    - **Supervise washing of hands with soap and water for at least 20 seconds.**
      - **Alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available and if the hands are not visibly soiled and if the child has not just completed eating or going to the bathroom.**
      - **Supervise very young children, or as needed for children with disabilities, when they use hand sanitizer to prevent ingestion.**
    - **Assist very young children with handwashing, including infants who cannot wash hands alone, and as needed for children with disabilities.**
    - **After assisting children with handwashing, staff should also wash their hands.**
- **Provide disposable cups or refillable water bottles and prohibit the typical use of water fountains.**
- **Establish training and schedule for proper and frequent cleaning and disinfecting of most touched surfaces, toys, sporting equipment and materials, as applicable.**
    - **All cleaning and disinfecting materials should be kept secure and out of reach of children.**
    - **Cleaning and disinfecting products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.**
    - CDC Guidance for Cleaning and Disinfecting: https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html
- **Require that each child has their own set of materials. Prohibit sharing of items between children as much as possible. Clean and disinfect each item before and between use. If it is a sport camp the child should bring their own ball or other needed sporting equipment.**
- **Inform parents that children should leave toys and blankets and their comfort items at home to reduce the introduction of new objects. Accommodations should be made for children with disabilities or special needs.**
- **If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.**

IV. Employer-led Public Health Interventions

- Review HR policies to reflect requirements to safely serve children and protect staff in the COVID-19 environment.
- Post signs on how to: Stop the spread of COVID-19; properly wash hands; promote everyday protective measures; and properly wear a face covering. DOH and/or CDC signage must be posted in multiple, publicly trafficked locations. Review daily posted signs as part of daily routine. See resources section for sample signs.

- **Staff must acknowledge reviewing in advance and complying with health screening questions prescribed by the CDC/Florida Department of Health (being turned away, if they are not able to confirm answers as required for entry).**
- Facilitate work-from-home options when possible for staff with symptoms and staff who are COVID-19 vulnerable.
- https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.
- Create checklist for daily review of signs, cleaning equipment and hygiene, etc. (see attached).

V. Industrywide Safeguards

- **Develop a plan for potential COVID-19 cases in the program including coordinating with DOH, cleaning and disinfecting of areas, and potential temporary closure until area impacted is cleaned, disinfected and cleared** By DOH and DCF **Covid-19 DOH call center 866-779-6121 or email: Covid-19@flhealth.gov**
    - Post phone numbers and e-mails for other relevant authorities
- **Maintain good records of visitors and staff movements each day to facilitate investigation and contact trace of potential COVID-19 cases.**
- Detailed records of daily health screenings should be maintained as well, following HIPPA compliance.
- Conduct self-assessment and readiness check list. Refer to CDC document for readiness. (See checklist attached).
- **Prepare and distribute policy guidelines allowing staff to familiarize themselves with the material. Train staff on guidelines prior to reopening if possible.**
- Prepare and distribute documentation to parents/legal guardians of children to explain rules and guidelines for children to follow. Provide educational material to parents regarding the importance of contact tracing for minimizing the impact of any child or adult testing positive for COVID-19 and have them sign that they have received and read the material.
- **Prepare communication platforms, such as websites, text messaging, and telephone hotlines, to communicate information to children, parents/legal guardians, staff, etc.**
- Designate at least one qualified person from staff to act as the primary contact for children, parents/legal guardians, employees and DOH. The designee(s) should be prepared to effectively address any questions and concerns related to the COVID-19 pandemic.
- Discourage the use of perfect attendance awards and incentives.
- **At the start of each day, and when necessary during program, hold small group orientations and trainings and demonstrations on behaviors and precautions children and staff should abide by, to prevent the spread of COVID-19, including:**
    - Remind students and staff that you have a "Safety-first" policy that includes.
    - How, when, and where to effectively wash and sanitize hands.
    - How to practice physical distancing at all times in various settings (cafeteria, classrooms, cabins, etc.).
    - Which symptoms to look out for and when to report them and to whom.
    - When to stay home.
    - Coughing and sneezing etiquette.
    - Other program specific policies or guidelines.
- **In the event of a potential exposure to COVID-19 please take the following actions:**
    - **Inform parents/legal guardians and affected employees on same day about any potential contact their children (or the staff) may have had with suspected or confirmed cases.**
    - **Coordinate and work closely with DOH to respond to the event in a timely and appropriate manner.**

    - **Group should be monitored but not isolated unless the child tests positive.**
    - **Coordinate appropriate follow up measures with DOH in Miami Dade County**
    - **Consider providing distance-learning opportunities/options for ill students**
- **If a person who has been in the program or facility tests positive:**
    - **The facility must immediately report the incident, timing of infection and proposed remediation plan to relevant authorities including the DOH and the FL-DOH.**
    - **Inform parents/legal guardians and affected employees on same day about any potential contact their children (or the staff) may have had with confirmed cases.**
    - **Close off areas used by person who is sick.**
    - **Open outside doors and windows to increase air circulation in the areas.**
    - **Wait up to 24 hours or as long as possible before cleaning and disinfecting to allow respiratory droplets to settle before cleaning.**
    - **Clean and disinfect all areas used by the person including common areas, bathrooms and offices.**
        - **Use products from the list of those that are EPA-approved for use against the SARS-CoV 2 (virus that causes COVID-19)** https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.
        - **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
    - If more than 10 days has passed since the person who is sick visited the center, additional cleaning and disinfecting is not necessary and the center should continue its routine cleaning and disinfecting program.
- Follow CDC and DOH guidelines on what to do if there is a confirmed case of COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html
- **Child must provide a doctor's note approving the child's return to the program.**

VI. Communication

- **Create communications strategies for staff, families, and children:**
    - **Advance guidance to parents regarding how to prepare themselves and their children for what to expect.**
    - **Create orientation messages and disseminate (i.e: e-mail, Zoom sessions, etc.).**
        - **i.e: Healthy kids start at home.**
- **Ensure reliable contact information for incident notification to families and for inquiries by families.**
- Work with community-based organizations to disseminate communications messages.
- Encourage children to talk about how they are feeling.
- Tell children they can ask you any questions and make yourself available to talk and listen.
- Be calm and reassuring; be careful not only about what you say but how you say it.
- Be a source of comfort.
- Listen for underlying fears or concerns.
- Ask questions to find out what a concerned child knows about COVID-19.
- Let children know that fear is a normal and acceptable reaction.
- Provide only honest and accurate information.
- Correct any false information they may have heard. See "Myth busting information", https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters)
- Be considerate with children when correcting any information.

- If you do not know the answer to a question, say so. Do not speculate. Find answers by visiting the CDC, WHO, or the Florida Department of Health website, contact local DOH.
- Make sure children know how the virus can spread and how to prevent it from spreading.
- Talk about what the program is doing to protect everyone from getting sick.
- When age appropriate, reassure concerned children that even though the COVID-19 pandemic is serious, hospitalizations and death are rare, especially in young healthy individuals.
- Let children know that typically teens and children seem to get a milder illness when compared to adults.
- Share with guardians the signs and symptoms of Kawasaki disease (Multisystem Inflammatory Syndrome) https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html
- **Provide family information on preventing COVID-19 including CDC guidance for large or extended families living in the same household.**
- **Provide Florida Department of Health guidance for High Risk Individuals.**
- Speak in age-appropriate language:
  - **Early elementary school-aged children**: Provide brief, simple information that balances COVID-19 facts with appropriate reassurances that adults are there to help keep them healthy and to take care of them if they do get sick. Give simple examples of the steps they can take every day to stop germs and stay healthy, such as washing hands. Use language such as “Adults are working hard to keep you safe.”
  - **Upper elementary and early middle school-aged children:** This age group often is more vocal in asking questions about whether they indeed are safe and what will happen if COVID-19 spreads in their area. They may need assistance separating reality from rumor and fantasy. Discuss the efforts national, state, and community leaders are making to prevent germs from spreading and keep people healthy
  - **Upper middle and high school-aged children:** With this age group, issues can be discussed in more depth. Refer them to appropriate sources of COVID-19 facts. Provide honest and accurate information about the current status of COVID- 19. Direct children with questions you cannot answer and/or fears you cannot assuage to administration or the designated staff member(s) responsible. Have follow-up conversations with children who have asked questions or expressed concerns.

ADDITIONAL GUIDELINES FOR SPECIFIC PROGRAMS

After School/Full Day Programs for school aged children

- **Ensure physical distancing among staff and groups of no more than 12 children.**

Summer Camp Programs

I. **Non-employee Protection (children)**

- **Ensure all field trips and activities comply with social distancing guidelines.**
  - **Vehicular means of transportation are recommended only when necessary. If the destination can reasonably be reached by other means (walking, jogging, bicycling, hiking, etc.), it may be beneficial to plan travel to the destination using those alternatives.**
  - **What Bus Transit Operators Need to Know About COVID-19.** https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html
  - **Cleaning and Disinfection for Non-emergency Transport Vehicles.** https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html

II. **Industrywide Safeguards**

- **CDC Youth programs and camps during COVID-19 PANDEMIC decision tool** https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Camps-Decision-Tree.pdf

Early Childhood

I. **Employee Protection**

- **When washing, feeding or holding very young children, childcare providers can protect themselves by wearing an over-large button-down, long-sleeved shirt and by wearing long hair up and off the collar in a ponytail or other updo.**

II. **Non-employee Protection (children)**

- **As necessary, reduce classroom ratios to ensure sleeping cots/mats can be placed head to feet and not less than 3 feet apart (pre-school) and individual student workstations can be placed 6 feet apart (older children).**
- **Children and staff must bring an extra pair of shoes to be kept and worn at school throughout the school week.**
- **Restrict playground use to one classroom at a time, clean and disinfect high touch areas on equipment between each group.**
- **Remove all soft surfaces (rugs and plush toys) from classrooms, except for the youngest children where rugs may remain.**
- **Remove any toys that cannot be cleaned and disinfected. Do not share toys with other groups of infants and toddlers. Set aside toys that need to be cleaned due to use during the day. Consider using separate containers for clean toys and for toys that need to be cleaned and disinfected and properly label containers.**
- **Encourage kids to leave toys and blankets and their comfort items at home to reduce the introduction of new objects.**

- **Provide individual student kits with commonly used classroom materials such as crayons, markers, pencils.**

III. Business Process Adaptation

Parent Drop-Off and Pick-Up

- **Face coverings are required at drop off and pick up, not adhering to this measure will result in not being able to drop off and pick up child.**
- **To the extent possible, limit direct contact with parents/guardians and ensure consistent adherence to social distancing.**
- **Entry Process Stations:**
    - **Hand hygiene stations will be set up at the entrance of the facility, so that the parent and child can clean or sanitize their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of children's reach and supervise use.**
    - **Temperature taking station.**
    - **Staff will be available to pick up child in the last station after parent turns in daily screener form and signs in.**
    - **Staff will check in child.**
- **Only one family is permitted in waiting/reception area at a time.**
- **In case of inclement weather, parents will stay in their vehicles and staff will notify when the first station is available for them to start their drop off process.**
- **Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.**
- **Assign a designated area for strollers/car seats which are to remain outside classrooms.**
- **Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents over 65 years old or those with serious underlying medical conditions should not pick up children because they are more at risk for severe illness from COVID-19.**

IV. Industrywide Safeguards

- CDC Childcare programs decision tool. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Childcare-Decision-Tree.pdf

Sports Programs

I. Employee Protection

- **Adults must wear face covering at all times except when performing aerobic activities during which they must maintain a distance of 10 or more feet from all other persons.**
- **Adults must adhere to six-foot social distancing practices when interacting with players, staff and spectators.**
- **Adults including Directors, players and spectators must adhere to the guidelines from CDC, state and local guidelines.**

II. Non-employee Protection (children)

- **Team and high contact sports are limited pursuant to Emergency Order 29-20, as amended.**
- **Indoor/outdoor activity that can be conducted in small groups (cohorts of not more than 10 athletes and/or other personnel in total) and with adequate spacing (minimum of 1 person per 10 feet).**

- **Some sharing of sporting equipment permitted such as kicking a football, hitting a tennis ball, use of a skipping rope, weights, mats.**
- **Non-contact skills training. Accidental contact may occur but no deliberate body contact drills. No wrestling, holding, tackling or binding..**
- **Minimize player contact by eliminating team/player handshakes, fist-bumps, and team/player high fives. No group prayers between teams on the field. Create plan to keep social distancing between teams in effect beyond the field of play. (e.g., ask players to tip their caps/visors, or have teams bow to each other from across the field).**
- **Maintain 6 feet distance between children unless accommodations are warranted for children with disabilities. The distance must expand to 10 feet if the children are performing aerobic activities which require them to remove face-coverings. Avoid performing aerobic activities in-doors.**
- **Restrict mixing, have same group of children stay with the same staff each day.**
- **Maximize use of outdoor spaces and increase time spent on outdoor activities.**
- **All sports must abide by personal and hand hygiene and cleaning and disinfecting of equipment in between usage.**
- **Enhance communication of hygiene best practices with participants (no touching of face, proper and frequent hand washing).**
- **Provide disposable cups or refillable water bottles and prohibit the typical use of water fountains. Children are encouraged to bring an individual refillable water bottle.**
- **Limited number of spectators may be permitted to watch from a special designated viewing zones while adhering to physical distancing and with strict use of face coverings.**

III. Business Process Adaptation

- **Create one-way entry and exit gates where possible, to direct foot traffic.**
- **Spectators must abide by social distancing and use of facial coverings**
- **Inspect designated seating and viewing areas for social distancing compliance for spectators.**

Special Population

- **Children with disabilities require accommodations as sensory and social issues as well as disruptive behaviors will prevent these children from consistently meeting requirements outlined with the plan. Accommodations for social distancing, use of cloth face masks and assistance with personal hygiene can be expected.**
- **Children in the foster care system must be given priority access to summer and sports camps as well as to childcare services should availability be limited.**
- **Additionally, children of foster care youth who are in or have been served by the foster care system will be given priority access to summer programs.**

I. Employee Protection

- **When making required accommodations for special needs, caregiver intervention and proper use of PPE will help to mitigate risk of virus transmission.**

II. Non-employee Protection (children)

- **In all cases, ensuring the immediate safety of children will take precedence over social distancing and PPE requirements.**
- **Facilities must cohort children to minimize cross contamination.**
- **Therapy services should be conducted online (when possible).**

- **If therapy services are delivered at facility, then these services should be delivered in a one-on-one environment and not within the classroom or in proximity to any other persons.**
- **Designated space for therapies must be cleaned and disinfected between each use abiding by CDC guidance.**
- **In addition to……classrooms may allow up to 2 one-on-one professional support persons providing classroom space of 36 square foot per person.**
    - **One-on-one professional will be subject to health screening and protocols in place for all agency staff members.**
    - **One-on-one support professional will not be required to maintain 6 feet physical distance from the child he/she is assigned to support.**
    - **One-on-one support professional and their employing agency must attest that he/she works exclusively with the child being served in the program and that he/she is not providing service to other children.**

Resources

Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Page=2
World Health Organization (WHO) https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public,
Florida Department of Health https://floridahealthcovid19.gov/resources/#toolkitJump and/or other accredited health agencies and post in appropriate places where intended audiences can be reached. Examples include:

- COVID-19 Info: http://ww11.doh.state.fl.us/comm/_partners/action/protect_yourself_gatherings_crowds.pdf ; https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf
- Handwashing: http://ww11.doh.state.fl.us/comm/_partners/action/children/kids_handwash_eng_horiz.pdf
- Face covering: https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf
- Cough etiquette: https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/blue-3.png?sfvrsn=b1ef6d45_2
- Symptoms associated with COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-11x17-en.pdf
- Stop the spread of germs: http://ww11.doh.state.fl.us/comm/_partners/action/stop_the_spread_of_germs_fl.pdf
- Physical distancing: https://open.alberta.ca/dataset/80c3fda3-7bd8-41c2-8724-c476c1b54a5b/resource/bac2f2db-b9b7-424b-87c5-7d3834221c3f/download/covid-19-practice-physical-distancing-poster-11x-17-colour.pdf
- Stay home if you are sick https://www.cdc.gov/coronavirus/2019-ncov/downloads/316129-B-StayHomeFromWork_Poster.pdf
- Safe Greetings https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/safe-greetings.png?sfvrsn=2e97004e_2

Appendices

1. Miami-Dade Communications Materials
2. Screening for COVID-19 display
3. CDC Guidelines for Visiting Parks and Recreation Facilities
4. Framework for Rebooting Sports in a COVID19 Environment
5. COVID-19 Guidance for Aquatics
6. COVID-19 Guidance for Businesses and Employees
7. OSHA COVID-19 Control and Prevention
8. CDC Guidance Solid Waste and Wastewater ManagementWorkers and Employers
9. OSHA Guidance on Preparing Workplaces for COVID-19
10. OSHA Guidance for Cleaning and Disinfecting
11. CDC Environmental Cleaning and Disinfection Recommendations
12. EPA List of Cleaning Products

CORONAVIRUS (COVID-19) PREVENTION

Wash your hands often with soap and water for at least 20 seconds.

Cover your cough or sneeze with a tissue. If you don't have a tissue, cough or sneeze into your sleeve or elbow.

Clean and disinfect frequently touched objects and surfaces.

Avoid touching your eyes, nose, and mouth.

Stay home when you are sick, except to get medical care.

Avoid close contact with people who are sick.

Individuals in Miami-Dade County who believe they may have been exposed to COVID-19, should call the Florida Department of Health at **305-324-2400**. If you have a medical provider, call them. If traveling to a medical office or facility, call ahead.
For questions about COVID-19 in Florida, please call the Florida Department of Health at **1-866-779-6121.**

For more information, visit miamidade.gov/coronavirus

FOR A MEDICAL EMERGENCY, CALL 911

MIAMI-DADE COUNTY

PREVENCIÓN DEL CORONAVIRUS (COVID-19)

Lávese las manos frecuentemente con agua y jabón durante 20 segundos, como mínimo.

Cúbrase la nariz y la boca con un pañuelo. Si no tiene un pañuelo, tosa o estornude sobre la manga o el codo.

Limpie y desinfecte los objetos y las superficies que se tocan a menudo.

Evite tocarse los ojos, la nariz y la boca.

Quédese en casa si está enfermo, excepto para buscar atención médica.

Evite el contacto cercano con las personas enfermas.

Todas las personas del Condado de Miami-Dade que consideren que pueden haber estado expuestas al COVID-19 deben llamar al Departamento de Salud de la Florida al **305-324-2400**. Si usted tiene un proveedor de servicios médicos, llámelo. Si se va a dirigir a un centro o consulta médica, llame antes.
Para preguntas sobre el COVID-19, llame al Departamento de Salud de la Florida al **1-866-779-6121.**

Para más información, visite miamidade.gov/coronavirus

EN CASO DE UNA EMERGENCIA MÉDICA, LLAME AL 911

MIAMI-DADE COUNTY

PREVANSYON CORONAVIRUS (COVID-19)

Lave men w souvan avèk savon ak dlo pandan 20 segonn pou pi piti.

Kouvri bouch ou avèk mouchwa ou ka jete **lè w ap touse oswa estènen**. Si w pa gen yon mouchwa ou ka jete, touse ak estènen nan manch rad ou.

Netwaye ak dezenfekte bagay ak kote moun touche detanzantan.

Evite touche je w, nen w ak bouch ou.

Rete lakay ou lè w malad, sof si w dwe ale pran swen medikal.

Evite kontak ki twò kole ak moun ki malad.

Tout moun nan Konte Miami-Dade ki kwè ke yo te ekspoze a COVID-19 la ta dwe rele Depatman Lasante Florid la nan **305-324-2400**.
Si w genyen yon founisè swen medikal, rele li. Si w ap ale nan yon biwo oswa yon etablisman medikal, rele davans.
Pou kesyon sou COVID-19 nan Florid, tanpri rele Dapatman Lasante Florid la nan **1-866-779-6121.**

Pou plis enfòmasyon, vizite miamidade.gov/coronavirus

POU YON IJANS MEDIKAL, RELE 911

MIAMI-DADE COUNTY

CORONAVIRUS (COVID-19) SAFETY TIPS

CONSEJOS DE SEGURIDAD POR EL CORONAVIRUS (COVID-19) • TI KONSÈY SEKIRITE SOU CORONAVIRUS (COVID-19) LA

Wear a face covering.
Use una máscara facial. • Mete yon kouvèti vizaj.

Practice social distancing.
Mantenga la distancia social. • Pratike distans sosyal.

Wash your hands often. When soap and water are not available use hand sanitizer.
Lávese las manos frecuentemente. Si no tiene agua y jabón, use desinfectante de manos. • Lave men w souvan. Lè savon ak dlo pa disponib, sèvi ak dezenfektan pou men.

Clean and disinfect frequently touched objects and surfaces.
Limpie y desinfecte los objetos y superficies que se tocan a menudo. • Netwaye epi dezenfekte souvan objè ak kote moun manyen.

Stay home when you are sick, except to get medical care.
Quédese en casa si está enfermo, excepto para buscar atención médica. • Rete lakay ou lè w malad, sof pou ale chèche swen medikal.

Avoid touching your eyes, nose and mouth.
Evite tocarse los ojos, la nariz y la boca. • Evite manyen je w, nen w ak bouch ou.

miamidade.gov/coronavirus

MIAMI-DADE COUNTY

Screening for COVID-19

FloridaHealth.gov/COVID-19 • Florida Department of Health

1 Are you experiencing symptoms?

Symptoms may appear in 2–14 days after exposure to the virus.

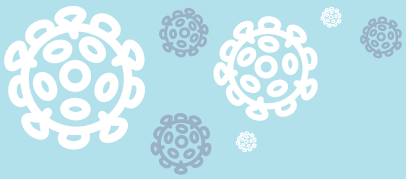
FEVER

COUGH

SHORTNESS OF BREATH

2 Have you returned from international travel or a cruise within the last 14 days and have any of the symptoms above?

3 Have you been around someone diagnosed with COVID-19?



If you answered "yes" to any of the above questions, call your health care provider or your county health department (CHD) by scanning the code for the local CHD finder. Or call 1-866-779-6121.

Guidance

- Self monitor for fever, cough, or other respiratory symptoms for 14 days.
- Avoid contact with sick people.
- Delay any additional travel plans until no longer sick.
- Wash hands often with soap and water for at least 20 seconds.
- Cover mouth and nose with a tissue or sleeve when coughing or sneezing. Throw the tissue in the trash.

Florida Health Office of Communications 03/11/20

COVID-19
Guidance for Businesses & Employees

Florida Department of Health • FloridaHealthCOVID19.gov

Reduce Transmission Among Employees

Encourage sick employees to stay home

- Employees who have symptoms **(fever, cough, or shortness of breath)** should notify their supervisor and stay home.
- Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers. **Learn more at tinyurl.com/vgx83aq**.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor. Follow the Centers for Disease Control and Prevention's (CDC) recommended precautions at **tinyurl.com/sdf3p46**.
- Reduce the in-office workforce to 50% by encouraging employees to telecommute if possible.
- For more information, refer to the Florida Public Health Advisory at **FloridaHealthCOVID19.gov/News**.

Have Flexible Sick Leave Policies

- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.

- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures.
- Employers should not require a positive COVID-19 test result or a healthcare provider's (HCP) note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. HCP offices and medical facilities may be extremely busy and not able to provide such documentation quickly.

Maintain a Healthy Work Environment

- Provide tissues and no-touch disposal receptacles if possible.
- Provide soap and water in the workplace.

- Place hand sanitizers with at least 60% alcohol in multiple locations to encourage hand hygiene.
- Discourage handshaking—encourage the use of other noncontact methods of greeting.
- Encourage social distancing by maintaining a distance of **6 feet** from others when possible.

Perform Routine Cleaning and Disinfection

- Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.

- Provide disposable wipes so that commonly used surfaces can be wiped down by employees before each use.

Advise Employees Before Travel

- Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel.
- Advise employees to check themselves for symptoms of COVID-19 (fever, cough, or shortness of breath) before starting travel and notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Visiting Parks and Recreational Facilities

Protect Yourself and Others from COVID-19

Staying physically active is one of the best ways to keep your mind and body healthy. In many areas, people can visit parks, trails, and open spaces as a way to relieve stress, get some fresh air and vitamin D, stay active, and safely connect with others.

Know before you go: While these facilities and areas can offer health benefits, it is important that you follow the steps below to protect yourself and others from COVID-19.

DO

- ✓ Visit parks that are close to your home
- ✓ Prepare before you visit
- ✓ Stay at least 6 feet away from others ("social distancing") and take other steps to prevent COVID-19
- ✓ Play it safe around and in swimming pools. Keep space between yourself and others

DON'T

- ✗ Visit parks if you are sick or were recently exposed to COVID-19
- ✗ Visit crowded parks
- ✗ Use playgrounds
- ✗ Participate in organized activities or sports

Don't: Visit parks if you are sick or were recently exposed to COVID-19

- If you are sick with COVID-19, were recently exposed (within 14 days) to someone with COVID-19, or just don't feel well, do not visit public areas including parks or recreational facilities.
- Follow recommended steps to take if you are sick.

Do: Visit parks that are close to your home

Traveling long distances to visit a park may contribute to the spread of COVID-19 as:

- Most travel requires you to stop along the way or be in close contact with others.
- Travel may also expose you to surfaces contaminated with the virus that causes COVID-19.

Don't: Visit crowded parks

- Do not visit parks where you cannot stay at least 6 feet away from others at all times.

Do: Prepare before you visit

State or local parks

State and local authorities will decide whether parks and other recreational facilities will open. Check with the park in advance to be sure you know which areas or services are open, such as bathroom facilities and concessions, and bring what you need with you.

National parks

The National Park Service will decide on a park-by-park basis whether a national park will be open. Please check with individual parks for specific details since, in many cases, visitor centers, concessions, and bathroom facilities might be closed.

Beaches or other swimming areas

State and local authorities will decide whether natural bodies of water and beaches or swim areas will be open. Please check with individual beaches or swim areas for specific details.

Do: Stay 6 feet away from others ("social distancing") and take other steps to prevent COVID-19

If a park, beach, or recreational facility is open for public use, visiting is okay as long as you practice social distancing and everyday steps such as washing hands often and covering coughs and sneezes. Follow these actions when visiting a park, beach, or recreational facility:

- Stay at least six feet from others at all times. This might make some open areas, trails, and paths better to use. Do not go into a crowded area.
- Avoid gathering with others outside of your household.
- Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Bring hand sanitizer with at least 60% alcohol to use if soap and water are not available.

Don't: Use playgrounds

Do not use playgrounds, including water playgrounds, located within local, state, or national parks.

Using playgrounds might lead to the spread of COVID-19 because:

- They are often crowded and could easily exceed recommended guidance for gatherings.
- It can be challenging to keep surfaces clean and disinfected.
- The virus can spread when young children touch contaminated equipment and then touch their hands to their eyes, nose, or mouth.

Don't: Participate in organized activities or sports

In general, most organized activities and sports such as basketball, baseball, soccer, and football that are held on park fields, open areas, and courts are not recommended. These activities and sports typically require coaches and athletes who are not from the same household or living unit to be in close proximity, which increases their potential for exposure to COVID-19.

Do: Play it safe around and in swimming pools, and keep space between yourself and others

There is no evidence that COVID-19 can be spread to humans through the water. Proper operation, maintenance, and disinfection (with chlorine or bromine) of pools should kill COVID-19.

Swimming and other water-related activities are excellent ways to get the physical activity needed for a healthy life. If you are not sick or experiencing symptoms of COVID-19, it is safe to use swimming pools as long as steps are taken to reduce the spread of COVID-19:

- Practice social distancing by staying at least six feet (two meters) from others.
- Avoid large gatherings of more than 10 people.
- Keep your hands clean by washing hands with soap and water, especially after going to the bathroom,

before eating, and after blowing your nose, coughing, or sneezing. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Swimming does carry some health risks. Visit CDC's Healthy Swimming website for information to help you prevent illness and drowning, while having fun and enjoying the health benefits of swimming.

Page last reviewed: May 19, 2020

MIAMI-DADE COUNTY FRAMEWORK FOR REBOOTING SPORTS IN A COVID-19 ENVIRONMENT

May 2020

INTRODUCTION

Sports make an important contribution to the physical, psychological and emotional well-being of our residents. The COVID -19 pandemic has had devastating effects on communities globally, leading to significant restrictions on all sectors of society, including sports. Resumption of sports can significantly contribute to the re-establishment of normality in Miami-Dade County.

The principles outlined in this document apply to community competitive and individual passive (non-contact) sports. This framework is a guideline for sporting activity to occur in a cautious and methodical manner, to optimise athlete and community safety. The priority at all times must be to preserve public health, minimizing the risk of community transmission.

FRAMEWORK FOR THE RESUMPTION OF SPORT AND RECREATION ACTIVITIES

The resumption of sports and recreational activities is a careful process to be implemented to ensure the safety of athletes and other personnel and the wider community.

Preparation for resumption includes education of the athletes and other personnel, assessment of the sport environment and agreement on training scheduling to accommodate social distancing. The approach to training should focus on '**get in, train, get out**', minimizing unnecessary contact in bathrooms and communal areas. Prior to resumption, sporting organizations should have protocols in place for management of illness in athletes and other personnel. Special consideration should be made for para-athletes and others with medical conditions as they may be more vulnerable to COVID-19 infection. Organizations and individuals should apply a graded return to mitigate injury risk, understanding that sudden increase in training load will predispose to injury.

Individuals should not return to sport if in the last 14 days they have been unwell or had contact with a known or suspected case of COVID-19. Any individual with respiratory symptoms (even if mild) should be considered a potential case and must immediately self-isolate, have COVID-19 excluded and be medically cleared by a doctor to return to the training environment.

Athletes returning to sport after COVID-19 infection should consult with their physician prior to resumption of high intensity physical activity. While there is increasing research on the multi-organ nature of COVID-19 in the acute phase, there is currently limited research on medium to long-term complications. Long-term decreased exercise capacity has been noted following previous related coronavirus infections — Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). Sudden increase in training load predispose to injury and a graded return should be considered.

Resumption of sporting activity may not be linear. Increasing restrictions may be required in response to fluctuating numbers of COVID-19 cases. Sporting organisations need to be flexible to accommodate and respond to changes in community transmission rates and the associated changes in advice from CDC, State Health Guidelines and County Emergency Orders.

PRINCIPLES FOR THE RESUMPTION OF SPORT AND RECREATION ACTIVITIES

1. Resumption of sport and recreation activities can contribute many health, economic, social and cultural benefits to society emerging from the COVID-19 environment.
2. Resumption of sport and recreation activities should not compromise the health of individuals or the community.
3. Resumption of sport and recreation activities will be based on objective health information to ensure they are conducted safely and do not risk increased COVID-19 local transmission rates.
4. All decisions about resumption of sport and recreation activities must take place with careful reference to these Principles following close consultation with CDC and State Health Guidelines.
5. Framework for Rebooting Sport in a COVID-19 Environment' provides a guide for the reintroduction of sport and recreation in Miami-Dade County. The framework incorporates consideration of the differences between contact and non-contact sport and indoor and outdoor activity. Whilst the three phases 1, 2 and 3 of the framework provide a general guide, individual jurisdictions may provide guidance on the timing of introduction of various levels of sport participation with regard to local epidemiology, risk mitigation strategies and public health capacity.
6. Resumption of community sport and recreation activity should take place in a staged fashion with an initial phase of small group (<10) activities in a non-contact fashion, prior to moving on to a subsequent phase of large group (>10) activities including full contact training/ competition in sport. Individual jurisdictions will determine progression through these phases, taking account of local epidemiology, risk mitigation strategies and public health capability.
    a. This includes the resumption of children's outdoor sport with strict physical distancing measures for non-sporting attendees such as parents.
    b. This includes the resumption of outdoor recreational activities including (but not limited to) outdoor-based personal training and boot camps, golf, fishing, swimming, etc.
7. Significantly enhanced risk mitigation (including avoidance and physical distancing) must be applied to all indoor activities associated with outdoor sporting (e.g. club rooms, training facilities, gymnasia and the like).
8. At all times sport and recreation organisations must respond to the directives of CDC, State Health Guidelines and Local Emergency Orders. Localised outbreaks may require sporting organisations to again restrict activity and those organisations must be ready to respond accordingly. The detection of a positive COVID-19 case in a sporting or recreation club or organisation will result in a standard public health response, which could include quarantine of a whole team or large group, and close contacts, for the required period.
9. The risks associated with large gatherings are such that, for the foreseeable future, community sport and recreation activities should limit those present to the minimum required to support the participants (e.g. one parent or carer per child if necessary).
10. The sporting environment (training and competition venues) should be assessed to ensure precautions are taken to minimize risk to those participating in sport and those attending sporting events as spectators (where and when permissible).
11. The safety and well-being of the Miami-Dade County community will be the priority in any further and specific decisions about the resumption of sport.

RECOMMENDED ACTIVITIES FOR COMMUNITY AND INDIVIDUAL SPORT

May 2020

OVERVIEW

This table consists of guidelines made in conjunction with industry professionals and health experts. All sports must maintain awareness of the evolving COVID-19 environment and align current practices with informed decisions for athlete and other community sport member safety.

Please note that it has not been possible to include every sport in this table. For sports that are not listed in the table, please base your sport activities on the recommendations made for a similar sport.

Recommended activities for community and individual sport

			Pending approval of Miami-Dade County Mayor
General description	Activity that can be conducted by a solo athlete or by pairs where at least 6 feet can always be maintained between participants. No contact between athletes and/or other personnel. Examples for all sports — general fitness aerobic and anaerobic (e.g. running, cycling sprints). Strength and sport-specific training permitted if no equipment required, or have access to own equipment (e.g. ergometer, weights). Online coaching and resources (e.g. videos, play books).	Indoor/outdoor activity that can be conducted in small groups (cohorts of not more than 10 athletes and/or other personnel in total) and with adequate spacing (minimum of 1 person per 10 feet). Some sharing of sporting equipment permitted such as kicking a football, hitting a tennis ball, use of a skipping rope, weights, mats. Non-contact skills training. Accidental contact may occur but no deliberate body contact drills. No wrestling, holding, tackling or binding. Commercial gyms, bootcamps, yoga, Pilates, dance classes (e.g. barre, ballet, hip hop, not partnered), cycling 'spin' classes permitted if other measures (above) are met.	Full sporting activity that can be conducted in groups of any size including full contact (competition, tournaments, matches). Wrestling, holding, tackling and/or binding (e.g. rugby scrums) permitted. For larger team sports, consider maintaining some small group separation at training. For some athletes full training will be restricted by commercial operation of facilities.
General hygiene measures	No sharing of exercise equipment or communal facilities. Apply personal hygiene measures even when training away from group facilities — hand hygiene regularly during training (hand sanitisers) plus strictly pre and post training. Do not share drink bottles or towels. Do not attend training if unwell (contact doctor). Spitting and clearing of nasal/respiratory secretions on ovals or other sport settings must be strongly discouraged.	Communal facilities can be used after a sport-specific structured risk assessment and mitigation process is undertaken. 'Get in, train and get out' — be prepared for training prior to arrival at venue (minimize need to use/gather in change rooms, bathrooms). Minimize use of communal facilities (e.g. gym, court) with limited numbers (not more than 10 athletes/staff in total). Have cleaning protocols in place for equipment and facilities. Hand hygiene (hand sanitisers) on entry and exit to venues, as well as pre, post and during training. Thorough full body shower with soap before and after training (preferably at home). Where possible maintain distance of at least 6 feet while training. No socialising or group meals. Spitting and clearing of nasal/respiratory secretions on tracks, fields, or other sport settings must be strongly discouraged.	Return to full use of sporting facilities. Continue hygiene and cleaning measures as per Phase 2. If any massage beds are being used, hygiene practices should include no bed linen except single use towels. Cleaning of treatment beds and key surfaces should occur before and after each athlete treatment. Appropriate hand hygiene before and after each treatment. Limit unnecessary social gatherings. Spitting and clearing of nasal/respiratory secretions on ovals or other sport settings must be strongly discouraged
Spectators, additional personnel	No spectators unless required (e.g. parent or carer).	Separate spectators from athletes. Spectators should maintain social distancing of at least 6 feet.	Minimum contact of non-essential surfaces to occur and hands on treatment should be kept to essential only. Non-essential personnel should be discouraged from entering change rooms.

Community/ Individual Sports			Pending approval of Miami-Dade County Mayor
Football	Running, resistance training (solo), skills training (solo).	Passing, kicking, catching drills. No tackling or grappling. (Cohorts no more than 10 athletes/staff in total).	Full training and competition.
Archery	Outdoor range and solo only.	Full training indoor or outdoor range, with limited numbers/appropriate distancing between athletes.	Full training and competition.
Artistic Swimming	Solo training drills only — land based or in own pool. General fitness, strength work.	Swimming (own lane). In pool solo technical drills or group technical drills without physical contact. No lifting, holding.	Full training and competition.
Athletics	Outdoor training sessions on own, with coach, or with 1 training partner and no sharing of equipment (e.g. javelin, discus, high-jump mats, pole vault, shot put, hammer, starting blocks).	Full training. Avoid running in slipstream of others.	Full training and competition. Competition — Multi Event rooms remain a risk and time spent here should be minimized with adequate space/separation. Similarly, call rooms pre event will need to be restructured.
Badminton	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) at home or outdoor (no indoor sporting facility access allowed).	Full training on court, singles or doubles.	Full training and competition.
Baseball	Running/aerobic training (solo), resistance training (solo), skills training (solo).	Full training with small numbers (cohorts no more than 10 athletes/staff in total).	Full training and competition.
Basketball	Running/aerobic/agility training (solo), resistance training (solo), skills training and shooting drills (solo) at home or outdoor (no indoor sporting facility access allowed). No ball handling drills with others. No more than 3 players per half court, each player must have their own basketball	Non-contact skills using basketball — passing, shooting, defending, screens and team structure (offence and defence).	Full training and competition.

Community/ Individual Sports			Pending approval of Miami-Dade County Mayor
Boxing	Running/aerobic/agility training (solo), resistance training (solo), technical training (solo). Bag work if access to own equipment, without anyone else present.	Shadow sparring allowed. Non-contact technical work with coach, including using bag, speedball, pads, paddles, shields. No contact or sparring.	Full training and competition.
Canoeing/Kayaking/ Sculling	Running/aerobic training (solo), resistance training (solo), on-water training (solo).	No contact. No team boat training. One person per boat.	Full training and competition.
Cricket	Running/aerobic training (solo), resistance training (solo), skills training (solo).	Nets — batters facing bowlers. Limit bowlers per net. Fielding sessions — unrestricted. No warm up drills involving unnecessary person-person contact. No shining cricket ball with sweat/saliva during training.	Full training and competition. No ball shining with sweat/saliva
Cycling	Solo outdoor cycling or trainer, resistance training (solo).	Avoid cycling in slipstream of others — maintain minimum 10 feet from cyclist in front.	Full training and competition.
Diving	On-land training only (solo).	Full training, with 1 athlete per board/platform (or 2 if synchro training).	Full training and competition.
Equestrian	Solo/pairs training only.	Full training.	Full training and competition.
Fencing	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo). No bouts with others. Solo footwork practice (steps, lunges, fleshes). Pointwork — using cushion/board to practice fine motor skills of point work with sword.	Full training and competition. Ensure no shared masks. No shaking hands post bout.	Full training and competition.
Field Hockey	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) if access to appropriate surface available.	Non-contact skills training drills in small groups (not more than 10 athletes/staff in total).	Full training and competition.
Soccer	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo).	Non-contact skill training drills — passing, shooting, headers. Small groups (cohorts not more than 10 athletes/staff in total).	Full training and competition.

Community/ Individual Sports			Pending approval of Miami-Dade County Mayor
Golf	Solo or pairs only. Maintain at least 6 feet between players.	Full training. Maintain at least 6 feet between players.	Full training and competition.
Gymnastics	Resistance training, skills training solo and outside of gym only. Rhythmic — skills at home. Trampoline — off apparatus skills, drills at home only.	Small groups only — 1 gymnast per apparatus (including rhythmic and trampoline). Disinfecting high touch surfaces as per the manufacturer's guidelines.	Full training and competition.
Handball	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) at home or outdoor (no indoor sporting facility access allowed).	Skill drills — passing, shooting, defending. No contact drills. Small groups (cohorts not more than 10 athletes/staff in total).	Full training and competition.
Judo	Running/aerobic/agility training (solo), resistance training (solo), technical training (solo) — e.g. mirror work.	No contact/bouts. Non-contact shadow training. Non-contact technical work with coach.	Full training and competition.
Karate	Running/aerobic/agility training (solo), resistance training (solo), technical training (solo) — e.g. mirror work.	No contact/bouts. Shadow sparring. Non-contact technical work with coach, including using pads, paddles.	Full training and competition.

Community/ Individual Sports			Pending approval of Miami-Dade County Mayor
Motor Sports	Limited Practice and Private Testing. Significantly reduced category numbers. Social distancing and hygiene strictly maintained. Minimum of 6 feet between temporary pit areas, no sharing of pits. No sharing of vehicles, equipment or apparel. Frequent cleaning of tools and touched surfaces.	Competition with reduced numbers per category. Maintain social distancing and hygiene as per Phase 1.	Full training and competition. Maximum of five person per vehicle team. Maintain social distancing and hygiene as per Phase 1.
Para-Athletes Sports (General)	Para-athletes require individualised consideration and assessment through all Phases (1,2,3) of a return to sport. Some para-athletes will have medical conditions that will require detailed planning and consultation with their regular treating medical team prior to a return to formal training/competition, or progression through Phase 1,2,3. Specific para-athlete equipment (e.g. wheelchairs, prostheses) will require regular cleaning (for all levels).		
Rowing	Ergometer if access to own at home. Cycling (solo), running (solo), resistance training (solo). On-water single.	Group resistance training sessions and outdoor group ergometer training placed >6 feet apart (cohorts not more than 10 athletes/staff in total). Groups of single sculls.	Full training and competition.
Rugby	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) including kicking, passing, ball skills (e.g. against wall to self).	Skill drills using a ball, kicking and passing. No tackling/wresting. Small group (cohorts not more than 10 athletes/staff in total) sessions.	Full training and competition.

Community/ Individual Sports			Pending approval of Miami-Dade County Mayor
Sailing	Solo or double handlers only.	Full training.	Full training and competition.
Shooting	Training on an outdoor field of play and an indoor firing line for up to two people, while observing appropriate social distancing practices.	Training and competition on an outdoor field of play and an indoor firing line for up to 10 people, while observing appropriate social distancing practices.	Full training and competition.
Skateboarding	Outdoor and solo only, or indoor only if have own facilities.	Full training with appropriate distancing between athletes.	Full training and competition.
Softball	Running/aerobic training (solo), resistance training (solo), skills training (solo).	Full training with small numbers (cohorts no more than 10 athletes/staff in total).	Full training and competition.
Sport Climbing	Restricted training. Aerobic and resistance training (solo). Climbing on home wall and equipment.	Full training. Use of hand sanitiser prior and after the use of each climb/belay station. Use of liquid chalk only. Daily cleaning of floor equipment including bouldering mats.	Full training and competition.
Squash/Raquetball	Solo training drills only — running/aerobic/agility training, resistance training, skills training at home, outdoor or closed courts (not open to others).	Full training on court — singles only. Limited number of players in centre (2 per court).	Full training (with doubles) and competition.
Surfing	Solo or with 1 training partner only.	Full training.	Full training and competition.
Swimming	In-water training (solo) in own pool.	Use of communal pool with limited numbers maintaining social distancing requirements. Learn to swim programs must follow Red Cross guidelines.	Full training and competition.
Table Tennis	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) at home or outdoor (no indoor sporting facility access allowed).	Full training on court, singles or doubles.	Full training and competition.

Community/ Individual Sports			Pending approval of Miami-Dade County Mayor
Taekwondo	Running/aerobic/agility training (solo), resistance training (solo), technical training (solo).	Non-contact technical work with coach, including using pads, paddles, shields. No physical contact or grappling. No kicking of chest guards.	Full training and competition.
Tennis	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) — e.g. serving only, hitting with ball machine.	Full training on court, singles or doubles.	Full training and competition.
Touch football	Running/aerobic/agility training/resistance training on own, with coach, or with 1 training partner (no sharing of equipment). Skills training (solo) including ball handling skills — e.g. roll ball, scooping, passing (e.g. against wall, to self).	Small group training (cohorts not more than 10 athletes/coaches/ parents in total) based on skills with no contact/defending/ attacking/match play drills. No social gatherings and maintain social distancing where possible.	Full training (with doubles) and competition.
Triathlon/Running	Solo or in pairs only. Consider remote programming. In pool water training if access to own pool (consider using swim tether) or open-water only. Consider use of wind trainer and treadmill for those in quarantine (who are medically well).	Avoid cycling in slipstream of others — maintain 10 feet from cyclist in front. Maintain 10 feet social distancing while running. Use of communal pool with limited numbers, 1 athlete per lane, consider 1 lane between athletes.	Full training and competition.
Volleyball	Running/aerobic/agility training (solo), resistance training (solo), skills training (solo) at home or outdoor (no indoor sporting facility access allowed).	Small group (cohorts not more than 10 athletes/staff in total) skill sessions only. No matches.	Full training and competition.
Water Polo	In-water training (solo) if access to own pool only, or open-water.	Use of communal pool with limited numbers and distance maintained. Swimming, throwing (passing/shooting) drills. No full contact/defending drills, wrestling.	Full training and competition.
Weightlifting	Resistance training, technical work at home (no indoor sporting facility/gym access allowed).	Full training with limited numbers to avoid congestion.	Full training and competition.

Community/ Individual Sports			Pending approval of Miami-Dade County Mayor
Wheelchair Basketball	Aerobic training (solo), resistance training (solo), skills training (solo) at home or outdoor (no indoor sporting facility access allowed).	Non-contact shooting, dribbling drills. Other non-contact technical/skill drills. Small groups (cohorst not more than 10 athletes/staff in total).	Full training and competition.
Wrestling	Running/aerobic/agility training (solo), resistance training (solo), technical training (solo).	Non-contact skills training. Resistance training in gym, solo mat-based drills (e.g. weighted bags).	Full training and competition.

Questions to be addressed:

The emergence of the coronavirus disease 2019 (COVID-19) pandemic has raised questions among aquatic facilities, lifeguards and instructors about the operation of aquatic facilities, education of lifeguards and lifeguarding rescues and resuscitation, and delivery of American Red Cross courses. This document provides guidance to Red Cross instructors, aquatic facility operators, and students. In addition, lifeguarding students may have questions about alterations to rescues and resuscitation during the COVID-19 public health emergency.

The recommendations in this document are based on the latest information from the Centers for Disease Control and Prevention (CDC). Aquatic facility operators and lifeguards should be aware that state and local officials may put in place orders that would further affect operations.

1. When is it safe for our aquatic facility to re-open?
2. What are the general aquatic-related COVID transmission risks?
3. In planning to open what policies and procedures should be in place?
4. Upon reopening, what social distancing measures should be applied to changing areas, pool deck areas, and swimming areas?
5. Upon reopening, which activities should be allowed and what precautions should be taken for each?
6. What precautions should be put in place for people at higher risk of serious disease?
7. What screening measures should be utilized for patrons and staff entering the facility?
8. What personal protective measures should be utilized by patrons and staff within the facility?
9. Are there any COVID-specific changes which should be made to pool/hot-tub cleaning and maintenance operations?
10. What cleaning methods should be used for facilities?
11. What practices should be employed to improve the safety of lifeguards during in-service training?
12. What personal protective measures should be employed by lifeguards responding to medical emergencies?
13. What adaptations should be employed by lifeguards performing rescues?
14. What adaptations to resuscitation should be made?

Answer:

1. **When is it safe for our aquatic facility to re-open?**
   Many municipalities are beginning to allow the reopening of businesses and public spaces, with large regional variability in terms of timelines and policies. The federal government released the "Opening Up America Again" guidelines, which outline a phased approach to reopening municipalities. This framework is then adapted by state and local authorities. These guidelines in combination with state and local authority's orders should be reviewed by facility leadership to determine if the region in which their facility functions has met the guidelines criteria for beginning reopening and if their facilities can open while meeting restrictions in place. If the decision is made to begin reopening, the primary factor which will guide the facility's timeline and policies is the physical space available to allow for proper distancing. This topic is covered in more detail throughout this document. A secondary factor will be understanding the steps and modifications lifeguards will need to make and whether those can be implemented.

2. **What are the general aquatic-related COVID transmission risks?**
   There is currently no evidence to suggest that COVID-19 is spread person to person via the water in environments such as pools or spas. The primary spread in these environments would be by close proximity of individuals, which is often encountered during recreation or exercise activities. Additionally, close quarters such as facility classrooms, locker rooms, and other common spaces are potential environments for increased risk of disease transmission. There is also risk of transmission for lifeguards during rescues and removals from the water where the guard may be in close proximity to the victim. Lastly, while not the primary method of transmission, there is the possibility of transmission via surfaces at the facilities.

3. **In planning to open what policies and procedures should be in place?**
   As a facility plans to reopen it is vital to have the proper policies and procedures in place that address operations, emergencies, staff, and patrons. These should include at a minimum as appropriate:

   - Policies and procedures for social distancing and the use of personal protective equipment at work.
   - Policies and procedures for sanitizing and disinfecting common and high-traffic areas.
   - Policies and procedures related to symptom screening, such as temperature checks and questionnaires.
   - Policies and procedures for addressing a sick staff member or patron including approaches to closing, cleaning and notification of local public health.
   - Policies and procedures to assign specific staff to monitoring social distancing and wearing face coverings and prohibition of lifeguards who are watching bathers from participation in these activities which can be distracting.

- Policies and procedures related to testing for COVID-19.
- Policies and procedures for responding should an employee develop symptoms of, or test positive for, COVID-19 while at work, such as procedures for isolating the ill employee, performing contact tracing and deep cleaning the workplace and requirements that must be met for the employee to return to work.
- Policies and procedures related to business travel.
- Policies and procedures related to sick leave.
- Policies and procedures related to teleworking.

4. Upon reopening, what social distancing and other measures should be applied to changing areas, pool deck areas, and swimming areas?

Once the decision is made to reopen as allowed by state and local authorities, modifications of operations, facility changes and installation and signage will need to be planned and implemented. The plans for social distancing, occupancy limits, group size limitations and additional actions should consider state and local orders and guidance.

- Lifeguards who are actively lifeguarding should not be expected to monitor handwashing, use of face coverings or social distancing. This responsibility should be assigned to another staff member.

- Current recommendations for proper distancing should be taken into consideration to determine capacities for the facility, locker-rooms, classrooms, offices, food service areas (as allowed to be opened) and pools and spas.

- All appropriate measures should be taken to allow for proper distancing throughout a facility. This also includes instructions for bathers to keep separated and for no contact between bathers.

- Additionally, deck organization of chairs and social areas should be reconfigured to adhere to these recommended distances.

- Provide physical cues or guides (for example, lane lines in the water or chairs and tables on the deck) and visual cues (for example, tape or decals on the decks, floors, or sidewalks) and signs to ensure that staff, patrons, and swimmers stay at least 6 feet apart, especially for all areas where lines may form, such as entrances to facility and locker rooms.

- Staggering use of communal spaces and water areas may provide an additional method to maintain social distancing and limit group sizes and overall occupancy.

- Sufficient facilities for hand hygiene need to be provided. Supplies should include soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.

- Facilities should ensure that there are hand sanitizer stations throughout the facility to supplement hand washing areas and locations where hand washing is not immediately available, including but not limited to:
  - Facility entrance
  - Exiting the water
  - Areas for food service
  - Entrance to classrooms, meeting rooms, staff break areas, locker rooms and changing facilities.

- Processes and directions to patrons should be established to avoid sharing of objects to include:
  - Discouraging people from sharing items that are difficult to clean, sanitize, or disinfect or that are meant to come in contact with the face (for example, goggles, nose clips, and snorkels).
  - Ensuring adequate equipment for patrons and swimmers for the day or limiting use of equipment by one group of users at a time to allow sufficient time for cleaning and disinfecting between use.
  - Place signage throughout the facility to address at a minimum the following:
    - At entry to facility screening criteria and questions
    - Cloth face covering requirements
    - Encourage hand hygiene and covering your cough and sneeze
    - Social distancing requirements including bather separation and no contact between bathers
    - Modification of normal procedures and activities
      - Limitations on bathers
      - Changes in swim lanes
      - Alterations in exits and entrances to facilities, rooms, food service areas and facility
      - Closure of areas

    The CDC has templates which can be used to help create facility signage.

5. Upon reopening, which activities should be allowed and what precautions should be taken for each?

Resuming facility activities should be dependent upon the facility's ability to properly adhere to state and local orders and good practices which include but are not limited to adjusting the numbers of patrons, distancing patrons for each activity, and adaptation of operational approaches. Some examples include:

- If lap swimming occurs at the facility, reconfiguration of lane usage may be necessary based on lane width and proximity.
- If organized aquatic exercise courses occur at the facility, the number of participants should be determined by the available exercise area to allow for proper distancing.

- Swim lessons and swim practice may be conducted only if the available space and skill of the swimmers allow for proper distancing between instructors and participants.
- Activities such as water polo, which necessitate close proximity of participants, should not commence upon re-opening.

6. What precautions should be put in place for people at higher risk of serious disease?

Facilities should consider process to provide protections for patrons at higher risk of serious disease which can include:

- Specific times reserved for those at risk of more serious disease (ie, early morning hours, prior to arrival of other patrons with a lesser risk of serious disease)
- Segregated areas and classes for those at risk of more serious disease

7. What screening measures should be utilized for patrons and staff entering the facility?

Staff should be asked to self-screen each day prior to coming to the facility and if they have any symptoms or a temperature above 100.4 should not come to work and only return upon meeting facility return to work guidance. Facilities may wish to consider also asking patrons who are scheduled (i.e. attending a class) to self-screen.

Facilities should screen all patrons and staff upon entering. Screening questions should ask if the person has had any of the following over the past 24 hours, and if any of these are present the staff or patron should be excluded from entry:

- Temperature is or has been greater than 100.4 degrees Fahrenheit (38 Celsius)
- Coughing
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Close contact with person with any of the above symptoms or known COVID-19

Temperature checks at a facility entrance may be considered based on local/regional guidelines/regulations and available resources. If the decision is made to perform temperature checks, proper personal protective equipment (PPE) should be worn by screening staff and cleaning of thermometers after each patron screening should adhere to CDC guidelines.

8. **What personal protective measures should be utilized by patrons and staff within the facility?**
   As recommended by CDC, the wearing of cloth face coverings by all patrons and staff at the facility is considered good practice. Mandating cloth face coverings for all patrons should follow local regulations and practices. All staff should be mandated to wear cloth face coverings while at facilities. The general use of N95 masks during normal business operations is unnecessary. It should be recognized that visitors will need to lower masks when entering the water and when eating and drinking. Staff will also need to lower their masks for eating and drinking and any water activities including rescues.
   Staff should wear disposable gloves when fulfilling duties requiring close contact with patrons and their personal belongings, such as cash payments, checking identification, and using shared writing utensils. Efforts should be taken by facilities to minimize these interactions through the use of contact-free payments, patron-swiping of entrance cards and discontinuation of sign in systems where not absolutely necessary. After removal of gloves staff should perform hand hygiene.
   Staff should wear appropriate PPE when cleaning surfaces, collecting shared-use items such as pool equipment, fitness equipment, towels, and chairs. Shared-use systems for equipment, chairs, and towels should be minimized or discontinued if possible.

9. **Are there any COVID-specific changes which should be made to pool/hot-tub cleaning and maintenance operations?**
   During this time of unknowns, scientists feel that free chlorine and bromine as primary disinfectants are adequate to deactivate SARS-CoV-2 at acceptable levels. Using chlorine at the ideal levels of free chlorine from 2 ppm to 4 ppm with a maximum of 10 ppm would be recommended. This would help ensure that all areas of circulating water in the swimming pool or spa are disinfected. Using bromine at the ideal levels of 4 ppm to 6 ppm with a maximum of 8 ppm would also be recommended. Cyanuric acid should not be used in spas or therapy pools at any time. If cyanuric acid is used in an outdoor swimming pool, the ideal range is 30 to 50 ppm and the chlorine levels should be maintained at the higher end of ideal. Testing of the disinfectant level and pH should be done on a frequent basis and in as many different areas around the pool/spa water to ensure adequate distribution of disinfectants. The ideal pH range would be from 7.4 to 7.6 for proper disinfection rates.

10. **What cleaning methods should be used for facilities?**
    Facilities should refer to the Environmental Protection Agency website List N: Disinfectants for Use Against SARS-CoV-2. Refer to your Certified Pool Operator to ensure that the disinfectants are safe for use in contact with chlorinated pool water and consulting with the company or engineer that designed the aquatic venue to decide which are appropriate for the all areas of the facility. When using these agents follow manufacturer recommended PPE and processes.

Facilities should put in place procedures for cleaning and disinfecting frequently touched surfaces at least daily and shared objects each time they are used. These include but are not limited to:

- Handrails, slides, and structures for climbing or playing
- Lounge chairs, tabletops, pool noodles, and kickboards
- Door handles and surfaces of restrooms, handwashing stations, diaper-changing stations, and showers

Procedures should also be established for:

- Systems so that furniture (for example, lounge chairs) that needs to be cleaned and disinfected is kept separate from already cleaned and disinfected furniture.
- Labeling containers for used equipment that has not yet been cleaned and disinfected and containers for cleaned and disinfected equipment.
- Laundering towels and clothing according to the manufacturer's instructions. Use the warmest appropriate water temperature and dry items completely.
- Protecting shared furniture, equipment, towels, and clothing that has been cleaned and disinfected from becoming contaminated before use.
- Ensuring safe and correct use and storage of disinfectants, including storing products securely away from children.

11. What practices should be employed to improve the safety of lifeguards during in-service training?

Facilities should optimize distance learning and limit class sizes as per local guidelines. Classroom settings should maintain proper social distancing of at least 6 feet. Additionally, current COVID-19 specific recertification updates should be reviewed to determine the need for courses and to determine which type of courses (live vs virtual) will suffice.

All participants should be pre-screened upon arrival and use cloth face coverings when out of the water. Each participant should have their own cloth face covering.

Each instructor and student should have their own manikin, educational equipment and disposable equipment. All manikins and shared instruction materials should be decontaminated between use. For manikin cleaning and disinfection follow manufacturer's guidelines. In addition, the Red Cross provides general guidance on manikin decontamination.

When social distancing requirements are in place based on state and local orders, only training which allows for this distance and without contact between students and instructors can be conducted. If social distancing requirements are relaxed for this type of training, efforts should still be in place to minimize close proximity and contact of students and instructors to those activities which cannot be performed without this close

contact. Contact rescues and team-based CPR training can still be conducted with all of the above caveats.

The Red Cross has developed social distancing guidance for resuscitation education and "Interim Virtual Skills Training" for portions of its Lifeguarding courses. Facilities with access to instructor updates should review this material when planning and implementing courses.

12. **What personal protective measures should be employed by lifeguards responding to medical emergencies?**
With entrance screening, all patrons and staff can be at a lower risk for having active COVID infection, with the caveat that there is a chance for asymptomatic carriers. With this knowledge, if a patron or staff member presents for medical care, a distance of 6 feet should be maintained between the provider and patron, if feasible, for initial history taking for non-emergent conditions and for where no care may be needed. The patron should be wearing a face covering if they are in the facility. If they are not wearing a face covering, they should be asked to put their face covering on or provided one if the condition permits. Screening for COVID-19 symptoms should be included in the history. If it is necessary to make direct contact with a patron or staff member for a medical emergency, the number of providers should be kept to the minimum required to provide proper care. PPE should be chosen based on the person's condition.
For care provided to patrons or staff who have developed symptoms concerning for COVID-19, or who, based on information obtained are possible COVID-19 patients, in addition to the above precautions, providers should wear a simple face mask, eye protection gloves and gown. If aerosol generating procedures (i.e. suctioning, intubation, etc.) are anticipated, then providers should wear an N-95 mask. It is important to emphasize to providers that care should not commence on persons suspected of being infected with COVID-19 until all proper PPE is donned. For persons with possible or confirmed COVID-19 who are in cardiac arrest, one can consider immediate defibrillation, before donning PPE or donning additional PPE in situations where the provider assesses that benefits may exceed the risks.

13. **What adaptations should be employed by lifeguards performing rescues?**
For aquatic rescues, every effort should be made to minimize direct contact and face-to-face interactions with patients and to allow lifeguards to continue wearing a face covering. It is recognized that when lifeguards enter the water face coverings will need to be removed. When facilities open, they need to recognize that there may be situations in which lifeguards will need to perform in-water rescues that will require removal of their face coverings.
Maneuvers to reach the person while remaining on the deck, by way of extending or throwing a rescue device, should be prioritized if conditions permit. For rescues requiring

entry into the water by the lifeguard, the use of equipment to distance the rescuer from victim should be employed if feasible.

If direct contact is necessary based on the person's condition, employing a rear approach and rescue to return the person to the deck is ideal, to minimize rescuer exposure to the person's face without protection.

For removal from the water, if possible, this should be performed by personnel on the deck who are wearing face coverings or PPE as indicated.

Facilities incorporating in-water resuscitation (IWR) (providing positive pressure ventilations in the water) should consider temporarily discontinuing this practice on the basis that it requires the use of mouth-to-mouth or mouth-to-mask ventilations without the degree of protection that would be recommended during the current public health emergency. Filters for pocket masks will vary greatly and may either not function in water or are a simple one-way valve that has not been tested for protection against COVID-19 transmission. Modifying rescue protocols to rapidly extricate the patient to the deck and initiate ventilations with a bag-valve-mask (BVM) and in-line HEPA filter is currently the best practice to ensure rescuer and staff safety. When applying BVM ventilations, emphasis should be given to maintaining a two-handed mask seal throughout ventilations and compressions.

14. What adaptations to resuscitation should be made?

There are currently no specific data on COVID-19 transmission in the setting of cardiac resuscitation. Based on studies of other disease transmission, it is reasonable to conclude that chest compressions and cardiopulmonary resuscitation have the potential to generate aerosols.

While there would be a risk of disease transmission when performing CPR on a person with COVID-19, compression-only CPR may be associated with a decreased risk of transmitting the virus compared to CPR with rescue breathing. In addition, placing a cloth face covering over the victim's face can further reduce the risk of virus transmission during CPR.

For all drowning victims and pediatric patients, the benefit of positive pressure ventilations in addition to compressions should not be overlooked. Adequate PPE and resuscitation equipment to safely perform CPR with ventilations must be available prior to facilities opening.

CPR with ventilations has been shown to have a benefit compared with compression-only CPR for adults with a non-hypoxic cardiac arrest. However, due to the risk of virus transmission during intubation and ventilation, consideration should be made in facility procedures for performing compression-only CPR until needed PPE is available, with a face covering on the victim.

As feasible, limit personnel in the resuscitation area to only essential personnel.

Ventilations should be performed using a BVM with high-efficiency particulate air (HEPA) filtration in the exhalation path per manufacturer recommendations as feasible. BVM ventilation provides distancing of the provider's face from the victim's face, providing the best protection from transmission. While ventilations using a pocket mask with a one-way valve does provide protection compared with mouth to mouth ventilations, it puts the provider in close contact with the victim and does not facilitate the use of a HEPA filter. BVM ventilation is best delivered with two rescuers, but in the absence of sufficient rescuers a BVM can be used by one provider.

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ARC SAC

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COVID-19

Control and Prevention

Measures for protecting workers from exposure to, and infection with, the novel coronavirus, COVID-19 depend on the type of work being performed and exposure risk, including potential for interaction with infectious people and contamination of the work environment. Employers should adapt infection control strategies based on a thorough hazard assessment, using appropriate combinations of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) to prevent worker exposures. Some OSHA standards that apply to preventing occupational exposure to COVID-19 also require employers to train workers on elements of infection prevention, including PPE.

OSHA has developed this interim guidance to help prevent worker exposure to COVID-19.

General guidance for all U.S. workers and employers

U.S. Department of Defense

Regardless of specific exposure risks, following good hand hygiene practices can help workers stay healthy year round.

For all workers, regardless of specific exposure risks, it is always a good practice to:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

The U.S. Centers for Disease Control and Prevention has developed interim guidance for businesses and employers to plan for and respond to COVID-19. The interim guidance is intended to help prevent workplace exposures to acute respiratory illnesses, including COVID-19. The guidance also addresses considerations that may help employers prepare for more widespread, community outbreaks of COVID-19, in the event that this kind of transmission begins to occur. The guidance is intended for non-healthcare settings; healthcare workers and employers should consult guidance specific to them, below.

Interim guidance for most U.S. workers and employers of workers unlikely to have occupational exposures to COVID-19

For most types of workers, the risk of infection with COVID-19 is similar to that of the general American public.

Employers and workers in operations where there is no specific exposure hazard should remain aware of the evolving outbreak situation. Changes in outbreak conditions may warrant additional precautions in some workplaces not currently highlighted in this guidance.

Interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19

CDC/Kimberly Smith, Christine Ford

OSHA's infection prevention recommendations follow the hierarchy of controls, including using engineering and administrative controls and safe work practices to protect workers from exposure

Workers and employers involved in healthcare, deathcare, laboratory, airline, border protection, and solid waste and wastewater management operations and travel to areas with ongoing, person-to-person transmission of COVID-19 should remain aware of the evolving outbreak situation.

As discussed on the Hazard Recognition page, employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. Control measures may include a combination of engineering and administrative controls, safe work practices, and PPE.

Identify and Isolate Suspected Cases

In all workplaces where exposure to the COVID-19 may occur, prompt identification and isolation of potentially infectious individuals is a critical first step in protecting workers, visitors, and others at the worksite.

to COVID-19. Depending on work tasks and potential exposures, appropriate PPE for protecting workers from the virus may include gloves, gowns, masks, goggles or face shields, and/or respirators.

- Immediately isolate people suspected of having COVID-19. For example, move potentially infectious people to isolation rooms and close the doors. On an aircraft, move potentially infectious people to seats away from passengers and crew, if possible and without compromising aviation safety. In other worksites, move potentially infectious people to a location away from workers, customers, and other visitors.
- Take steps to limit spread of the person's infectious respiratory secretions, including by providing them a facemask and asking them to wear it, if they can tolerate doing so. Note: A surgical mask 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, including in screening, triage, or healthcare facilities.
- Restrict the number of personnel entering isolation areas, including the room of a patient with suspected/confirmed COVID-19.
- Protect workers in close contact* with the sick person by using additional engineering and administrative control, safe work practices and PPE.
  **CDC defines "close contact" as being about six (6) feet (approximately two (2) meters) from an infected person or within the room or care area of an infected patient for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person.*

Environmental Decontamination

When someone touches a surface or object contaminated with the virus that causes COVID-19, and then touches their own eyes, nose, or mouth, they may expose themselves to the virus.

Because the transmissibility of COVID-19 from contaminated environmental surfaces and objects is not fully understood, employers should carefully evaluate whether or not work areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response.

Outside of healthcare and deathcare facilities, there is typically no need to perform special cleaning or decontamination of work environments when a person suspected of having the virus has been present, unless those environments are visibly contaminated with blood or other body fluids. In limited cases where further cleaning and decontamination may be necessary, consult U.S. Centers for Disease Control and Prevention (CDC) guidance for cleaning and disinfecting environments, including those contaminated with other coronavirus.

Workers who conduct cleaning tasks must be protected from exposure to blood, certain body fluids, and other potentially infectious materials covered by OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) and from hazardous chemicals used in these tasks. In these cases, the PPE (29 CFR 1910 Subpart I) and Hazard Communication (29 CFR 1910.1200) standards may also apply. Do not use compressed air or water sprays to clean potentially contaminated surfaces, as these techniques may aerosolize infectious material.

See the interim guidance for specific worker groups and their employers, below, for further information.

Worker Training

Train all workers with reasonably anticipated occupational exposure to COVID-19 (as described in this document) about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure. Training should include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases. Training must be offered during scheduled work times and at no cost to the employee.

Workers required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and maintain PPE; and the limitations of PPE. Applicable standards include the PPE (29 CFR 1910.132), Eye and Face Protection (29 CFR 1910.133), Hand Protection (29 CFR 1910.138), and Respiratory Protection (29 CFR 1910.134) standards. The OSHA website offers a variety of training videos on respiratory protection.

When the potential exists for exposure to human blood, certain body fluids, or other potentially infectious materials, workers must receive training required by the Bloodborne Pathogens (BBP) standard (29 CFR 1910.1030), including information about how to recognize tasks that may involve exposure and the methods, such as engineering controls, work practices, and PPE, to reduce exposure. Further information on OSHA's BBP training regulations and policies is available for employers and workers on the OSHA Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics page.

OSHA's Training and Reference Materials Library contains training and reference materials developed by the OSHA Directorate of Training and Education as well as links to other related sites. The materials listed for Bloodborne Pathogens, PPE, Respiratory Protection, and SARS may provide additional material for employers to use in preparing training for their workers.

OSHA's Personal Protective Equipment Safety and Health Topics page also provides information on training in the use of PPE.

Interim guidance for specific worker groups and their employers

This section provides information for specific worker groups and their employers who may have potential exposures to COVID-19. Guidance for each worker group generally follows the hierarchy of controls, including engineering controls, administrative controls, safe work practices, and PPE. However, not all types of controls are provided in each section; in those cases, employers and workers should consult the interim general guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

Healthcare Workers and Employers

This section provides guidance for healthcare workers and employers. This guidance supplements the interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

Until more is known about how the COVID-19 spreads, CDC and OSHA recommend using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect healthcare workers with exposure to the virus.

CDC provides the most updated infection prevention and control recommendations for healthcare workers managing suspected or confirmed cases of COVID-19.

Employers of healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards. See the Standards page for additional information on OSHA requirements.

Engineering Controls

Engineering controls are the first line of defense in healthcare facilities to shield healthcare workers, patients, and visitors from individuals with suspected/confirmed COVID-19. This includes physical barriers or partitions in triage areas to guide patients, curtains separating patients in semi-private areas, and airborne infection isolation rooms (AIIRs) with proper ventilation.

Place patients with suspected or confirmed COVID-19 in an AIIR if available at the healthcare facility. AIIRs are single-patient rooms with negative pressure that provide a minimum of 6 air exchanges (existing structures) or 12 air exchanges (new construction or renovation) per hour. Ensure that the room air exhausts directly to the outside, or passes through a HEPA filter, if recirculated.

If an AIIR is not available, isolate the patient in a private room. Keep the door closed.

Isolation tents or other portable containment structures may serve as alternative patient-placement facilities when AIIRs are not available and/or examination room space is limited. Ensure that the room air exhausts directly to the outside, or passes through a HEPA filter, if recirculated.

The CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Environmental Infection Control in Healthcare Facilities contains additional information on negative-pressure room control for airborne infection isolation.

Administrative Controls

Consistent with the general interim guidance described above, isolate patients with suspected or confirmed COVID-19 to prevent transmission of the disease to other individuals. If possible, isolating suspected cases separately from confirmed cases may also help prevent transmission.

Restrict the number of personnel entering the room of a patient with suspected/confirmed COVID-19. This may involve training healthcare workers in appropriate use of PPE so they can perform tasks such as housekeeping and meal service to reduce the need for environmental and food service workers to enter areas where suspected or confirmed COVID-19 patients are isolated.

Follow CDC guidelines for signs for and labeling of patient room doors when transmission-based precautions (i.e., contact and airborne precautions) are in place.

Minimize aerosol-generating procedures (AGPs), performing only those that are necessary for clinical diagnosis and care of a patient. Minimize the number of staff present when performing AGPs.

Safe Work Practices

Perform as many tasks as possible in areas away from a patient with suspected/confirmed COVID-19 (e.g., do not remain in an isolation area to perform charting; use closed-circuit television systems to communicate with patients in an isolation area when a worker does not need to be physically present).

Work from clean to dirty (i.e., touching clean body sites or surfaces before touching dirty or heavily contaminated areas) and limit opportunities for touch contamination (e.g., adjusting glasses, rubbing nose, or touching face with gloves that have been in contact with suspected/confirmed COVID-19 patients or contaminated/potentially contaminated surfaces). Also, prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.

Ensure that there are systems in place to: differentiate clean areas (e.g., where PPE is put on) from potentially contaminated areas (e.g., where PPE is removed); handle waste and other potentially infectious materials; and clean, disinfect, and maintain reusable equipment and PPE.

Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.

Train and retrain workers on how to follow the established protocols.

Personal Protective Equipment

Healthcare workers must use proper PPE when exposed to a patient with confirmed/suspected COVID-19 or other sources of COVID-19 (See OSHA's PPE standards at 29 CFR 1910 Subpart I).

CDC and OSHA recommend that healthcare workers wear:

- Gowns
- Gloves
- National Institute for Occupational Safety and Health (NIOSH)-certified, disposable N95 or better respirators
- Eye/face protection (e.g., goggles, face shield)

Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.

When doffing potentially contaminated PPE such as a N95 respirator, do not touch the outside of the respirator without wearing gloves.

After removing PPE, always wash hands with soap and water, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).

Further Information

Emergency medical services (EMS) and medical transport:

- Workers and employers involved in EMS or other medical transport operations will likely need to adapt guidelines for the mobile work environment. That may mean relying on PPE (e.g., respirators) to protect workers when use of AIIRs or other isolation mechanisms are not practical and when staff have potentially prolonged, close contact with suspected or confirmed COVID-19 patients in transit.

Home care:

- CDC has developed interim guidance for healthcare providers who are coordinating the home care and isolation or quarantine of people confirmed or suspected to have COVID-19.

Cleaning and disinfection:

- Follow standard practices for high-level disinfection and sterilization of semi-critical and critical medical devices contaminated with COVID-19, as described in the CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.
- At this time, there is no EPA-approved list of disinfectants effective against COVID-19. EPA does not categorize disinfectants as hospital- or commercial-grade or keep a list of EPA-registered antimicrobial products registered for use in healthcare facilities. As a result, products effective at inactivating the virus must be determined based on data associated with inactivating similar or hardier (i.e., more difficult to inactivate) viruses. COVID-19 is a coronavirus and highly susceptible to inactivation by many commonly used disinfectants. Currently, OSHA recommends following SARS disinfection practices (see section D-10 in the linked document) for environmental areas contaminated with COVID-19.

The CDC advises the use of EPA-registered chemical germicides that provide low or intermediate level disinfection for SARS during general use (surface and noncritical patient-care equipment) because these products inactivate related viruses with similar physical and biochemical properties. CDC's Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 provides information on the effectiveness of germicides on coronaviruses.

Deathcare Workers and Employers

This section provides guidance for deathcare workers, such as coroners, medical examiners, autopsy technicians, funeral directors, and other mortuary workers. This guidance supplements the general, interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

Until more is known about how the COVID-19 spreads, CDC and OSHA recommend using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect mortuary and other deathcare workers with exposure to the virus.

Mortuary and other deathcare workers who have contact with the remains of people who have died from COVID-19 infection must be protected from exposure to infected blood and body fluids, contaminated objects, or other contaminated environmental surfaces.

Employers of mortuary and other deathcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards. See the Standards page for additional information on OSHA requirements.

Prompt cremation or burial of the remains of individuals who have died of COVID-19 can help prevent worker exposure to the virus. (State and local requirements may dictate whether or not the remains of individuals who have died of certain infectious diseases can be buried or if they must be cremated.)

Follow recognized good biosafety practices to prevent or minimize transmission of infectious agents (i.e., COVID-19). To protect workers from COVID-19 exposure, OSHA recommends suspension of *post mortem* or autopsy procedures on patients with suspected/confirmed COVID-19 infection. Although the infection process is not fully understood, this recommendation considers the potential for very high viral load (i.e., the number of viral particles in the body) at death and sources of exposure to workers performing autopsy procedures. If deemed necessary and appropriate, OSHA recommends strict adherence to basic safety procedures used for any autopsy on human remains, the general guidanceapplicable to all workers provided at the beginning of this page, and the controls described below.

Engineering Controls

Perform autopsies on remains of people who have died from COVID-19 infection in autopsy suites that have adequate air-handling systems. This includes systems that maintain negative pressure relative to adjacent areas and that provide a minimum of 6 air exchanges (existing structures) or 12 air exchanges (new construction or renovation) per hour. Ensure that room air exhausts directly to the outside, or passes through a HEPA filter, if recirculated. Direct air (from exhaust systems around the autopsy table) downward and away from workers performing autopsy procedures. CDC's Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings provides guidelines for AIIR use and recommendations for air exchange rates, which are similar to what should be followed in autopsy suites. Section VIII - Infection Control for Laboratory and Pathology Procedures of CDC's Infection Control in Healthcare, Home, and Community Settings for SARS also provides guidance applicable to pathology work, including autopsies, for coronaviruses.

Use a biosafety cabinet for the handling and examination of smaller specimens and other containment equipment whenever possible.

Equipment, such as saws, should be equipped with vacuum shrouds to capture aerosols.

Administrative Controls

Restrict the number of personnel entering the autopsy suite. This may involve training mortuary workers, such as medical examiners or autopsy technicians, to perform environmental services tasks (e.g., cleaning and decontamination) in lieu of additional workers entering such areas.

Minimize aerosol-generating procedures (AGPs), performing only those that are necessary to perform the autopsy or prepare remains for cremation or burial.

Minimize the number of staff present when performing AGPs. Exclude those who may be necessary for other procedures but not specifically the AGP.

Safe Work Practices

Follow standard safety procedures for preventing injuries to/through the skin during autopsy. Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.

Personal Protective Equipment

All mortuary workers and other deathcare workers who have contact with human remains known or suspected to be contaminated with COVID-19 must wear appropriate PPE (see OSHA's PPE standards, 29 CFR 1910 Subpart I). For workers performing autopsies, this includes typical autopsy PPE, such as:

- Double surgical gloves interposed with a layer of cut-proof synthetic mesh gloves
- Scrub suit worn under an impermeable gown or apron
- Goggles or face shield
- Shoe covers
- Surgical cap

Additionally, because of the sustained likelihood of aerosol generation during various steps of autopsy procedures, use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA’s Respiratory Protection standard (29 CFR 1910.134) and includes NIOSH-certified disposable N95 or better respirators, medical exams, fit testing, and training. Powered, air-purifying respirators (PAPRs) with HEPA filters may provide increased worker comfort during extended autopsy procedures.

Remove PPE before leaving the autopsy suite and follow appropriate disposal requirements. After removing PPE, always wash hands with soap and water, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).

For other workers handling human remains:

- Wear nonsterile, nitrile gloves when handling potentially infectious materials.
- If there is a risk of cuts, puncture wounds or other injuries that break the skin, wear heavy-duty gloves over the nitrile gloves.
- Wear a clean, long-sleeved fluid-resistant or impermeable gown to protect the clothing.
- Use a plastic face shield or a surgical mask and goggles to protect the face, eyes, nose and mouth from potentially infectious body fluids.
- If there is a risk of aerosol generation while handling human remains, use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes NIOSH-certified N95 or better respirators, medical exams, fit testing, and training. PAPRs with HEPA filters may provide increased worker comfort during extended autopsy procedures.

See the OSHA Fact Sheet, Health and Safety Recommendations for Workers Who Handle Human Remains, for more guidelines to ensure worker safety when handling human remains.

Laboratory Workers and Employers

This section provides guidance for clinical and research laboratory workers and employers. This guidance supplements the general, interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

Until more is known about how the COVID-19 spreads, CDC and OSHA recommend using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect laboratory workers with exposure to the virus.

Clinical laboratory employers and workers who handle specimens associated with COVID-19 infections should follow both CDC's interim laboratory biosafety guidelines and OSHA's recommendations in this section.

Laboratory workers who handle clinical specimens from patients with suspected/confirmed COVID-19 or samples of COVID-19 as part of research and development work must be protected from exposure.

Follow recognized good biosafety practices to prevent or minimize transmission of infectious agents (i.e., COVID-19). Laboratories should already be using standard precautions as specified in the general guidance above, and should be following standard laboratory practices. These practices should continue when working with COVID-19 samples/specimens. This includes clinical and microbiological laboratories performing routine diagnostic, analytical, or other research-related tests on serum, blood, sputum (respiratory), and other specimens.

Employers of laboratory workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), Respiratory Protection (29 CFR 1910.134), and Occupational Exposure to Hazardous Chemicals in Laboratories (29 CFR 1910.1450) standards.

Laboratory employers should routinely review standard laboratory practices and safety and health procedures with lab workers; train and test the competency of workers in appropriate implementation of these procedures and practices; and ensure consistent adherence to them.

Laboratory personnel working with samples suspected/confirmed to contain COVID-19 should immediately report to their supervisor any incidents or accidents involving potential or actual exposure to COVID-19, as well as development of symptoms consistent with COVID-19.

Employers should implement appropriate protocols for handling, storing, and shipping specimens and ensure adherence by all laboratory workers. Packaging, shipping, and transport of specimens suspected or known to be contaminated with COVID-19 may be regulated by:

- OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030), if the specimen either is blood or contains another body fluid that is visibly contaminated with blood
- The U.S. Department of Transportation's Hazardous Materials Regulations
- CDC and USDA permitting requirements for biological select agents and toxins
- State and local requirements

Laboratories should ensure that their facilities and precautions meet the appropriate Biosafety Level (BSL) for the type of work conducted (including the specific biological agents – in this case, COVID-19) in the lab. The CDC's Biosafety in Microbiological and Biomedical Laboratories (BMBL), 5th Edition provides detailed guidance on BSLs in Section IV - Laboratory Biosafety Level Criteria. Increasing BSL levels involves more worker training, higher levels of containment of samples and other sources of pathogens, specially-designed air handling systems, additional worker PPE, and other stricter controls. For example, at BSL-2, access to laboratories and other controlled work areas is

limited when work is occurring and certain procedures are conducted in biosafety cabinets or other containment equipment. At BSL-3, in addition to controlling access to laboratories and work areas, all work involving infectious materials is conducted in biosafety cabinets or other containment equipment.

Virus isolation in cell culture and initial characterization of viral agents recovered in cultures of COVID-19 specimens are not recommended at this time, except at a BSL-3 facility.

Consistent with the BMBL guidance, the following procedures may be conducted at BSL-2:

- Pathologic examination and processing of formalin-fixed or otherwise inactivated tissues
- Molecular analysis of extracted nucleic acid preparations
- Electron microscopic studies with glutaraldehyde-fixed grids
- Routine examination of bacterial and fungal cultures
- Routine staining and microscopic analysis of fixed smears
- Final packaging of specimens for transport to diagnostic laboratories for additional testing (specimens should already be in a sealed, decontaminated primary container)

Perform activities involving manipulation of untreated specimens in BSL-2 facilities using a Class II BSC. A site-specific risk assessment should be performed to determine if enhanced biosafety precautions, such as those consistent with BSL-3, are warranted based on situational needs (e.g. high testing volumes), including when:

- Aliquoting and/or diluting specimens
- Inoculating bacterial or mycological culture media
- Performing diagnostic tests that do not involve propagation of viral agents in vitro or in vivo
- Nucleic acid extraction procedures involving potentially infected specimens
- Preparation and chemical- or heat-fixing of smears for microscopic analysis

In addition to the general guidance, applicable to all workers provided at the beginning of this tab, OSHA recommends the following controls for laboratory workers:

Engineering Controls

To maximize worker protection, perform as much work as possible in a properly maintained and certified biosafety cabinet (BSC). Class I BSCs use negative pressure and high-efficiency particulate arrest (HEPA) filters to contain agents and protect workers and the environment. Class II and III BSCs provide higher levels of containment and filtration that also protect samples or other products in the BSC from contamination.

Ensure that all procedures involving manipulation of untreated specimens or that have the potential to generate aerosols (e.g., vortexing or sonication of specimens in an open tube, etc.) are conducted in a BSC while following BSL-3 practices. [4] Use appropriate physical containment devices (such as sealed centrifuge rotors or safety carriers with gaskets) for centrifugation.

The OSHA Fact Sheet, Laboratory Safety Biosafety Cabinets (BSC), provides guidance on training and effective use of BSCs.

Administrative Controls

Train all laboratory personnel on any additional procedures developed by the employer for safely handling specimens from patients with suspected/confirmed COVID-19. This includes training on the communication procedures in effect between the clinical and laboratory staff to ensure timely notification and proper labeling of suspected/confirmed COVID-19 contaminated specimens. Training must be offered during scheduled work times and at no cost to the employee.

Use administrative controls that maximize the protectiveness of engineering controls, including BSCs. For example, maintain chemical reagents involved in research or diagnostic work below their lower explosive limits, especially in BSCs.

Safe Work Practices

Use work practices that maximize the protectiveness of engineering controls, including BSCs. For example, if a BSC does not operate continuously, turn it on and allow it to operate for several minutes before use to allow airflow to stabilize. Similarly, wait a few moments before beginning work after inserting arms into a BSC to allow the protective air curtain around the arms to stabilize.

Use technical procedures that minimize the formation of aerosols and droplets. As a corollary, avoid procedures that generate aerosols and droplets (e.g., pipetting, vortexing tubes) and perform any necessary aerosol-generating procedures in containment (e.g., inside a BSC) and/or while using appropriate precautions, including worker PPE.

Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.

See general guidance for recommendations on disinfection of environmental surfaces and noncritical patient-care equipment potentially contaminated with COVID-19.

Use an autoclave to inactivate infectious material in all waste prior to disposal. Adhere to applicable federal, state

and local regulations when disposing of laboratory waste.

Personal Protective Equipment

All laboratory workers working with COVID-19 must wear appropriate PPE (29 CFR 1910.132). The BSL provides guidance for selecting appropriate PPE for the tasks that are conducted. This may include disposable nonsterile gloves, laboratory coat/gown, and eye protection when handling specimens at BSL-2 or above. The lab coat or solid-front gown should have a knit or grip cuff. Use double gloves that extend over the sleeve of the lab coat or gown.

At BSL-3, including when conducting procedures that may generate aerosols, use a NIOSH-certified N95 (or higher) respirator as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.

When using a BSC, remove the outer pair of gloves before exiting the BSC, and don a new pair when reentering the BSC.

Further Information

Biosafety in Microbiological and Biomedical Laboratories (BMBL), 5th Edition provides guidance on protecting workers in laboratory environments. The following sections may be particularly relevant:

- Section VII - Occupational Health and Immunoprophylaxis
- Section VIII - E – Viral Agents Agent Summary

The WHO resource, Laboratory Biosafety Manual - Third Edition, contains additional practical guidance on biosafety techniques for use in laboratories at all levels.

Airline Workers and Employers

Airline workers and employers can consult the general, interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

These workers and employers, in addition to airline crewmembers, can also find information in CDC's interim recommendations for airlines and airline crew.

Note: The occupational safety and health of flight crewmembers (i.e., pilot, flight engineer, flight navigator) are under the jurisdiction of the Federal Aviation Administration (FAA) and not covered by OSHA standards while they are on aircraft in operation. However, under a policy statement issued by FAA and a Memorandum of Understanding (MOU) between the FAA and OSHA, Occupational Safety and Health Standards for Aircraft Cabin Crewmembers, the other aircraft cabin crewmembers are covered by OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Noise, (29 CFR 1910.95) and Hazard Communication (29 CFR 1910.1200) standards while they are on aircraft in operation (which occurs from the time the aircraft is first boarded by a crewmember, preparatory to a flight, to the time the last crewmember leaves the aircraft after completion of that flight, including stops on the ground during which at least one crewmember remains on the aircraft, even if the engines are shut down). These include flight attendants, workers assigned to clean and restock the cabin, and other workers assigned to perform duty in an aircraft cabin when the aircraft is in operation.

Border Protection Workers and Employers

This section provides guidance for workers and employers involved in border protection and screening operations. This guidance supplements the general, interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

Generally, border protection officers and other workers at most ports of entry do not need special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks.

However, various combination of engineering and administrative controls, safe work practices, and PPE may be appropriate for border protection workers, depending on the results of their employers' hazard and risk assessments.

Engineering controls

Use physical barriers to separate border protection officers and other workers from incoming travelers, at least at the point of initial screening and, in particular, when such travelers are arriving from areas where the COVID-19 is spreading.

Use designated areas, such as dedicated, private rooms with closeable doors, to isolate travelers suspected of having COVID-19, including those with obvious or self-reported signs and/or symptoms of infection.

If workers are screening passengers for fever, use contactless (i.e., thermal sensor) thermometers to prevent workers from needing to touch sick travelers and to maximize the distance that can be kept between workers and such travelers.

Personal Protective Equipment

Most border protection officers and other workers are unlikely to need PPE beyond what they use to protect themselves during routine job tasks. However, employers should consider whether their hazard and risk assessments warrant use of items such as gloves or eye and face protection.

Border protection officers entering rooms where travelers with suspected COVID-19 have been isolated, such as during augmented (i.e., secondary, tertiary) screening steps, may need to be protected with higher level PPE, including gowns and NIOSH-certified disposable N95 or better respirators. In those cases, respirators must be used as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.

After removing PPE, always wash hands with soap and water, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).

Solid Waste and Wastewater Management Workers and Employers

This section provides guidance for solid waste and wastewater management workers and employers. This guidance supplements the general, interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

Generally, management of waste that is suspected or known to contain or be contaminated with COVID-19 does not require special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks in solid waste and wastewater management.

Some state, local, tribal and/or territorial health or environmental department(s) may have different or additional requirements for managing solid waste and wastewater.

Municipal Waste

Workers and employers should manage municipal (e.g., household, business) solid waste with potential or known COVID-19 contamination like any other non-contaminated municipal waste.

Use typical engineering and administrative controls, safe work practices, and PPE, such as puncture-resistant gloves and face and eye protection, to prevent worker exposure to the waste streams (or types of wastes), including any contaminants in the materials, they manage. Such measures can help protect workers from sharps and other items that can cause injuries or exposures to infectious materials.

Medical Waste

For medical waste with potential or known COVID-19 contamination, manage like any other regulated medical waste. COVID-19 is not a Category A infectious substance.

Use typical engineering and administrative controls, safe work practices, and PPE, such as puncture-resistant gloves and face and eye protection, to prevent worker exposure to the waste streams (or types of wastes), including any contaminants in the materials, they manage. Such measures can help protect workers from sharps and other items that can cause injuries or exposures to infectious materials.

For regulated medical waste information, consult the regulated medical waste information in CDC's Guidelines for Environmental Infection Control in Health-Care Facilities (2003). This document provides additional information related to management of waste streams from hospitals and other healthcare facilities.

CDC also provides information on medical waste management as a Question and Answer page on its coronavirus website.

Recycling

As with municipal waste, employers and workers in the recycling industry should continue to use typical engineering and administrative controls, safe work practices, and PPE, such as puncture-resistant gloves and face and eye protection, to prevent worker exposure to recyclable materials they manage, including any contaminants in the materials.

Wastewater

Coronaviruses are susceptible to the same disinfection conditions in the healthcare setting as other viruses, so current disinfection conditions in wastewater treatment facilities is expected to be sufficient. This includes conditions for practices such as oxidation with hypochlorite (i.e., chlorine bleach) and peracetic acid, as well as inactivation through the use of ultraviolet irradiation.

There is no evidence to suggest that additional, COVID-19-specific protections are needed for employees involved in wastewater management operations, including those at wastewater treatment facilities. Wastewater treatment plant operations should ensure workers follow routine practices to prevent exposure to wastewater, including using the engineering and administrative controls, safe work practices, and PPE normally required for work tasks when handling untreated wastewater.

Business Travelers

Employers and workers considering or planning travel to areas affected by the COVID-19 outbreak should consult CDC's coronavirus information for travelers.

The U.S. Department of State has also issued a travel advisory for China in response to the ongoing outbreak.

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DEPARTMENT OF LABOR

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Treasure Coast Local Emergency Planning Committee (TCLEPC)

U.S. Centers for Disease Control and Prevention (CDC) Guidance Solid Waste And Wastewater Management Workers And Employers

Personal Protective Equipment (PPE): OSHA's Safety and Health Topics page provides information on training in the use of PPE for workers who conduct cleaning tasks and from hazardous chemicals used in these tasks. Potentially infectious materials are covered by OSHA's Blood borne Pathogens standard (29 CFR 1910.1030). *PPE* (29 CFR 1910.132), *Eye and Face Protection* (29 CFR 1910.133), *Hand Protection* (29 CFR 1910.138), and *Respiratory Protection* (29 CFR 1910.134) standards.

Hazard Communication and hazardous chemicals protection: Applicable standards are found in (29 CFR 1910 Subpart I) (29 CFR 1910.1200). The CDC guidance for Solid Waste and Wastewater Management workers and employers supplements the general, interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19. Management of waste that is suspected or known to contain or be contaminated with COVID-19 does not require special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks in solid waste and wastewater management.

Water & Wastewater Treatment Plants/Facilities

Coronaviruses are susceptible to the same disinfection conditions in the healthcare setting as other viruses. Current disinfection practices in water and wastewater treatment plants and facilities are expected to be sufficient. This includes practices such as oxidation with **Sodium Hypochlorite** (chlorine bleach) and **Peracetic Acid**, as well as inactivation through the use of ultraviolet irradiation.

The CDC and OSHA have stated there is no evidence to suggest that additional, COVID-19-specific protections are needed for employees involved in water and wastewater management operations.

Recycling

Employers and workers in the recycling industry should continue to use typical engineering and administrative controls, safe work practices, and PPE, such as puncture-resistant gloves and face and eye protection to prevent worker exposure to recyclable materials including any contaminants in/on materials they are managing.

Municipal Waste

Workers and employers should manage municipal (e.g., household, business) solid waste with potential or known COVID-19 contamination like any other non-contaminated municipal waste.

Use typical engineering and administrative controls, safe work practices, and PPE, such as puncture-resistant gloves and face and eye protection, to prevent worker exposure to the waste streams (or types of wastes), including any contaminants in the materials they manage.

***Medical Waste** – Hospitals, Assisted Living, Rehabilitation Centers and other healthcare facilities:*

For medical waste with potential or known COVID-19 contamination, manage like any other regulated medical waste. COVID-19 is not a Category A infectious substance. (*Category A Infectious Substances are infectious substances in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease in otherwise healthy humans or animals*). Use typical engineering and administrative controls, safe work practices, and PPE, such as puncture-resistant gloves and face and eye protection.

- CDC's Guidelines for Environmental Infection Control in Health-Care Facilities (2003). This document provides regulated medical waste information and additional information related to management of medical waste streams.

Guidance on Preparing Workplaces for COVID-19

OSHA 3990-03 2020

www.osha.gov

Occupational Safety and Health Act of 1970

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

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

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Guidance on Preparing Workplaces for COVID-19

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

OSHA 3990-03 2020

U.S. Department of Labor

Contents

Introduction 3

About COVID-19 4

How a COVID-19 Outbreak Could Affect Workplaces 6

Steps All Employers Can Take to Reduce
Workers' Risk of Exposure to SARS-CoV-2 7

Classifying Worker Exposure to SARS-CoV-2. 18

Jobs Classified at Lower Exposure Risk (Caution):
What to Do to Protect Workers 20

Jobs Classified at Medium Exposure Risk:
What to Do to Protect Workers 21

Jobs Classified at High or Very High Exposure Risk:
What to Do to Protect Workers 23

Workers Living Abroad or Travelling Internationally 25

For More Information 26

OSHA Assistance, Services, and Programs 27

OSHA Regional Offices 29

How to Contact OSHA 32

Introduction

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

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

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

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

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

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.

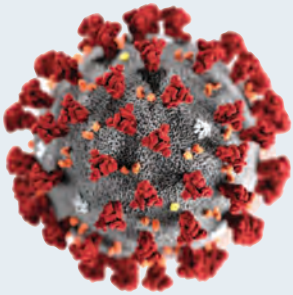
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

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.

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*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.

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For more information:

OSHA® Occupational Safety and Health Administration

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

GUIDANCE FOR CLEANING & DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

SCAN HERE FOR MORE INFORMATION

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

Follow guidance from state, tribal, local, and territorial authorities.

For more information, please visit **CORONAVIRUS.GOV**

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MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Is the area indoors?

YES

It is an indoor area.

NO

Maintain existing cleaning practices.

Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

Has the area been occupied within the last 7 days?

YES

Yes, the area has been occupied within the last 7 days.

NO

The area has been unoccupied within the last 7 days.

The area will need only routine cleaning.

Is it a frequently touched surface or object?

YES

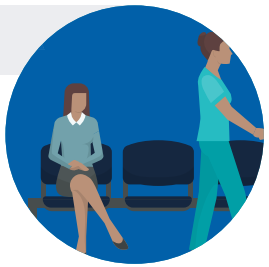
Yes, it is a frequently touched surface or object.

NO

Thoroughly clean these materials.

Consider setting a schedule for routine cleaning and disinfection, as appropriate.

What type of material is the surface or object?



Hard and non-porous materials like glass, metal, or plastic.

Visibly dirty surfaces should be cleaned prior to disinfection.

Consult EPA's list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

Soft and porous materials like carpet, rugs, or material in seating areas.

Thoroughly clean or launder materials.

Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.

GUIDANCE FOR CLEANING AND DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

SCAN HERE FOR MORE INFORMATION

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other daily habits to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger United States Government plan and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using EPA-approved disinfectants against COVID-19 can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.
It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. EPA-approved disinfectants are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see CDC's website on Cleaning and Disinfection for Community Facilities.
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

> If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on Control and Prevention.

DEVELOP YOUR PLAN

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an EPA-approved disinfectant.
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at CDC's website on Cleaning and Disinfecting Your Facility.

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the Reopening Decision Tool.

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at CDC's Guidance for Childcare Programs that Remain Open.

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on CDC's website on Food Safety and the Coronavirus Disease 2019 (COVID-19).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on Visiting Parks & Recreational Facilities.

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the safety of your building water system. It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of coronaviruses. For healthcare facilities, additional guidance is provided on CDC's Guidelines for Environmental Infection Control in Health-Care Facilities.

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from EPA's list of approved products that are effective against COVID-19.

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult EPA's list of approved products for use against COVID-19. This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on How to Clean and Disinfect for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines.

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have specific guidance for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials. Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on CDC's website on Cleaning and Disinfecting Your Facility for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see CDC's website on Cleaning and Disinfection for Community Facilities.

IMPLEMENT YOUR PLAN

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

EPA approved disinfectants, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

MAINTAIN AND REVISE YOUR PLAN

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. CDC provides tips to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for updates on COVID-19. This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on COVID-19 and how to Prevent Getting Sick.

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission.

CONCLUSION

Reopening America requires all of us to move forward together using recommended best practices and maintaining safe daily habits in order to reduce our risk of exposure to COVID-19. Remember: We're all in this together!

Additional resources with more specific recommendations.

HEALTHCARE SETTINGS	**Long-term Care Facilities, Nursing Homes**	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Infection Prevention
		Preparedness Checklist
		Things Facilities Should Do Now to Prepare for COVID-19
		When there are Cases in the Facility
	Dialysis Facilities	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim guidance for Outpatient Hemodialysis Facilities
		Patient Screening
	Blood and Plasma Facilities	Infection control in Healthcare Settings
		Infection Control and Environmental Management
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Blood and Plasma Collection Facilities
	Alternate Care Sites	Infection Prevention and Control
	Dental Settings	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Dental Settings
	Pharmacies	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Pharmacies
		Risk-Reduction During Close-Contact Services
	Outpatient and ambulatory care facilities	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Outpatient & Ambulatory Care Settings
	Postmortem Care	Using Personal Protective Equipment
		Hand Hygiene
		Collection and Submission of Postmortem Samples
		Cleaning and Waste Disposal
		Transportation of Human Remains

COMMUNITY LOCATIONS	**Critical Infrastructure Employees**	Interim Guidance for Critical Infrastructure Employees
		Cleaning and Disinfecting your Facility
	Schools and childcare programs	K-12 and Childcare Interim Guidance
		Cleaning and Disinfecting your Facility
		FAQ for Administrators
		Parent and Teacher Checklist
	Colleges and universities	Interim Guidance for Colleges & Universities
		Cleaning and Disinfecting your Facility
		Guidance for Student Foreign Travel
		FAQ for Administrators
	Gatherings and community events	Interim Guidance for Mass Gatherings and Events
		Election Polling Location Guidance
		Events FAQ
	Community- and faith-based organizations	Interim Guidance for Organizations
		Cleaning and Disinfecting your Facility
	Businesses	Interim Guidance for Businesses
	Parks & Rec Facilities	Guidance for Administrators of Parks
	Law Enforcement	What Law Enforcement Personnel Need to Know about COVID-19
	Homeless Service Providers	Interim Guidance for Homeless Service Providers
	Retirement Homes	Interim Guidance for Retirement Communities
		FAQ for Administrators
	Correction & Detention Facilities	Interim Guidance for Correction & Detention Facilities
		FAQ for Administrators
HOME SETTING	**Preventing Getting Sick**	How to Protect Yourself and Others
		How to Safely Sterilize/Clean a Cloth Face Covering
		Cleaning and Disinfecting your Home
		Tribal - How to Prevent the Spread of Coronavirus (COVID-19) in Your Home
		Tribal - How to Care for Yourself at Home During Covid-19
	Running Errands	Shopping for Food and Other Essential Items
		Accepting Deliveries and Takeout
		Banking
		Getting Gasoline
		Going to the Doctor and Pharmacy
	If you are sick	Steps to Help Prevent the Spread of COVID19 if You are Sick

TRANSPORTATION	**Ships**	Interim Guidance for Ships on Managing Suspected COVID-19
	Airlines	Cleaning Aircraft Carriers
		Airline Agents Interim Guidance
	Buses	Bus Transit Operator
	Rail	Rail Transit Operators
		Transit Station Workers
	EMS Transport Vehicles	Interim Guidance for EMS
	Taxis and Rideshares	Keeping Commercial Establishments Safe
RESTAURANTS & BARS		Best Practices from FDA

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Environmental Cleaning and Disinfection Recommendations

Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019

Background

There is much to learn about the novel coronavirus that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that novel coronavirus 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 community settings.

Purpose

This guidance provides recommendations on the cleaning and disinfection of rooms or areas of those with suspected or with confirmed COVID-19 have visited. It is aimed at limiting the survival of novel coronavirus in key environments. These recommendations will be updated if additional information becomes available.

These guidelines are focused on community, non-healthcare facilities (e.g., schools, institutions of higher education, offices, daycare centers, businesses, community centers) that do and do not house persons overnight. These guidelines are not meant for cleaning staff in healthcare facilities or repatriation sites, households, or for others for whom specific guidance already exists.

Definitions

- *Community facilities* (e.g., schools, daycares centers, businesses) comprise most non-healthcare settings that are visited by the general public outside of a household.
- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

Timing and location of cleaning and disinfection of surfaces

- At a school, daycare center, office, or other facility that does not house people overnight:
  - It is recommended to **close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection** to minimize potential for exposure to respiratory droplets. **Open outside doors and windows to increase air circulation in the area.** If possible, wait up to 24 hours before beginning cleaning and disinfection.
  - **Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons**, focusing especially on frequently touched surfaces**.**
- At a facility that does house people overnight:
  - Follow Interim Guidance for US Institutions of Higher Education on working with state and local health officials to isolate ill persons and provide temporary housing as needed.
  - It is recommended to **close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection** to minimize potential for exposure to respiratory droplets. **Open outside doors and windows to increase air circulation in the area.** If possible, wait up to 24 hours before beginning cleaning and disinfection.
  - In areas where ill persons are being housed in isolation, follow Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019. This includes **focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons, but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as needed.**
  - In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

How to Clean and Disinfect

Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
  - Diluted household bleach solutions can be used if appropriate for the surface. 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. 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
  - Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - 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:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at this link)
    that are suitable for porous surfaces

Linens, Clothing, and Other Items That Go in the Laundry

- Do not shake dirty laundry; this minimize the possibility of dispersing virus through the air.
- Wash 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 that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Personal Protective Equipment (PPE) and Hand Hygiene:

- **Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash**.
  - Gloves and gowns should be compatible with the disinfectant products being used.
  - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to **clean hands** after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- **Cleaning staff and others 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 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands 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)

Additional Considerations for Employers:

- Employers should work with their local and state health departments to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed, including for identification of new potential cases of COVID-19.
- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken. When working with your local health department check their available hours.

- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200).
- Employers must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).

Additional Resources

- OSHA COVID-19 Website
- CDC Home Care Guidance

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Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

List N: Products with Emerging Viral Pathogens AND Human Coronavirus claims for use against SARS-CoV-2
Date Accessed: 03/26/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
84198-1	Hydrogen peroxide	Peroxy HDOX	Earth Laboratories Inc	Norovirus	5	Dilutable	Yes	03/26/2020
45745-11	Hydrogen peroxide	HP2O2	Midlab	Rotavirus; Norovirus; Rhinovirus	5	Dilutable	Yes	03/26/2020
65402-9	Peroxyacetic acid; Hydrogen Peroxide	VigorOx 15/10 Antimicrobial Agent	PeroxyChem LLC	Feline calicivirus	5	Dilutable	Yes	03/26/2020
1043-87	Phenolic	Vesphene II se	Steris Corporation	Adenovirus	10	Dilutable	Yes	03/26/2020
1043-91	Phenolic	LpH®	Steris Corporation	Adenovirus	10	Dilutable	Yes	03/26/2020
1839-100	Quaternary ammonium	Veterinarian Type Disinfectant	Stepan Company	Feline calicivirus; norovirus	10	Dilutable	Yes	03/26/2020
89833-3	Quaternary ammonium	D7 Part 1	Decon7 Systems LLC	Norovirus	10	Dilutable	Yes	03/26/2020
70271-13	Sodium hypochlorite	Pure Bright Germicidal Ultra Bleach	KIK International LLC	Adenovirus; Rotavirus; Canine parvovirus; Feline panleukopenia virus; Hepatitis A virus; Norovirus; Poliovirus; Rhinovirus	5	Dilutable	Yes	03/26/2020
70271-31	Sodium hypochlorite	Nova	KIK International LLC	Rhinovirus	10	Dilutable	Yes	03/26/2020
92108-1	Hypochlorous acid	Excelyte Vet	PCT LTD	Norovirus	10	RTU	Yes	03/26/2020
777-131	Hypochlorous acid	Cousteau	Reckitt Benckiser	Rhinovirus	10	RTU	Yes	03/26/2020
44446-67	Phenolic; Ethanol	Concept Hospital Disinfectant Deodorant	Quest Specialty Corp	Rhinovirus; Canine hepatitis virus	10	RTU	Yes	03/26/2020
89900-2	Quaternary ammonium	Valalla 2	S.C. Johnson Professional	Rotavirus	5	RTU	Yes	03/26/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
89900-3	Quaternary ammonium	Gertrude 2	S.C. Johnson Professional	Rotavirus	5	RTU	Yes	03/26/2020
4091-20	Quaternary ammonium	Phoenix 2	W.M. Barr & Comapny Inc	Rotavirus; Feline calicivirus; Rhinovirus	10	RTU	Yes	03/26/2020
93040-1	Sodium chloride	Force of Nature Activator Capsule	HCl Cleaning Products LLC	Feline calicivirus	10	RTU	Yes	03/26/2020
92987-1	Sodium chlorite; citric acid	Tristel Duo for Surfaces	Tristel Solutions LTD	Adenovirus; Feline calicivirus; Poliovirus	0.5	RTU	Yes	03/26/2020
67619-40	Sodium hypochlorite	TNT	Clorox Professional Products Company	Murine norovirus	1	RTU	Yes	03/26/2020
70060-19	Sodium chlorite; Sodium dischloroisocyanurate dihydrate	Aseptrol S10-Tab	BASF Corporation	Feline calicivirus	10	Solid	Yes	03/26/2020
56392-8	Sodium hypochlorite	Dispatch	Clorox Professional Products Company	Adenovirus	1	Towelette	Yes	03/26/2020
70144-4	Quaternary ammonium; Ethanol	Opti-cide Max Wipes	Micro-Scientific LLC	Rotavirus	1	Wipe	Yes	03/26/2020
84683-4	Thymol	Benefect Botanical Daily Cleaner Disinfectant Towelette	Cleanwell LLC	Rhinovirus	10	Wipe	Yes	03/26/2020
1677-233	Quaternary ammonium	Multi-Purpose Disinfectant Cleaner	Ecolab Inc	Feline calicivirus	10	Dilutable	Yes	03/19/2020
5813-120	Sodium hypochlorite	CRB	The Clorox Company	Canine parvovirus	10	Dilutable	Yes	03/19/2020
90150-2	Hydrogen aeroxide	Binary Ionization Technology (BIT) Solution	Tomi Environmental Solutions Inc	Feline calicivirus	15	Fog; Mist	Yes	03/19/2020
675-55	Citric acid	Lysol Bathroom	Reckitt	Poliovirus	5	RTU	Yes	03/19/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
		Cleaner	Benckiser LLC					
84526-6	Hydrogen peroxide; Silver	Halomist	Halosil International Inc	Feline calicivirus; Minute virus of men	10	RTU	Yes	03/19/2020
91582-1	Hypochlorous acid	Danolyte	Danolyte Global Inc	Adenovirus; Rhinovirus	10	RTU	Yes	03/19/2020
85134-1	Hypochlorous acid	Envirocleanse A	Envirocleanse LLC	Norovirus	10	RTU	Yes	03/19/2020
706-111	Quaternary ammonium	Claire Disinfectant Spray Q	Claire Manufacturing Company	Poliovirus	5	RTU	Yes	03/19/2020
1130-15	Quaternary ammonium; Isopropanol	Weiman Germicidal Solution	Weiman Products LLC	Rotavirus	3	RTU	Yes	03/19/2020
70144-1	Quaternary ammonium; Isopropanol	Opti-Cide 3	Micro-Scientific LLC	Rotavirus; Rhinovirus Type 14	2	RTU	Yes	03/19/2020
87518-6	Sodium hypochlorite	Sporex	HSP USA LLC	Norovirus; Canine parvovirus	1	RTU	Yes	03/19/2020
9480-9	Quaternary ammonium	AF3 Germicidal Disposable Wipe	Professional Disposables International Inc	Rotavirus; Adenovirus	3	Wipe	Yes	03/19/2020
9480-4	Quaternary ammonium; Isopropanol	Super Sani-Cloth Germicidal Disposable Wipe	Professional Disposables International Inc	Rhinovirus 39; Adenovirus	2	Wipe	Yes	03/19/2020
9480-8	Sodium hypochlorite	Sani-Cloth Bleach Germicidal Disposable Wipe	Professional Disposables International Inc	Adenovirus; Rotavirus; Canine parvovirus; Hepatitis A virus; Poliovirus Type 1; Rhinovirus Type 37; Feline calicivirus	1	Wipe	Yes	03/19/2020
74559-4	Hydrogen peroxide	Accel (Concentrate) Disinfectant Cleaner	Virox Technologies Inc	Poliovirus	5	Dilutable	Yes	03/13/2020
1677-250	Hydrogen peroxide; Peroxyoctanoic acid; Peroxyacetic acid	Synergex	Ecolab Inc	Reovirus	5	Dilutable	Yes	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
67619-41	Quaternary ammonium	PPD Dash	Clorox Professional Products Company	Rotavirus	10	Dilutable	Yes	03/13/2020
6836-136	Quaternary ammonium	Lonza Formulation S-18F	Lonza LLC	Feline calicivirus	10	Dilutable	Yes	03/13/2020
6836-139	Quaternary ammonium	Lonza Formulation R-82F	Lonza LLC	Feline calicivirus	10	Dilutable	Yes	03/13/2020
6836-277	Quaternary ammonium	BARDAC 205M-1.30	Lonza LLC	Norovirus	10	Dilutable	Yes	03/13/2020
6836-303	Quaternary ammonium	BARDAC 205M-5.2	Lonza LLC	Norovirus	10	Dilutable	Yes	03/13/2020
6836-346	Quaternary ammonium	Lonzagard RCS-256	Lonza LLC	Norovirus	5	Dilutable	Yes	03/13/2020
6836-347	Quaternary ammonium	Lonzagard RCS-128	Lonza LLC	Feline calicivirus; Enterovirus	5	Dilutable	Yes	03/13/2020
6836-348	Quaternary ammonium	Lonzagard RCS-128 PLUS	Lonza LLC	Feline calicivirus; Enterovirus	5	Dilutable	Yes	03/13/2020
6836-362	Quaternary ammonium	Nugen MB5A-128	Lonza LLC	Norovirus	5	Dilutable	Yes	03/13/2020
6836-363	Quaternary ammonium	Nugen MB5A-64	Lonza LLC	Norovirus	5	Dilutable	Yes	03/13/2020
6836-366	Quaternary ammonium	Nugen MB5N-64	Lonza LLC	Norovirus	5	Dilutable	Yes	03/13/2020
5813-100	Sodium hypochlorite	Puma	The Clorox Company	Canine parvovirus	10	Dilutable	Yes	03/13/2020
5813-102	Sodium hypochlorite	CGB1	The Clorox Company	Canine parvovirus	10	Dilutable	Yes	03/13/2020
67619-26	Sodium hypochlorite	Boris	Clorox Professional Products Company	Canine parvovirus	10	Dilutable	Yes	03/13/2020
74559-1	Hydrogen peroxide	Accel TB	Virox Technologies Inc	Poliovirus; Feline Calicivirus	1	RTU	Yes	03/13/2020
74559-9	Hydrogen peroxide	Oxy-1 RTU	Virox Technologies Inc	Poliovirus	0.5	RTU	Yes	03/13/2020
67619-35	Peracetic acid; Hydrogen peroxide	Blacksmith	Clorox Professional Products	Rhinovirus	1	RTU	Yes	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
			Company					
67619-20	Quaternary ammonium	Rex	Clorox Professional Products Company	Hepatitis A virus	10	RTU	Yes	03/13/2020
83614-1	Quaternary ammonium	DETSAN24	Byotrol Inc	Feline calivirus	5	RTU	Yes	03/13/2020
5813-109	Quaternary ammonium	Say Q	The Clorox Company	Rotavirus	10	RTU	Yes	03/13/2020
5813-118	Quaternary ammonium	Dash	The Clorox Company	Rotavirus	10	RTU	Yes	03/13/2020
44446-23	Quaternary ammonium	Germ Away	Quest Specialty Corp	Canine parvovirus	10	RTU	Yes	03/13/2020
6659-3	Quaternary ammonium	Spray Nine	ITW Permatex Inc	Norovirus; Rhinovirus; Poliovirus	0.5	RTU	Yes	03/13/2020
46781-12	Quaternary ammonium; Ethanol; Isopropanol	Cavicide 1	Metrex Research	Adenovirus; Rotavirus; Feline Calicivirus	3	RTU	Yes	03/13/2020
37549-2	Sodium hypochlorite	Micro-kill Bleach Solution	Medline Industries Inc	Norovirus	0.5	RTU	Yes	03/13/2020
46781-15	Sodium hypochlorite	Cavicide Bleach	Metrex Research	Poliovirus; Rhinovirus	3	RTU	Yes	03/13/2020
87742-1	Thymol	Thymox Disinfectant Spray	Laboratorie M2	Norovirus	4	RTU	Yes	03/13/2020
84150-2	Ethanol	Mitersaw	GOJO Industries Inc	Feline calivirus	5	Wipe	Yes	03/13/2020
74559-3	Hydrogen peroxide	Accel TB Wipes	Virox Technologies Inc	Poliovirus	1	Wipe	Yes	03/13/2020
74559-10	Hydrogen peroxide	Oxy-1 Wipes	Virox Technologies Inc	Poliovirus	0.5	Wipe	Yes	03/13/2020
67619-9	Quaternary ammonium	PJW-622	Clorox Professional Products Company	Rotavirus	3	Wipe	Yes	03/13/2020
5813-58	Quaternary ammonium	Spruce-ups	The Clorox Company	Rotavirus	0.25	Wipe	Yes	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
5813-113	Quaternary ammonium	CDW	The Clorox Company	Rotavirus	4	Wipe	Yes	03/13/2020
777-114	Quaternary ammonium	Lysol® Disinfecting Wipes (All Scents)	Reckitt Benckiser	Rotavirus	10	Wipe	Yes	03/13/2020
46781-13	Quaternary ammonium; Ethanol; Isopropanol	Caviwipes 1	Metrex Research	Adenovirus	3	Wipe	Yes	03/13/2020
37549-1	Sodium hypochlorite	Micro-kill Bleach Germicidal Bleach Wipes	Medline Industries Inc	Norovirus	0.5	Wipe	Yes	03/13/2020
46781-14	Sodium hypochlorite	Caviwipes Bleach	Metrex Research	Feline calicivirus	3	Wipe	Yes	03/13/2020
1677-238	Hydrogen peroxide	Peroxide Multi Surface Cleaner and Disinfectant	Ecolab Inc	Norovirus	2	Dilutable	Yes	03/03/2020
70627-58	Hydrogen peroxide	Oxy-Team™ Disinfectant Cleaner	Diversey Inc	Canine Parvovirus; Feline Picornavirus	5	Dilutable	Yes	03/03/2020
1677-129	Hydrogen peroxide; Peroxyacetic acid	Cosa Oxonia Active	Ecolab Inc	Poliovirus	10	Dilutable	Yes	03/03/2020
1677-237	Hydrogen peroxide; Peroxyacetic acid	Oxycide Daily Disinfectant Cleaner	Ecolab Inc	Feline Calicivirus; Rhinovirus	3	Dilutable	Yes	03/03/2020
1839-248	Quaternary ammonium	Stepan Spray Disinfectant Concentrate	Stepan Company	Rhinovirus	5	Dilutable	Yes	03/03/2020
47371-129	Quaternary ammonium	Formulation HWS-256	H&S Chemicals Division of Lonza LLC	Adenovirus	10	Dilutable	Yes	03/03/2020
47371-130	Quaternary ammonium	Formulation HWS-128	H&S Chemicals Division of Lonza, LLC	Adenovirus	10	Dilutable	Yes	03/03/2020
47371-131	Quaternary ammonium	HWS-64	H&S Chemicals Division of Lonza LLC	Adenovirus	10	Dilutable	Yes	03/03/2020
47371-192	Quaternary ammonium	Formulation	H&S Chemicals	Adenovirus	10	Dilutable	Yes	03/03/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
		HWS-32	Division of Lonza LLC					
675-54	Quaternary ammonium	Lysol Brand Heavy Duty Cleaner Disinfectant Concentrate	Reckitt Benckiser LLC	Rotavirus	5	Dilutable	Yes	03/03/2020
6836-140	Quaternary ammonium	Lonza Formulation S- 21F	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-266	Quaternary ammonium	BARDAC 205M-10	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-278	Quaternary ammonium	BARDAC 205M-14.08	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-302	Quaternary ammonium	BARDAC 205M-2.6	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-305	Quaternary ammonium	BARDAC 205M-23	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-349	Quaternary ammonium	Lonzagard RCS-256 Plus	Lonza LLC	Enterovirus D68; Norovirus	5	Dilutable	Yes	03/03/2020
6836-361	Quaternary ammonium	Nugen MB5A-256	Lonza LLC	Norovirus	5	Dilutable	Yes	03/03/2020
6836-364	Quaternary ammonium	Nugen MB5N-256	Lonza LLC	Norovirus	5	Dilutable	Yes	03/03/2020
6836-365	Quaternary ammonium	Nugen MB5N-128	Lonza LLC	Norovirus	5	Dilutable	Yes	03/03/2020
6836-70	Quaternary ammonium	BARDAC 205M-7.5	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-75	Quaternary ammonium	Lonza Formulation S-21	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-77	Quaternary ammonium	Lonza Formulation S- 18	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
6836-78	Quaternary ammonium	Lonza Formulation R- 82	Lonza LLC	Norovirus	10	Dilutable	Yes	03/03/2020
70627-24	Quaternary ammonium	Virex™ II / 256	Diversey Inc	Adenovirus Type 2	10	Dilutable	Yes	03/03/2020
777-89	Quaternary ammonium	Lysol Brand Clean & Fresh Multi-surface Cleaner	Reckitt Benckiser LLC	Rotavirus WA	3	Dilutable	Yes	03/03/2020
63761-8	Quaternary ammounium; Hydrogen peroxide	Sterlex Ultra Disinfectant Cleaner Solution 1	Sterilex	Feline Calicivirus	10	Dilutable	Yes	03/03/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
63761-10	Quaternary ammounium; Sodium carbonate Peroxyhdrate	Sterilex Ultra Step	Sterilex	Feline Calicivirus; Rotavirus	10	Dilutable	Yes	03/03/2020
71847-6	Sodium dichloro-S-triazinetrione	Klorsept	Medentech LTD	Hepatitis A virus; Coxsackievirus B3	1	Dilutable	Yes	03/03/2020
71847-7	Sodium dichloro-S-triazinetrione	Klorkleen	Medentech LTD	Hepatitis A virus; Coxsackievirus B3	1	Dilutable	Yes	03/03/2020
5813-111	Sodium hypochlorite	Clorox Disinfecting Bleach2	The Clorox Company	Canine Parvovirus; Feline Parvovirus	10	Dilutable	Yes	03/03/2020
5813-114	Sodium hypochlorite	Clorox Performance Bleach1	The Clorox Company	Canine Parvovirus; Feline Parvovirus	10	Dilutable	Yes	03/03/2020
67619-32	Sodium hypochlorite	CloroxPro™ Clorox® Germicidal Bleach	Clorox Professional Products Company	Canine Parvovirus; Coxsackievirus B3 Virus; Enterovirus D68; Norovirus; Feline Parvovirus; Hepatitis A Virus; Murine Norovirus; Poliovirus; Rhinovirus	5	Dilutable	Yes	03/03/2020
70627-72	Sodium hypochlorite	Avert Sporicidal Disinfectant Cleaner	Diversey Inc	Canine Parvovirus; Norovirus; Hepatitis A; Poliovirus Type 1	1	Dilutable	Yes	03/03/2020
67619-29	Ethanol	Saginaw	Clorox Professional Products Company	Coxsackievirus; Hepatitis A Virus; Rhinovirus; Rotavirus	5	RTU	Yes	03/03/2020
84368-1	Ethanol	Urthpro	Urthtech LLC	Hepatitis A virus	1	RTU	Yes	03/03/2020
777-132	Hydrochloric acid	Lysol Brand Power Plus Toilet Bowl Cleaner	Reckitt Benckiser LLC	Poliovirus Type 1	10	RTU	Yes	03/03/2020
777-81	Hydrochloric acid	Lysol Brand Lime & Rust Toilet Bowl Cleaner	Reckitt Benckiser LLC	Poliovirus Type 1; Hepatitis A virus	10	RTU	Yes	03/03/2020
1677-251	Hydrogen peroxide	Peroxide Disinfectant And Glass Cleaner Rtu	Ecolab Inc	Norovirus	0.75	RTU	Yes	03/03/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
5813-110	Hydrogen peroxide	Clorox Pet Solutions Advanced Formula Disinfecting Stain & Odor Remover	The Clorox Company	Enterovirus D68; Norovirus; Rhinovirus	5	RTU	Yes	03/03/2020
67619-24	Hydrogen Peroxide	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant	Clorox Professional Products Company	Norovirus; Rhinovirus; Rotavirus	1	RTU	Yes	03/03/2020
67619-33	Hydrogen peroxide	Clorox Commercial Solutions® Clorox® Disinfecting Biostain & Odor Remover	Clorox Professional Products Company	Enterovirus, Norovirus; Rhinovirus Type 37	5	RTU	Yes	03/03/2020
70627-56	Hydrogen peroxide	Oxivir Tb	Diversey Inc	Norovirus; Rhinovirus; Poliovirus Type 1	1	RTU	Yes	03/03/2020
70627-74	Hydrogen peroxide	Oxivir 1	Diversey Inc	Canine Parvovirus; Enterovirus Type D68	1	RTU	Yes	03/03/2020
9480-14	Hydrogen Peroxide	Sani-HyPerCide Germicidal Spray	Professional Disposables International Inc	Norovirus	1	RTU	Yes	03/03/2020
1677-226	Hydrogen peroxide; Octanoic acid; Peroxyacetic acid	Virasept	Ecolab Inc	Norovirus; Rhinovirus	4	RTU	Yes	03/03/2020
1677-249	Isopropanol	Klercide 70/30 IPA	Ecolab Inc	Rhinovirus	5	RTU	Yes	03/03/2020
1839-220	Quaternary ammonium	SC-RTU Disinfectant Cleaner	Stepan Company	Poliovirus	5	RTU	Yes	03/03/2020
1839-83	Quaternary ammonium	Detergent Disinfectant Pump Spray	Stepan Company	Canine Parvovirus	10	RTU	Yes	03/03/2020
4091-21	Quaternary ammonium	Condor 2	W.M. Barr & Comapny Inc	Rotavirus	5	RTU	Yes	03/03/2020
5813-115	Quaternary ammonium	Clorox Scentiva Bathroom	The Clorox Company	Rotavirus	5	RTU	Yes	03/03/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
		Disinfecting Foam Cleaner						
5813-40	Quaternary ammonium	Clorox Disinfecting Bathroom Cleaner	The Clorox Company	Rhinovirus	10	RTU	Yes	03/03/2020
67619-38	Quaternary ammonium	CloroxPro™ Clorox Total 360® Disinfecting Cleaner1	Clorox Professional Products Company	Coxsackievirus Type B3	5	RTU	Yes	03/03/2020
6836-152	Quaternary ammonium	Lonza Formulation DC-103	Lonza LLC	Norovirus	10	RTU	Yes	03/03/2020
6836-289	Quaternary ammonium	BARDAC 205M RTU	Lonza LLC	Norovirus	10	RTU	Yes	03/03/2020
777-70	Quaternary ammonium	Lysol Brand Cling & Fresh Toilet Bowl Cleaner	Reckitt Benckiser LLC	Rotavirus	0.5	RTU	Yes	03/03/2020
4091-22	Quaternary ammonium; Citric acid	Raptor 5	W.M. Barr & Comapny Inc	Rhinovirus	5	RTU	Yes	03/03/2020
42182-9	Quaternary ammonium; Ethanol	Firebird F130	Microban Products Company	Poliovirus; Norovirus	5	RTU	Yes	03/03/2020
777-127	Quaternary ammonium; Ethanol	Lysol® Disinefctant Max Cover Mist	Reckitt Benckiser LLC	Norovirus	10	RTU	Yes	03/03/2020
777-99	Quaternary ammonium; Ethanol	Lysol® Disinfectant Spray	Reckitt Benckiser LLC	Norovirus	10	RTU	Yes	03/03/2020
88494-3	Quaternary ammonium; Ethanol	Peak Disinfectant	North American Infection Control Ltd	Poliovirus Type 1; Rhinovirus	1	RTU	Yes	03/03/2020
9480-10	Quaternary ammonium; Ethanol; Isopropanol	Sani-Prime Germicidal Spray	Professional Disposables International Inc	Feline Calicivirus	3	RTU	Yes	03/03/2020
67619-21	Quaternary ammounium; Ethanol	Clorox Commercial Solutions® Clorox® Disinfecting Spray	Clorox Professional Products Company	Coxsackie Virus; Echovirus; Feline Calicivirus; Hepatitis A Virus; Poliovirus	10	RTU	Yes	03/03/2020
1677-235	Sodium hypochlorite	Bleach Disinfectant	Ecolab Inc	Murine Norovirus;	1	RTU	Yes	03/03/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
		Cleaner		Poliovirus; Rhinovirus				
56392-7	Sodium hypochlorite	Clorox Healthcare® Bleach Germicidal Cleaner Spray	Clorox Professional Products Company	Canine Parvovirus; Feline Panleukopenia Virus; Hepatitis A Virus; Norovirus; Poliovirus; Rhinovirus	1	RTU	Yes	03/03/2020
5813-105	Sodium hypochlorite	Clorox Multi Surface Cleaner + Bleach	The Clorox Company	Rhinovirus; Canine Parvovirus; Feline Panleukopenia Virus; Norovirus; Poliovirus	1	RTU	Yes	03/03/2020
5813-21	Sodium hypochlorite	Clorox Clean Up Cleaner + Bleach	The Clorox Company	Norovirus; Poliovirus	5	RTU	Yes	03/03/2020
5813-89	Sodium hypochlorite	Clorox Toilet Bowl Cleaner with Bleach	The Clorox Company	Rhinovirus; Rotavirus	10	RTU	Yes	03/03/2020
67619-16	Sodium hypochlorite	Clorox Commercial Solutions® Toilet Bowl Cleaner with Bleach1	Clorox Professional Products Company	Rotavirus; Rhinovirus 39	10	RTU	Yes	03/03/2020
67619-17	Sodium hypochlorite	Clorox Commercial Solutions® Clorox® Clean-Up Disinfectant Cleaner with Bleach1	Clorox Professional Products Company	Norovirus	5	RTU	Yes	03/03/2020
67619-30	Sodium hypochlorite	GNR	Clorox Professional Products Company	Coxsackievirus; Feline Calicivirus; Feline Panleukopenia Virus; Minute virus of mice; Poliovirus; Rhinovirus Type 37	1	RTU	Yes	03/03/2020
777-83	Sodium hypochlorite	Lysol Brand Bleach Mold And Mildew Remover	Reckitt Benckiser LLC	Rhinovirus; Norovirus	0.5	RTU	Yes	03/03/2020
84150-1	Ethanol	PURELL Professional	GOJO Industries Inc	Norovirus	5	Wipe	Yes	03/03/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
		Surface Disinfectant Wipes						
67619-25	Hydrogen peroxide	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	Norovirus	2	Wipe	Yes	03/03/2020
70627-60	Hydrogen peroxide	Oxivir™ Wipes	Diversey Inc	Norovirus; Poliovirus Type 1; Rhinovirus Type 14	1	Wipe	Yes	03/03/2020
70627-77	Hydrogen peroxide	Oxivir 1 Wipes	Diversey Inc	Enterovirus Type D68	1	Wipe	Yes	03/03/2020
5813-79	Quaternary ammonium	Clorox Disinfecting Wipes	The Clorox Company	Rotavirus	4	Wipe	Yes	03/03/2020
67619-31	Quaternary ammonium	Clorox Commercial Solutions® Clorox® Disinfecting Wipes	Clorox Professional Products Company	Rotavirus	4	Wipe	Yes	03/03/2020
67619-37	Quaternary ammonium	Clorox Healthcare® VersaSure® Wipes	Clorox Professional Products Company	Norovirus	5	Wipe	Yes	03/03/2020
6836-313	Quaternary ammonium	Lonza Disinfectant Wipes	Lonza LLC	Rotavirus	10	Wipe	Yes	03/03/2020
6836-340	Quaternary ammonium	Lonza Disinfectant Wipes Plus 2	Lonza LLC	Norovirus	10	Wipe	Yes	03/03/2020
88494-4	Quaternary ammonium; Ethanol	Peak Disinfectant Wipes	North American Infection Control Ltd	Poliovirus Type 1; Rhinovirus	1	Wipe	Yes	03/03/2020
9480-12	Quaternary ammonium; Ethanol; Isopropanol	Sani-Cloth Prime Germicidal Disposable Wipe	Professional Disposables International Inc	Feline Calicivirus	3	Wipe	Yes	03/03/2020
67619-12	Sodium hypochlorite	Clorox Healthcare® Bleach Germicidal Wipes	Clorox Professional Products Company	Canine Parvovirus; Feline Parvovirus	3	Wipe	Yes	03/03/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
3573-54	Citric acid	Comet Disinfecting Bathroom Cleaner	The Proctor & Gamble Company	Feline calicivirus; norovirus	10	Dilutable	No	03/26/2020
88089-2	Hydrogen peroxide; Peroxyacetic acid	Peridox	BioMed Protect LLC	Feline calicivirus; norovirus	2	Dilutable	No	03/26/2020
4959-16	Iodine	ZZZ Disinfectant	West Agro Inc	Poliovirus	10	Dilutable	No	03/26/2020
65402-3	Peroxyacetic acid; Hydrogen peroxide	VigorOx SP-15 Antimicrobial Agent	PeroxyChem LLC	Feline calicivirus; norovirus	5	Dilutable	No	03/26/2020
3862-179	Phenolic	Opti-Phene	ABC Compounding Co Inc	Human adenovirus	10	Dilutable	No	03/26/2020
39967-138	Potassium peroxymonosulfate; Sodium choride	Rely+On Multipurpose Disinfectant Cleaner	Lanxess Corporation	Feline calicivirus; norovirus	10	Dilutable	No	03/26/2020
1677-21	Quaternary ammonium	Mikro-Quat	Ecolab Inc	Feline calicivirus; norovirus	10	Dilutable	No	03/26/2020
1839-97	Quaternary ammonium	NP 12.5 (D&F) Detegent/ Disinfectant	Stepan Company	Adenovirus	10	Dilutable	No	03/26/2020
3573-96	Quaternary ammonium	Malibu Concentrate	The Proctor & Gamble Company	Feline calicivirus; norovirus	10	Dilutable	No	03/26/2020
675-30	Quaternary ammonium	Roccal II 10%	Reckitt Benckiser	Adenovirus	10	Dilutable	No	03/26/2020
1839-95	Quaternary ammonium	NP 4.5 (D & F) Detergent/ disinfectant	Stepan Company	Norovirus	10	Dilutable	No	03/26/2020
1839-80	Quaternary ammonium	NP 12.5 Detegent/ Disinfectant	Stepan Company	Adenovirus	10	Dilutable	No	03/26/2020
63761-5	Quaternary ammonium; Sodium carbonate peroxyhydrate	Sterilex Ultra Powder	Sterilex	Feline calicivirus; norovirus	10	Dilutable	No	03/26/2020
90643-1	Sodium chloride	MultiMicro Salt	Tennant Company	Feline calicivirus; norovirus	10	Dilutable	No	03/26/2020

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1677-216	Sodium chlorite	Exspor Base Concentration	Ecolab Inc	Feline calicivirus; norovirus	5	Dilutable	No	03/26/2020
91399-2	Sodium chlorite	Biotab7	Advanced Biocide Technologies Inc	Feline calicivirus; norovirus	1	Dilutable	No	03/26/2020
71847-2	Sodium dichloroisocyanurate	Klor-Kleen	Medentech LTD	Feline calicivirus; norovirus	10	Dilutable	No	03/26/2020
3573-77	Sodium hypochlorite	CSP-3002-3	The Proctor & Gamble Company	Feline calicivirus; norovirus	1	Dilutable	No	03/26/2020
70271-24	Sodium hypochlorite	Tecumseh B	KIK International LLC	Feline calicivirus; norovirus	5	Dilutable	No	03/26/2020
82972-1	Chlorine dioxide; Quaternary ammonium	Vital Oxide	Vital Solutions LLC	Feline calicivirus; norovirus	5	RTU	No	03/26/2020
88494-2	Ethyl alcohol; Quaternary Ammonium	Wedge Disinfectant Wipes	North American Infection Control Ltd	Poliovirus	1	RTU	No	03/26/2020
88089-4	Hydrogen peroxide; Peroxyacetic acid	PeridoxRTU	BioMed Protect LLC	Canine parvovirus	3	RTU	No	03/26/2020
84526-1	Hydrogen peroxide; Silver	HaloSpray	Halosil International Inc	Feline calicivirus; norovirus	10	RTU	No	03/26/2020
777-104	Hypochloric acid	Vanity GP	Reckitt Benckiser LLC	Poliovirus	10	RTU	No	03/26/2020
87518-1	Hypochlorous acid	Hsp2O	HSP USA LLC	Feline calicivirus; norovirus	1	RTU	No	03/26/2020
73232-1	Isopropyl alcohol; Quaternary ammonium	Alpet D2	Best Sanitizers Inc	Feline calicivirus; norovirus	5	RTU	No	03/26/2020
64240-65	Lactic acid	WC Complete	Combat Insect Control Systems	Rhinovirus	0.5	RTU	No	03/26/2020
34810-21	Phenolic	Ready To Use Wex-Cide	Wexford Labs Inc	Rhinovirus	10	RTU	No	03/26/2020
6836-245	Quaternary ammonium	CSP-46	Lonza LLC	Feline calicivirus; norovirus	10	RTU	No	03/26/2020
6836-333	Quaternary ammonium	MMR-4U	Lonza LLC	Feline calicivirus; norovirus	10	RTU	No	03/26/2020
9480-11	Quaternary ammonium	BackSpray RTU	Professional	Feline calicivirus; norovirus	5	RTU	No	03/26/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
			Disposables International Inc					
3862-181	Quaternary ammonium	Foaming Disinfectant Cleaner	ABC Compounding Co Inc	Poliovirus	10	RTU	No	03/26/2020
61178-2	Quaternary ammonium	Public Places	Microgen Inc	Feline calicivirus	30	RTU	No	03/26/2020
70627-33	Quaternary ammonium	Envy Liquid Disinfectant Cleaner	Diversey, Inc.	Canine parvovirus	5	RTU	No	03/26/2020
706-65	Quaternary ammonium	Claire Disinfectant Bathroom Cleaner	Claire Manufacturing Company	Adenovirus	10	RTU	No	03/26/2020
777-71	Quaternary ammonium	Lysol Brand Foaming Disinfectant Basin Tub & Tile Cleaner II	Reckitt Benckiser LLC	Feline calicivirus; norovirus	10	RTU	No	03/26/2020
498-179	Quaternary ammonium; Ethanol	Champion Sprayon Spray Disinfectant Formula 3	Chase Products Co	Rhinovirus	10	RTU	No	03/26/2020
5741-28	Sodium hypochlorite	Tulmult	Spartan Chemical Company Inc	Feline calicivirus; norovirus	0.5	RTU	No	03/26/2020
11346-6	Sodium hypochlorite	Clorox HS	The Clorox Company	Feline calicivirus; norovirus	1	RTU	No	03/26/2020
64240-44	Sodium hypochlorite	Soft Scrub with Bleach	Combat Insect Control Systems	Rhinovirus	3	RTU	No	03/26/2020
70271-15	Sodium hypochlorite	2% Sodium Hypochlorite Spray	KIK International, Inc.	Rhinovirus	1	RTU	No	03/26/2020
777-102	Sodium hypochlorite	Lysol Brand Toilet Bowl Cleaner with Bleach	Reckitt Benckiser LLC	Rhinovirus	5	RTU	No	03/26/2020
84683-3	Thymol	Benefect Botanical Daily Cleaner Disinfectant Spray	Cleanwell LLC	Feline calicivirus; norovirus	10	RTU	No	03/26/2020

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34810-25	Thymol	Ready to Use Thymol	Wexford Labs Inc	Feline calicivirus; norovirus	10	RTU	No	03/26/2020
34810-36	Citric acid	CleanCide Wipes	Wexford Labs Inc	Feline calicivirus; norovirus	5	Towelette	No	03/26/2020
1839-174	Quaternary ammonium	Stepan Towelette	Stepan Company	Feline calicivirus; norovirus	10	Towelette	No	03/26/2020
6836-379	Quaternary ammonium	Nugen NR Disinfecant Wipes	Lonza LLC	Feline calicivirus; norovirus	5	Towelette	No	03/26/2020
11346-3	Sodium hypochlorite	Clorox HW	The Clorox Company	Feline calicivirus; norovirus	1	Towelette	No	03/26/2020
70590-1	Sodium hypochlorite	Hype-Wipe	Current Technologies Inc	Feline calicivirus; norovirus	1	Towelette	No	03/26/2020
10324-59	Quaternary ammonium	Maquat 64	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/19/2020
777-128	Quaternary ammonium	Lysol® Laundry Sanitizer	Reckitt Benckiser	Human coronavirus	5	Dilutable (laundry pre-soak only)	No	03/19/2020
10324-230	Hydrogen aeroxide; Peroxyacetic acid	Maguard 1522	Mason Chemical Company	Human coronavirus	1	Dilutable	No	03/13/2020
70627-62	Hydrogen peroxide	Phato 1:64 Disinfectant Cleaner	Diversey Inc	Human coronavirus	5	Dilutable	No	03/13/2020
74559-6	Hydrogen peroxide	Oxy-res (Concentrate)	Virox Technologies Inc	Human coronavirus	5	Dilutable	No	03/13/2020
10324-214	Hydrogen peroxide; Peroxyacetic acid	Maguard 5626	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
8383-12	Hydrogen peroxide; Peroxyacetic acid	Peridox	Contec Inc	Human coronavirus	2	Dilutable	No	03/13/2020
1677-204	Octanoic acid	65 Disinfecting Heavy Duty Acid Bathroom Cleaner	Ecolab Inc	Human coronavirus	2	Dilutable	No	03/13/2020
54289-4	Peroxyacetic acid	Peraclean 15 (Peroxyacetic Acid Solution)	Evonik Corporation	Human coronavirus	1	Dilutable	No	03/13/2020

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34810-31	Phenolic	Wex-cide 128	Wexford Labs Inc	Human coronavirus	10	Dilutable	No	03/13/2020
70627-6	Phenolic	Phenolic Disinfectant HG	Diversey Inc	Human coronavirus	10	Dilutable	No	03/13/2020
10324-63	Quaternary ammonium	Maquat 10	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-71	Quaternary ammonium	Maquat 280	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-72	Quaternary ammonium	Maquat 615-HD	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-80	Quaternary ammonium	Maquat 5.5-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-81	Quaternary ammonium	Maquat 7.5-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-85	Quaternary ammonium	Maquat 86-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-93	Quaternary ammonium	Maquat 64-PD	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-94	Quaternary ammonium	Maquat 20-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-96	Quaternary ammonium	Maquat 50-DS	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-99	Quaternary ammonium	Maquat 10-PD	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-105	Quaternary ammonium	Maquat 128 PD	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-108	Quaternary ammonium	Maquat 256-MN	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-112	Quaternary ammonium	Maquat 128-MN	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-113	Quaternary ammonium	Maquat 64-MN	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-114	Quaternary ammonium	Maquat 32-MN	Mason Chemical	Human coronavirus	10	Dilutable	No	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
			Company					
10324-115	Quaternary ammonium	Maquat 750-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-117	Quaternary ammonium	Maquat 710-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-140	Quaternary ammonium	Maquat MQ2525M-CPV	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-141	Quaternary ammonium	Maquat 256-NHQ	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-142	Quaternary ammonium	Maquat MQ2525M-14	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-154	Quaternary ammonium	Maquat 64-NHQ	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-155	Quaternary ammonium	Maquat 128-NHQ	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-156	Quaternary ammonium	Maquat 512-NHQ	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-157	Quaternary ammonium	Maquat 32-NHQ	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-164	Quaternary ammonium	Maquat 256 PD	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-166	Quaternary ammonium	Maquat 32	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-167	Quaternary ammonium	Maquat 32 PD	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-177	Quaternary ammonium	Maquat 705-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-194	Quaternary ammonium	Maquat 2420-10	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-198	Quaternary ammonium	Maquat 702.5-M	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
61178-1	Quaternary ammonium	D-125	Microgen Inc	Human coronavirus	10	Dilutable	No	03/13/2020
61178-5	Quaternary ammonium	CCX-151	Microgen Inc	Human coronavirus	10	Dilutable	No	03/13/2020

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62472-2	Quaternary ammonium	Kennelsol HC	Alpha Tech Pet Inc.	Human coronavirus	10	Dilutable	No	03/13/2020
67619-10	Quaternary ammonium	CPPC Everest	Clorox Professional Products Company	Human coronavirus	10	Dilutable	No	03/13/2020
70385-6	Quaternary ammonium	QGC	Prorestore Products	Human coronavirus	10	Dilutable	No	03/13/2020
70627-15	Quaternary ammonium	Warrior	Diversey Inc	Human coronavirus	10	Dilutable	No	03/13/2020
70627-23	Quaternary ammonium	Virex II/ 64	Diversey Inc	Human coronavirus	10	Dilutable	No	03/13/2020
70627-35	Quaternary ammonium	Envy Foaming Disinfectant Cleaner	Diversey Inc	Human coronavirus	3	Dilutable	No	03/13/2020
70627-63	Quaternary ammonium	512 Sanitizer	Diversey Inc	Human coronavirus	10	Dilutable	No	03/13/2020
85343-1	Quaternary ammonium	Teccare Control	Talley Environmental Care Limited	Human coronavirus	10	Dilutable	No	03/13/2020
90287-1	Quaternary ammonium	Maquat 25.6-PDX	VI-JON INC	Human coronavirus	10	Dilutable	No	03/13/2020
1839-169	Quaternary ammonium	BTC 885 Neutral Disinfectant Cleaner-64	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
777-82	Quaternary ammonium	Lysol Brand Deodorizing Disinfectant Cleaner	Reckitt Benckiser	Human coronavirus	10	Dilutable	No	03/13/2020
1677-256	Quaternary ammonium	FSC 35K	Ecolab Inc	Human coronavirus	5	Dilutable	No	03/13/2020
1839-78	Quaternary ammonium	NP 3.2 Detergent/ disinfectant	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-79	Quaternary ammonium	NP 4.5 Detergent/ disinfectant	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-81	Quaternary ammonium	NP 9.0 Detergent/ disinfectant	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-86	Quaternary ammonium	BTC 2125 M 10%	Stepan	Human coronavirus	10	Dilutable	No	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
		Solution	Company					
1839-94	Quaternary ammonium	NP 3.2 (D & F) Detergent/ disinfectant	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-96	Quaternary ammonium	NP 9.0 (D & F) Detergent/ disinfectant	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-155	Quaternary ammonium	BTC 2125M 20% Solution	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-166	Quaternary ammonium	BTC 885 NDC-128	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-167	Quaternary ammonium	BTC 885 Neutral Disinfectant Cleaner-256	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-168	Quaternary ammonium	BTC 885 NDC-32	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-176	Quaternary ammonium	Liquid-pak Neutral Disinfectant Cleaner	Stepan Company	Human coronavirus	10	Dilutable	No	03/13/2020
1839-211	Quaternary ammonium	SC-AHD-64	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-212	Quaternary ammonium	SC-AHD-256	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-213	Quaternary ammonium	SC-AHD-128	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-214	Quaternary ammonium	SC-NDC-256	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-215	Quaternary ammonium	SC-NDC-128	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-233	Quaternary ammonium	SC-5:64N	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-235	Quaternary ammonium	SC-5:256N	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
1839-236	Quaternary ammonium	SC-5:128N	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-244	Quaternary ammonium	SC -5:64HN	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-245	Quaternary ammonium	SC-5:256HN	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
1839-246	Quaternary ammonium	SC-5:128HN	Stepan Company	Human coronavirus	5	Dilutable	No	03/13/2020
3862-191	Quaternary ammonium	Assure	ABC Compounding Co Inc	Human coronavirus	10	Dilutable	No	03/13/2020
6198-4	Quaternary ammonium	Q. A. Concentrated Solution	National Chemicals Inc	Human coronavirus	10	Dilutable	No	03/13/2020
6836-233	Quaternary ammonium	BARDAC 205M-50	Lonza LLC	Human coronavirus	1	Dilutable	No	03/13/2020
6836-381	Quaternary ammonium	Lonzagard R-82G	Lonza LLC	Human coronavirus	1	Dilutable	No	03/13/2020
10324-57	Quaternary ammonium	Maquat 42	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
10324-58	Quaternary ammonium	Maquat 128	Mason Chemical Company	Human coronavirus	10	Dilutable	No	03/13/2020
88494-1	Quaternary ammonium; Ethanol	Wedge Disinfectant	North American Infection Control LTD	Human coronavirus	1	Dilutable	No	03/13/2020
74986-4	Sodium chlorite	Selectrocide 2L500	Selective Micro Technologies LLC	Human coronavirus	10	Dilutable	No	03/13/2020
87508-3	Sodium chlorite	Performacide	Odorstart LLC	Human coronavirus	10	Dilutable	No	03/13/2020
67619-8	Sodium hypochlorite	CPPC Ultra Bleach 2	Clorox Professional Products Company	Human coronavirus	5	Dilutable	No	03/13/2020
67619-28	Sodium hypochlorite	Milo	Clorox Professional Products Company	Human coronavirus	5	Dilutable	No	03/13/2020

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1672-65	Sodium hypochlorite	Austin A-1 Ultra Disinfecting Bleach	James Austin Company	Human coronavirus	10	Dilutable	No	03/13/2020
1672-67	Sodium hypochlorite	Austin's A-1 Concentrated Bleach 8.25%	James Austin Company	Human coronavirus	5	Dilutable	No	03/13/2020
5813-50	Sodium hypochlorite	Ultra Clorox Brand Regular Bleach	The Clorox Company	Human coronavirus	5	Dilutable	No	03/13/2020
5813-103	Sodium hypochlorite	Cgb3	The Clorox Company	Human coronavirus	5	Dilutable	No	03/13/2020
5813-104	Sodium hypochlorite	Cgb4	The Clorox Company	Human coronavirus	5	Dilutable	No	03/13/2020
5813-86	Glycolic acid	CBW	The Clorox Company	Human coronavirus	10	Impregnated materials	No	03/13/2020
5813-93	Glycolic acid	Show	The Clorox Company	Human coronavirus	10	Impregnated materials	No	03/13/2020
9402-15	Hydrogen peroxide; Ammonium carbonate; Ammonium bicarbonate	Victor Spray	Kimberly-Clark Global Sales LLC	Human coronavirus	5	Pressurized liquid	No	03/13/2020
4822-548	Triethylene glycol; Quaternary ammonium	Combo	S.C. Johnson & Son Inc	Human coronavirus	5	Pressurized liquid	No	03/13/2020
777-136	Ethanol	Lysol Neutra Air® 2 in 1	Reckitt Benckiser	Human coronavirus	0.5	RTU	No	03/13/2020
70627-78	Hydrogen peroxide	Suretouch	Diversey Inc	Human coronavirus	5	RTU	No	03/13/2020
74559-8	Hydrogen peroxide	Accel 5 RTU	Virox Technologies Inc	Human coronavirus	5	RTU	No	03/13/2020
89900-1	Hydrogen peroxide	Nathan 2	S.C. Johnson Professional	Human coronavirus	5	RTU	No	03/13/2020
9402-14	Hydrogen peroxide; Ammonium carbonate; Ammonium bicarbonate	Hitman Spray	Kimberly-Clark Global Sales LLC	Human coronavirus	5	RTU	No	03/13/2020
8383-13	Hydrogen peroxide; Peroxyacetic Acid	Peridox RTU ™	Contec Inc	Human coronavirus	2	RTU	No	03/13/2020
89896-2	Hypochlorous acid	Cleansmart	Simple Science	Human coronavirus	10	RTU	No	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
			Limited					
4822-606	L-Lactic Acid	Fangio	S.C. Johnson & Son Inc	Human coronavirus	10	RTU	No	03/13/2020
4822-608	L-Lactic acid	Gurney	S.C. Johnson & Son Inc	Human coronavirus	5	RTU	No	03/13/2020
8383-3	Phenolic	Sporicidin (Brand) Disinfectant Solution (Spray)	Contec Inc	Human coronavirus	5	RTU	No	03/13/2020
11346-4	Quaternary ammonium	Clorox QS	The Clorox Company	Human coronavirus	2	RTU	No	03/13/2020
70627-2	Quaternary ammonium	Disinfectant D.C. 100	Diversey Inc	Human coronavirus	2	RTU	No	03/13/2020
777-66	Quaternary ammonium	Lysol® Brand All Purpose Cleaner	Reckitt Benckiser	Human coronavirus	2	RTU	No	03/13/2020
777-91	Quaternary ammonium	Lysol® Kitchen Pro Antibacterial Cleaner	Reckitt Benckiser	Human coronavirus	2	RTU	No	03/13/2020
1839-225	Quaternary ammonium	SC-RTU-TB	Stepan Company	Human coronavirus	5	RTU	No	03/13/2020
4822-607	Quaternary ammonium	Lauda	S.C. Johnson & Son Inc	Human coronavirus	5	RTU	No	03/13/2020
4822-609	Quaternary ammonium	Stewart	S.C. Johnson & Son Inc	Human coronavirus	3	RTU	No	03/13/2020
4822-613	Quaternary ammonium	Gertrude	S.C. Johnson & Son Inc	Human coronavirus	5	RTU	No	03/13/2020
5813-73	Quaternary ammonium	Clorox Everest	The Clorox Company	Human coronavirus	0.5	RTU	No	03/13/2020
42964-17	Quaternary ammonium; Ethanol	Asepticare	Airkem professional products	Human coronavirus	2	RTU	No	03/13/2020
70144-5	Quaternary ammonium; Ethanol	Opti-cide Max	Micro-Scientific LLC	Human coronavirus	2	RTU	No	03/13/2020
10492-5	Quaternary ammonium;	Discide Ultra	Palermo	Human coronavirus	0.5	RTU	No	03/13/2020

EPA Registration Number	Active Ingredient/s	Product Name	Company	Follow the disinfection directions and preparation for the following virus	Contact Time (in minutes)	Formulation Type	Emerging Viral Pathogen Claim?	Date Added to List N
	Isopropanol	Disinfecting Spray	Healthcare LLC					
46781-6	Quaternary ammonium; Isopropanol	Cavicide	Metrex Research	Human coronavirus	2	RTU	No	03/13/2020
72977-3	Silver ion; Citric acid	Axen(R) 30	ETI H2O Inc	Human coronavirus	3	RTU	No	03/13/2020
72977-5	Silver ion; Citric acid	Sdc3a	ETI H2O Inc	Human coronavirus	1	RTU	No	03/13/2020
56392-10	Sodium hypochlorite	Caltech Swat 200 9B	Clorox Professional Products Company	Human coronavirus	2	RTU	No	03/13/2020
67619-11	Sodium hypochlorite	CPPC Shower	Clorox Professional Products Company	Human coronavirus	1	RTU	No	03/13/2020
67619-13	Sodium hypochlorite	CPPC Storm	Clorox Professional Products Company	Human coronavirus	1	RTU	No	03/13/2020
67619-27	Sodium hypochlorite	Buster	Clorox Professional Products Company	Human coronavirus	5	RTU	No	03/13/2020
70590-2	Sodium hypochlorite	Bleach-rite Disinfecting Spray With Bleach	Current Technologies Inc	Human coronavirus	1	RTU	No	03/13/2020
1677-241	Sodium hypochlorite	Hydris	Ecolab Inc	Human coronavirus	5	RTU	No	03/13/2020
5813-98	Sodium hypochlorite	Lite	The Clorox Company	Human coronavirus	1	RTU	No	03/13/2020
5813-106	Sodium hypochlorite	Axl	The Clorox Company	Human coronavirus	1	RTU	No	03/13/2020
4091-23	Sodium hypochlorite; Sodium carbonate	Mold Armor Formula 400	W.M. Barr & Comapny Inc	Human coronavirus	0.5	RTU	No	03/13/2020
74986-5	Sodium chlorite	Selectrocide 5g	Selective Micro Technologies LLC	Human coronavirus	10	Solid	No	03/13/2020

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9402-17	Hydrogen peroxide; Ammonium carbonate; Ammonium bicarbonate	Hitman Wipe	Kimberly-Clark Global Sales LLC	Human coronavirus	6	Wipe	No	03/13/2020
8383-14	Hydrogen peroxide; Peroxyacetic acid	Peridoxrtu (Brand) One-step Germicidal Wipes	Contec Inc	Human coronavirus	0.5	Wipe	No	03/13/2020
8383-7	Phenolic	Sporicidin (Brand) Disinfectant Towelettes	Contec Inc	Human coronavirus	5	Wipe	No	03/13/2020
777-130	Quaternary ammonium	Caterpillar	Reckitt Benckiser	Human coronavirus	2.5	Wipe	No	03/13/2020
1839-190	Quaternary ammonium	Stepan Disinfectant Wipe	Stepan Company	Human coronavirus	10	Wipe	No	03/13/2020
6836-336	Quaternary ammonium	Lonza Disinfectant Wipes Plus	Lonza LLC	Human coronavirus	4	Wipe	No	03/13/2020
6836-372	Quaternary ammonium	Nugen 2m Disinfectant Wipes	Lonza LLC	Human coronavirus	2	Wipe	No	03/13/2020
6836-382	Quaternary ammonium	Nugen Low Streak Disinfectant Wipes	Lonza LLC	Human coronavirus	4	Wipe	No	03/13/2020
9480-5	Quaternary ammonium	Sani-cloth Germicidal Disposable Cloth	Professional Disposables International Inc	Human coronavirus	3	Wipe	No	03/13/2020
10492-4	Quaternary ammonium; Isopropanol	Discide Ultra Disinfecting Towelettes	Palermo Healthcare LLC	Human coronavirus	0.5	Wipe	No	03/13/2020
5813-99	Sodium hypochlorite	Wave	The Clorox Company	Human coronavirus	1	Wipe	No	03/13/2020
70627-75	Soduum hypochlorite	Avert Sporicidal Disinfectant Cleaner Wipes	Diversey Inc	Human coronavirus	1	Wipe	No	03/13/2020