**Employer Logo (Insert Here)**

**Employer Name (Insert Here)**

**Infectious Disease (COVID-19)**

**Preparedness and Response Plan Template**

**I. Purpose**

This plan describes the implementation of mandatory health and safety requirements established by the Virginia Department of Labor and Industry as well as guidelines from the Virginia Department of Health and the Centers for Disease Control. It is required for all employers with employees covered by 16VAC25-220-50 and -60.

**II. Responsibilities**

***[Employer Name]*** has assigned the following individual(s) to serve in the role of health officer. The health officer has the authority to stop or alter activities to ensure that all work practices conform to the mandatory safety and health requirements applicable to COVID-19 as well as any other infectious disease hazards.

***[Name(s) and title(s) of health officer(s)]***

The following table is an example.

|  |
| --- |
| **Health Officer(s)** |
| **Name** | **Title** | **Department** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

For the purpose of ensuring compliance with the most recent safety and health requirements, ***[Name and title]*** is responsible for administering this plan, monitoring agencies for new requirements, updating this plan, communicating any changes to employees, and monitoring the overall effectiveness of the plan. This person is also responsible for providing employees with a copy of this plan upon request.

**III. Determination of Exposure Risk by Job Duty**

We have determined the COVID-19 risks of all worksite functions to ensure that we apply appropriate hazard controls – including training, equipment, and personal protective equipment (PPE) – to protect employees’ safety and health.

Consult pages 18 - 21 of the OSHA document “Guidance on Preparing Workplaces for COVID-19” which is available at <http://www.osha.gov/Publications/OSHA3990.pdf> and determine the exposure risks for the various type of work and duties in the workplace.

**IV. Contingency Plan in the Event of an Infectious Disease Outbreak**

In the event that an outbreak or pandemic due to an infectious disease, **[Employer Name]** has set up contingency plans for addressing the workplace needs as well as employee safety and health during the outbreak.

These plans are as follows:

**[Insert Contingency Plans]** *These plans should address increased absenteeism, need for physical distancing, telework options, engineering, administrative, and PPE controls. in addition, the plans should address the need for essential operations and the use of reduced workforce through lower numbers of employees on site or the need to have employees cross-trained in the event of incident occurring.*

**V. Basic Infectious Disease Prevention and Control Measures**

To control the spread of infectious diseases such as COVID 19, basic prevention and control measures must be implemented to ensure that all employees are protected against the hazards of infectious disease.

To control the spread of infectious disease it is important to keep up general housekeeping in the workplace. Additional housekeeping actions must also be implemented to ensure the safety and health of employees and decreasing the chances of spread of an infectious disease such as: All restrooms, common areas that remain in use, door knobs/handles, tools, equipment, and other frequently touched surfaces are disinfected before, in the middle of, and at the end of each shift. All contact surfaces of vehicles used by more than one person are disinfected at the end of each person’s use. All disinfectants are EPA-approved or otherwise comply with [CDC disinfection guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html?deliveryName=USCDC_2067-DM26911). *[If reasonable, name(s) or title(s) of person(s) responsible for disinfecting each area]*. *The employer must make sure that adequate disinfection products are on hand, safety data sheets (SDSs) are obtained and retained, and employees using the products are aware of any personal protective equipment that is required for use.*

Additional precautions and actions to take are **[Insert Employer name] specific actions being taken:**

* Large gatherings are minimized whenever possible; staff meetings are postponed, cancelled or held remotely;
* Employees are encouraged to maintain physical distance even when on break, as well as before and after working hours;
* Employees are required to maintain physical distance when reporting to work, clocking in, leaving work, and clocking out;
* Employee work stations are greater than six feet apart;
* The employer may utilize flexible work hours, wherever possible, to limit the number of employees simultaneously working on-site; and
* Employee interactions with the general public are modified to allow for additional physical space between parties.

**VI. Identification and Isolation of Sick and/or Exposed Employees**

Risk and exposure determinations are made without regard to employees protected characteristics as defined by local, state, and federal law.

Any health-related information and documentation gathered from employees is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employee’s personnel documentation.

***Employee Self-Monitoring and Return to Work***

* 1. Employees shall self-monitor for signs and symptoms of COVID-19 if employees suspect possible exposure or are experiencing signs or symptoms of illness.
	2. Serological testing, also known as antibody testing, is a test to determine if persons have been infected with SARS-CoV-2 virus. It has not been determined that persons who test positive for the presence of antibodies by serological testing are immune from infection.
	3. Serologic test results shall not be used to make decisions about returning employees to work who were previously classified as known or suspected to be infected with the SARS-CoV-2 virus. suspected or confirmed COVID-19.
	4. Serologic test results shall not be used to make decisions concerning employees who were previously classified as known or suspected to be infected with the SARS-CoV-2 virus suspected or confirmed COVID-19 about grouping, residing in, or being admitted to congregate settings, such as schools, dormitories, etc.

Employees may only resume in-person work upon meeting all return-to-work requirements, defined below.

1. If the employer knows an employee is COVID-19 positive, regardless of vaccination status then the employer must immediately remove that employee from the worksite and keep the employee removed until they meet the return to work criteria in 16VAC25-220-40 C 3 subdivision C 3 of this subsection.

2. If the employer knows an employee is suspected COVID-19, regardless of vaccination status then the employer must immediately remove that employee from the worksite and either:

a. Keep the employee removed until they meet the return to work criteria in 16VAC25-220-40 C 3 subdivision C 3; or

b. Keep the employee removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee.

(1) If the test results are negative, the employee may return to work immediately.

(2) If the test results are positive, the employer must comply with 16VAC25-220-40 C 1 subdivision C 1.

3. If the employee refuses to take the test, the employer must continue to keep the employee removed from the workplace. Absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons.

4. The employer must make decisions regarding an employee’s return to work after a COVID-19-related workplace removal in accordance with guidance from a licensed healthcare provider, a VDH public health professional, or CDC’s "Isolation Guidance" (hereby incorporated by reference); and CDC’s "Return to Work Healthcare Guidance" (hereby incorporated by reference). If an employee has a known exposure to someone with COVID-19, the employee must follow any testing or quarantine guidance provided by a VDH public health professional.

**VII. Procedures for Minimizing Exposure from Outside of Workplace**

**[Employer Name]** business practices are evaluated to ensure the safety and health of all individuals. This is done on a phased approach. Beginning with appointment only onsite meetings, virtual meetings, and finally transitioning to onsite meetings with appropriate precautions when that time comes.

* Social distancing practices to be observed: **[*Include all that apply]***
* 6-foot distances are marked in areas where customers might gather/wait
* In person meetings are to be made by appointments only
* Limit the number of customers allowed into workplace
* Minimize face to face contact

Information is posted throughout the worksite educating individuals on ways to reduce the spread of COVID-19.

Any individual entering one of **[Employer Name]** facilities may have their temperature checked and/or a questionnaire completed prior to entry.

To minimize exposure from visitors or vendors: [***Include all that apply]***

* *All business partners that work within* ***[Employer Name]*** *have been provided this Plan.*
* *When possible,* ***[Employer Name]*** *will limit the number of visitors in the facility.*
* *Possible statement about protection - Any individual entering one of the****[Employer Name]*** *facilities may have their temperature checked and/or a questionnaire completed prior to entry.*
* *Possible statement about protection: Masks may be available to visitors/vendors as well as appropriate disinfectants so individuals can clean work areas before and after use.*
* *Possible statement about protection - All deliveries will be handled through curbside pick-up or delivery.*

Minimizing exposure from the general public:

* Social distancing practices to be observed: ***[Include all that apply]***
* 6-foot distances are marked in areas where individuals might gather/wait.
* Limit number of individuals allowed into workplace.
* Minimize face to face contact:
* Computer workstations positioned at least 6 feet apart
* Information is posted at **[Employer Name’s}** facility educating individuals on ways to reduce the spread of COVID-19.
* Any individual entering **[Employer Name]** may have their temperature checked and/or a questionnaire completed prior to entry.
* Individual symptoms may be assessed of COVID-19 and individuals with symptoms will be removed from the workplace.
* Possible statement about protection with General Public - Physical barriers between **[Employer Name]** employees and the public will be considered in high impact areas (i.e. shielding at the front desk areas).
* Possible statement about protection with General Public – Masks may be available to the general public as well as appropriate disinfectants so individuals can clean work areas before and after use.

**VIII. Training**

All employees covered by this plan will be required to have training on the hazards and characteristics of SARS-CoV-2 virus and COVID-19 disease. This training will ensure that all employees recognize the hazards of SARS-CoV-2 and COVID-19 as well as the procedures to minimize the hazards related to the infectious diseases and help prevent the spread of the infectious disease.

The training material will cover the following:

* Requirements of the COVID-19 Regulation.
* Companies Infectious Disease Preparedness and Response Plan.
* Characteristics and methods of spread of SARS-CoV-2 virus.
* Symptoms of COVID-19 disease as well as the asymptomatic reactions of some persons to the SARS-CoV-2 virus.
* Safe and healthy work practices, including but not limited to, physical distancing, disinfection procedures, disinfecting frequency, and noncontact methods of greeting.
* PPE
* When PPE is required
* What PPE is required
* How to properly don, doff, adjust and wear PPE
* Limitations of PPE
* Proper care, maintenance, useful life and disposal of PPE

All employees in the workplace will be trained on this subject and procedures. All training will be certified and recorded according to the Regulation for COVID-19 by the Virginia Department of Labor and Industry.

Training Records will be certified by the following requirements (see example below):

* Employee name
* Employee’s signature (physical or electronic)
* Date
* Signature of Trainer

Retention of training records must be retained in employee files. These records are located (***Insert format and location used by employer).*** The most recent training records will be maintained.