**Office of Safety and Health Consultation**

252 Chapman Road, Suite 210

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Newark, Delaware 19702

Coronavirus- COVID-19 Policy

This sample program is provided to assist you as an employer in developing programs tailored to your own operation. We encourage you to copy, expand, modify and customize this sample program as necessary to accomplish this goal.

This document is provided as a compliance aid but does not constitute a legal interpretation of OSHA Standards, nor does it replace the need to be familiar with, and follow, the actual OSHA Standards. Though this document is intended to be consistent with OSHA Standards, if an area is considered by the reader to be inconsistent, the current OSHA or guidance, or guidance from a medical professional should be followed. Of course, we welcome your comments and feedback!

The Delaware OSHA Consultation Program can be contacted for further assistance; feel free to contact us at 1-302-451-3421 or email DOL\_OSH\_Consultation@delaware.gov

**Coronavirus (COVID-19) POLICY - Date**

The health and safety of the Company Name team continues to be our highest priority. If everyone follows the guidelines below, we will all be doing our best to keep ourselves and each other safe and healthy.

The following employee(s) will serve as the owner of this policy:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identified Potential Sources of Workplace Exposure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy

The following workplace changes will be implemented until further notice:

* Daily sanitizing of common use areas will be performed at the end of each workday. This work will be assigned on a rotating basis.
* Each morning, employees must check in at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to verify you are not exhibiting symptoms associated with COVID-19 such as fever, cough, or shortness of breath. Each person’s temperature will be taken and logged on a daily sheet. Anyone with an elevated temperature above 100.4F or exhibiting any other symptoms will be sent home for the day. Return to work will be discussed on a case by case basis.
* Employees noticing others exhibiting any symptoms such as coughing, etc. should immediately notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Contact with customers picking up or delivering equipment should be minimized and non-employees will only be permitted to enter the following areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Delivery Drivers will be instructed to remain with their vehicles. Drivers are not permitted to use the rest room.
* Social Distancing – Avoid being within 6 ft. of another person if possible. Lunches and breaks should be scheduled to minimize the number of employees congregating in common areas. The following locations have been designated as being available for breaks and lunches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Employees are to wear Nitrile gloves unless it will make it impossible, or unsafe, to complete their specific job tasks. Provide examples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* All vendor, sales and other appointments should be cancelled until further notice. We are not permitting either walk-in or scheduled meetings in the office during this time.
* All incoming equipment will be wiped down disinfected prior to being released to the worksite. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

As stated above and on the CDC website, it is ***very important*** for the safety of yourself and the rest of our team that you ***stay at home if you are sick***.

**Call your doctor:** If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

The following symptoms may appear **2-14 days after exposure.**

* Fever
* Cough
* Shortness of breath

[https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsymptoms-testing%2Findex.html&data=02%7C01%7Cdaveyano%40iup.edu%7C4cca36cc554f4045a4ef08d7cf4864e2%7C96704ed7a3e14bb8ba918b63ee16883e%7C0%7C0%7C637205782147459585&sdata=0KqAlSZAgmH7DCBgp4mojTIDCvJkYtdy7J2JokJ0FOQ%3D&reserved=0)

If your health care provider requires you to do “Covid-19 self-isolation” for two weeks, Company Name will work with you on a case basis to address actions necessary to cover this period of self-isolation.

Recognizing that this situation is changing on an ongoing basis, the CDC website at: [www.cdc.gov](http://www.cdc.gov) is a good resource and you may want to check it regularly.

Here are just a few of their **important safety tips**.

·         CLEAN YOUR HANDS OFTEN

o    **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.

o    If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.

o    **Avoid touching** **your eyes, nose, and mouth** with unwashed hands.

·         AVOID CLOSE CONTACT

o    **Avoid close contact** with people who are sick

o    Put **distance between yourself and other** **people** if COVID-19 is spreading in your community. This is especially important for [people who are at higher risk of getting very sick](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html).

·         STAY HOME IF YOU ARE SICK

o    **Stay home** if you are sick, except to get medical care. Learn [what to do if you are sick](https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html).

·         COVER COUGHS AND SNEEZES

o    **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.

o    **Throw used tissues** in the trash.

·         WEAR A FACEMASK IF YOU ARE SICK

o    **If you are sick:**  You should wear a facemask (surgical type mask preferred) when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider’s office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. [Learn what to do if you are sick.](https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html)

o    **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). N-95 facemasks are the preferred option for this purpose; however, these facemasks may be in short supply and they should be saved for caregivers.

·         CLEAN AND DISINFECT

o    **Clean AND disinfect** [**frequently touched surfaces**](https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html) **daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

o    **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

**DAILY CHECK IN SHEET**

**By initialing below, I certify that I am feeling well and not exhibiting any symptoms associated with COVID-19. I also certify that the temperature recorded for me is accurate. If your recorded temperature is 100.4F or above, you will be asked to leave immediately.**

**DATE\_\_\_\_\_\_\_\_**

**Name Initial Temperature**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**DAILY SANITIZING CHECKLIST DATE \_\_\_\_\_\_\_\_**

General Areas

\_\_\_\_\_ Main office and employee entrance door handles

\_\_\_\_\_ Shop Office door handles and Office to Shop door handles

\_\_\_\_\_ Break Room tables chairs, countertops, microwave oven controls

\_\_\_\_\_ Training room tabletops

Shop Areas (designated person should clean as often as possible during the day)

\_\_\_\_\_ Crane and hoist pendant controls

\_\_\_\_\_ Shop light breakers in breaker panel

\_\_\_\_\_ Overhead door controls

\_\_\_\_\_ Locker Room Door

\_\_\_\_\_ Sink, toilet, urinal handles

\_\_\_\_\_ Locker room light switch

\_\_\_\_\_ Shop telephone

\_\_\_\_\_ Time Clock

Persons designated to clean: