Safe Return To Worksites
COVID-19: *Keep Your Distance*

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Safe Return To Worksites

(For Non-Mandatory Employees at Non-healthcare and Non-corrections/custody worksites)

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Subject to change upon issuance of new or updated federal or state guidance

DISCLAIMER: This guidance does not constitute legal advice. State agencies should consult with their own agency legal counsel and the Attorney General's office to obtain specific legal advice regarding handling of worksite specific situations pertaining to all COVID-19 related matters.

Introduction

The health and safety of state employees is the highest priority and shared responsibility of employees and State agencies. State agencies should demonstrate their commitment to working collectively with employees toward improving the physical environment of shared worksites. These improvements are for the benefit of all and to make employees feel confident of their health and safety at work given newly implemented COVID-19 related workplace safety measures.

The Occupational Safety and Health Act's general duty clause requires employers to provide worksites free from recognized hazards likely to cause death or serious bodily harm. State agencies will make many decisions pertaining to resuming on-site operations, providing critical services, and execution of ongoing government functions throughout the forthcoming reopening the worksite process. Changing circumstances may require agencies to be flexible and alter their original plans to ensure public health and safety.

This document provides general guidance to State agencies concerning issues pertaining to non-mandatory state employees reporting to work at non-healthcare and non-corrections/custody worksites pursuant to the State's three phase reopening the worksite plan and COVID-19 public health issues. In order to reduce the risk of COVID-19 exposure to state employees, visitors, contractors, vendors, and volunteers entering State owned and leased property, this guidance should be considered based on individual agency functions, physical layout, and available resources to implement public health measures best suited for the specific worksite.

Unless otherwise specified, the guidance included herein is applicable to all three stages of the State's currently anticipated reopening the worksite process that may be further defined upon implementation. Agencies may wish to permanently implement parts of this guidance as some issues may continue beyond the duration of ongoing public health concerns for the COVID-19 pandemic.
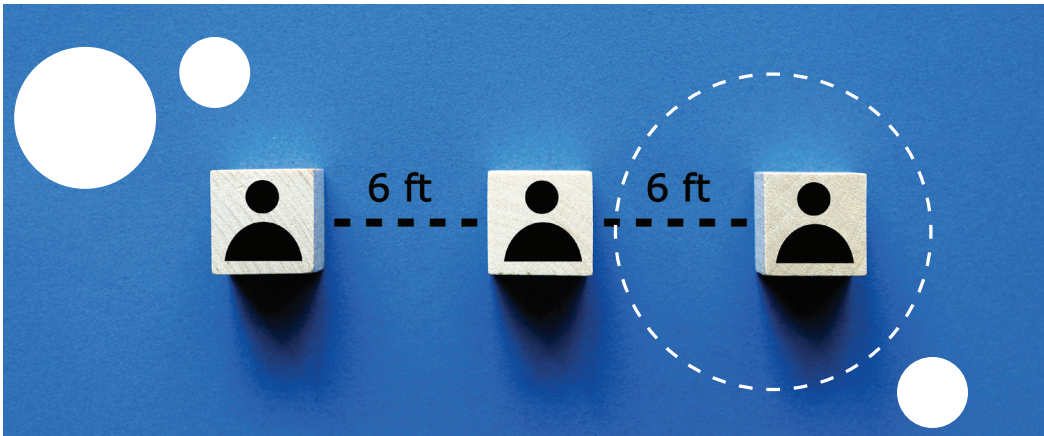
Every effort has been made to ensure updated information and resource links are included in this document as of the date of issuance; however, as the COVID-19 pandemic continues to develop, please be advised that this guidance is subject to change pursuant to newly issued or revised federal or state guidance. OSHR will update this document periodically; however, agencies are advised to recheck all listed sources to obtain the most recently updated information.

OSHR encourages all State agencies to promote that their employees follow DHHS's **Know Your Ws** guidance:
1. Wear a cloth face covering.
2. Wait 6 feet apart. Avoid close contact.
3. Wash your hands or use hand sanitizer.
    Hand sanitizer can be used in addition to hand washing but is not a substitute for proper handwashing.

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Agency Designation of COVID-19 Coordinators for Worksites

OSHR encourages State agencies to designate a human resources staff member for each worksite as "COVID-19 Coordinator". This HR staff member should be fully aware of the agency's COVID-19 return-to-worksite plans, processes, procedures, and communications and serve as a point of contact for all employees with questions or concerns throughout the entire worksite reopening process.

The worksite COVID-19 Coordinator should be identified clearly in communications to employees and supervisors/managers as their contact for all questions or concerns regarding COVID-19 worksite reopening related matters. State agencies may wish to set up a separate email account that is constantly monitored to facilitate receipt of questions and expedite appropriate responses.

The worksite COVID-19 Coordinator may delegate questions/concerns to appropriate staff members for proper and timely handling but should ensure a response is always provided to each question.

State agencies should instruct employees to contact their designated COVID-19 Coordinator(s) with COVID-19 related questions and provide easily accessible contact information via worksite signage, email notification, etc.

Worksite Physical Alteration Considerations – State Owned and Leased Worksites

After performing a health and safety risk assessment and **BEFORE** making any physical facility changes or enhancements to promote COVID-19 safety, i.e. installation of physical barriers, space reconfiguration, etc., State agencies should:
1) For State owned worksites: consult with State Construction Office or other appropriate building maintenance designee.
2) For leased worksites: consult with the State Property Office, Leasing and Space Planning, and the property management company.

Each agency is responsible for ensuring adherence to applicable building and safety codes with regards to all proposed physical worksite alterations.

Employee Time and Leave Management During the Return to Worksite Process

Many employees who have been using State of Emergency (SOE) Leave due to lack of available full-time telework will be returning to the worksite. Many employees may not return until Phase 3, as during Phases 1 and 2 employees should continue to telework to the extent possible or use available leave.

State agencies should consult the most recently updated guidance from OSHR and OSC regarding utilization of Integrated HR Payroll System (also referred to as BEACON) new and existing specific codes and recording requirements related to employee time, leave, workers' compensation leave of absence, etc. for COVID-19 related situations.

Employee Prioritization for Return to Worksite During Three Phase Reopening Process

The State's current three phase reopening the worksite plan includes limits on travel, business operations, and mass gatherings and defines allowable activities in light of ongoing public health concerns and the State's coordinated pandemic response. The need for employees to return to worksites to perform work duties should be balanced against the risk of the employee contracting or exposing others to COVID-19.

PHASE 1 – Quoted recommendations from text of Executive Order 138 - Effective May 8, 2020 at 5:00pm

1. *Continue to promote telework and limit non-essential travel whenever possible.*
2. *Promote social distancing by reducing the number of people coming to the office, by providing six (6) feet of distance between desks, and/or by staggering shifts.*
3. *Limit face-to-face meetings to no more than ten (10) workers.*
4. *Promote hygiene, including frequent hand-washing and use of hand sanitizer.*
5. *Recommend workers wear cloth Face Coverings; provide workers with Face Coverings; and provide information on proper use, removal, and washing of cloth Face Coverings. A Face Covering functions to protect other people more than the wearer.*
6. *Make accommodations for workers who are at high risk of severe illness from COVID-19, for example, by having high-risk workers work in positions that are not public-facing or by allowing teleworking where possible.*
7. *Encourage sick workers to stay home and provide support to do so with a sick leave policy.*
8. *Follow the CDC guidance if a worker has been diagnosed with COVID-19.*
9. *Provide workers with education about COVID-19 prevention strategies, using methods like videos, webinars, or FAQs.*
10. *Promote information on helplines for workers such as 211 and the Hope4NC Helpline.*

Agency guidance:
1. Continue teleworking arrangements whenever possible for all employees.
2. Does the work need to be performed at the worksite or can the work be done remotely? Agencies should document positions and employees performing mission-critical functions whose duties can only be fully performed at the worksite.
3. Managers should review requests for accommodations by employees, including high-risk employees. To the extent possible, managers should work with employees and understand how to offer accommodations when appropriate.
4. For employees who do return to the worksite to perform mission-critical functions, agencies should stagger their work schedules (workdays, start times, work hours, etc.) and ensure social distancing measures are in place.

PHASE 2 – AT LEAST 2-3 WEEKS AFTER START DATE OF PHASE 1; Upon Governor's declaration via Executive Order, exact start date unknown.

See Executive Order upon issuance for exact recommendations.

Agency guidance
1. Continue teleworking arrangements whenever possible for all employees.
2. Does the work need to be performed at the worksite or can the work be done remotely? Agencies should document positions and employees performing mission-critical functions whose duties can only be fully performed at the worksite.
3. Managers should review requests for accommodations by employees, including high-risk employees. To the extent possible, managers should work with employees and understand how to offer accommodations when appropriate.
4. For employees who do return to the worksite to perform mission-critical functions, agencies should stagger their work schedules (workdays, start times, work hours, etc.) and ensure social distancing measures are in place.

PHASE 3 – AT LEAST 4-6 WEEKS AFTER PHASE 2; Upon Governor's declaration via Executive Order, exact start date unknown.

See Executive Order upon issuance for exact recommendations.

Agency guidance:
1. To be determined based upon provisions of the Executive Order. DHHS guidance for Phase 3 states that it is anticipated that there will be lessened restrictions for vulnerable populations with encouragement to continue practicing social distancing. This could mean that additional high-risk employees may be brought back into the worksite. The number of people allowed at meetings may increase, and some restrictions may be lifted on common areas and break rooms.

Daily Operations Considerations

PART A.
Social Distancing
Intentional actions to decrease density and alter traffic patterns within worksites with the goal of maintaining at least six feet of space between persons present.

High traffic or public/consumer facing areas
Conduct a detailed worksite health and safety risk evaluation of the physical workspace layout to determine areas where modifications may be considered.

Reduce number of worksite entrances while maintaining code compliance to direct occupants to use monitored routes.

In areas where lines may form (entry doors, elevators, food areas, break rooms, waiting queues, etc.), use floor markers approved by facility services or the property management company to demark at least six feet between persons.

Post signage with directional and social distancing instructions where lines may form.

Install one-way directional signage including floor markers (stickers or tape) to direct foot traffic in locations where maintaining social distance is difficult.

Individual workspaces
Increase space between desks.

Avoid desk sharing.

Cubicles with six-foot high partitions are recommended for open areas or workstations within six feet of each other.

Suggestions to accomplish social distancing in workspaces:
- Make new seating reassignments to different locations.
- Assign new work schedules to ensure minimum distancing.
- Only use alternate desks (checkerboard), disable or remove unused alternate desks altogether.
- Add physical barriers between workstations (height adjustable panels for sit/stand desks).

Add desks to spaces previously used for group activities (convert training/meeting rooms, café area and the like into desk areas).

Repurpose large conference rooms, breakrooms, and other common areas to provide additional workstations.

Prohibit shared use of small spaces by groups and convert to single occupant use only. Close/forbid use of some spaces.

Common areas
Access to and utilization of common areas should adhere to social distancing and cleaning/hygiene guidelines. Instruct employees to only use common areas closest to their workstation. Employees should wait to use common areas until they can maintain a safe distance, at least six feet away, from other individuals.

Employee or public entrance/lobby/reception areas
Install physical barriers at reception areas/customer service counters.

Disable/decommission/remove registration kiosks/touchscreens or devise a way to cover with plastic and decontaminate frequently.

Where feasible, install touchless visitor registration systems via personal mobile phone or other options in lieu of paper process.

Use disposable, one-time use sticker security tags rather than recycled clips or lanyards.

Remove magazines and pamphlets to reduce public touchpoints.

Maintain process for handling of personal deliveries to individual employees i.e. food, florist, etc.

Maintain process for handling of business deliveries from other state agencies, vendors, delivery services (FedEx, UPS, US Postal Service), etc.

Elevators
No more than three persons should ride together on an elevator car.

Encourage persons to use stairs when possible, especially when descending.

Capacity monitoring, especially during high traffic times.

Posted signage with passenger limits.

Utilize floor markers approved by facility services or the property management company denoting where to stand and capacity monitoring, especially during high traffic times.

Breakrooms/kitchens
Ban communal food items for sharing including as part of office events i.e. birthday/retirement/special occasion.

Offer prepackaged foods or foods in sealed containers only.

Provide disinfecting wipes and cleaning supplies in areas with shared refrigerators, microwaves, coffee machines, dishes, silverware, food storage containers, etc. with instructions to disinfect individual items after each use.

Provide disinfecting wipes in vending machine areas with instructions to wipe touchpads and change slots after use.

Reduce capacity i.e. tables, chairs to allow for social distancing given square footage.

Disable water fountains that do not include touchless features.

Fitness facilities
Temporarily close fitness facilities.

Lactation rooms
Determine if procedural changes need to be made to ensure strict compliance with thorough sanitization protocols.

Conference rooms/classrooms
Communicate room capacity to maintain six feet social distance via signage and room reservation tools.

Decommission and re-purpose large gathering spaces.

Reduce capacity i.e. remove tables, desks, chairs to allow for social distancing given square footage.

Remove unnecessary fabric upholstered chairs.

Remove shared conference phones and encourage use of State issued laptop softphones for teleconferences.

Remove remote control handsets and provide instructions for manual equipment use instead.

Remove whiteboard pens and erasers and encourage employees to bring and manage their own.

Provide whiteboard cleaning solution and disposable wipes adjacent to every board.

Disable/decommission room reservation panels outside meeting rooms.

In-person meetings
During Phase 1, cancel all group events, gatherings, or meetings of more than 10 persons and any events where social distancing of at least 6 feet cannot be maintained between participants. Similarly, in Phases 2 and 3 cancel events exceeding announced attendance limits or when social distancing requirements cannot be maintained.

Agency sponsored in-person workshops, trainings, or events for employees should be modified to teleconference format unless attendance limits are met and social distancing can be maintained.

If on-site training is considered mandatory for continuation of a required certification/ license and meets state, local, or agency requirements, agency trainings should only be held for small groups where social distancing can be practiced.

Assess the need for in-person meetings within worksites and utilize non-contact options to the extent possible i.e. phone calls, video conferencing, etc.

Replace in-person meetings with video- or tele-conference calls whenever possible.

Restrict (Phase 1) or consider limiting (Phase 2) any nonessential visitors, volunteers, and activities involving external groups or organizations.

Employees and visitors attending in-person meetings should wear a face covering that covers the nose and mouth when at least 6 feet distancing cannot be maintained between participants.

Travel
Travel to offsite meetings and between agency worksites should be limited or eliminated to the greatest extent possible.

Cancel attendance at pre-arranged conferences per CDC recommendations or state, local, or agency requirements. Employees should check with their supervisor regarding the applicable cancellation timeframe.

Cancel all non-essential travel (Phase 1) and consider resuming non-essential travel in accordance with state and local regulations and guidance (Phases 2 and 3).

Shared equipment

Use shared equipment closest to workstation or as specifically assigned and decontaminate frequently with an EPA approved disinfectant.

Pay special attention to areas where printers, copiers and other types of shared equipment are located, and consider moving the equipment to separate locations or to a larger room with social distancing space.

Consider limiting shared office supplies.

PART B.

Building cleaning

Ongoing awareness and partnership between employees and agencies to prevent the physical spread of COVID-19 at worksites will help maintain a healthy workforce.

Provide job safety analysis to protect employees conducting cleaning operations. Provide appropriate PPE and determine additional cleaning duties. Provide training in additional requirements.

Department of Administration Facilities Management has provided the following cleaning guidelines for State owned facilities:

Routine cleaning/sanitizing: Performed on an on-going basis throughout the day.
a. All janitorial staff instructed to use CDC approved COVID-19 cleaning products to sanitize and disinfect.
b. All janitorial staff instructed to perform routine environmental cleaning of the buildings focusing on high touch areas in the workplace such as doorknobs, water fountains, handrails, elevator wall/buttons. In bathrooms, dispensers and faucets are sanitized.

Enhanced Cleaning/sanitizing: Performed immediately after persons suspected or confirmed to have COVID-19 have been in a worksite.
a. Minimum requirements: Disinfection of workstations in every office/workspace (keyboards, telephones, mouse), furniture (conference rooms, tabletops, chairs (soft and hard surface), file cabinet handles, etc.), doorknobs, doors, railings, office machine touch pads (fax and copiers), water fountains, and breakroom high touch areas.
b. Agencies have discretion to hire contractors to perform additional cleaning. All costs incurred as a result of using cleaning/disinfection services are the responsibility of the requesting agency.

Agencies that hire contractors for cleaning services may apply for reimbursement through the FEMA Public Assistance Program administered by the North Carolina Emergency Management (NCEM) Recovery Section. Guidance on how to apply for FEMA Public Assistance can be found at: https://www.ncdps.gov/our-organization/emergency-management/disaster-recovery/covid-19-public-assistance.

FEMA Grant Availability: The requesting agency may apply for reimbursement through the FEMA Public Assistance Program administered by the North Carolina Emergency Management (NCEM) Recovery Section. Guidance on how to apply for FEMA Public Assistance can be found at: https://www.ncdps.gov/our-organization/emergency-management/disaster-recovery/covid-19-public-assistance.

Below is a summary of the process:
1. Register as an applicant in the FEMA Grants Portal.
2. Participate in an Applicant Briefing. Applicant briefings are available on demand at the webpage listed above. Applicant Briefings can be requested through the Public Assistance Hotline at 919-825-2548 or email pahotline@ncem.org. The Applicant Briefing will provide greater details about the Public Assistance grant program.
3. Submit a Request for Public Assistance.

The FEMA Public Assistance Emergency Protective Measures grant was activated as a result of the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020. The effective date for expense eligibility is January 20, 2020. Currently, there is no deadline to submit a Request for Public Assistance. The deadline will be announced at a later date.

NCEM Public Assistance Supervisor Willie Mae Cox will work with eligible State agencies and may be reached at 984-297-5645 or WillieMae.Cox@ncdps.gov.

For agencies in leased space, the property owner is responsible for infected worksite cleaning and disinfection. Agencies should communicate with property management to obtain details.

Prior to employees returning to worksite, work with building maintenance staff to ensure that ventilation systems operate properly and circulate outdoor air as much as possible by introducing more supply air into the system. Do not open windows or doors to let in outside air as that will upset the airflow balance of the HVAC system resulting in mechanical and relative humidity issues.

Prior to employees returning to worksite, work with building maintenance staff to ensure necessary flushing protocols are completed for water systems and features (i.e. drinking fountains, decorative fountains, water faucets, etc.) after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Use sanitized floormats at building entrances.

Determine areas that require thorough and more frequent cleaning due to heavy usage such as event centers, conference rooms, and restrooms and communicate needs to housekeeping staff.

PART C.

Personal hygiene

Post signage promoting healthy hygiene/COVID-19 spread prevention measures such as:

- Frequent and thorough handwashing with soap and water for at least 20 seconds.
- Respiratory etiquette: covering coughs and sneezes.
- Use of cloth face coverings, especially if social distancing cannot be maintained.
- How to properly clean cloth face coverings.
- Do not touch eyes, nose, and mouth with unwashed hands.
- Use tissues once and then discard.

- Clean, sanitize, and disinfect frequently touched surfaces at least daily and shared objects between use.
- Discourage physical contact between employees i.e. handshakes and hugs. Increase awareness around the six-foot rule.

Provide employees space to store and secure personal items separately from others while at their worksite.

Make hand sanitizer (at least 60 percent alcohol) readily available in portable or wall-mounted dispensers at common touch points including doorways both inside and outside, stairs, elevator lobbies, and all other common areas.

Maintain tissues and touchless trash cans.

Provide disposable disinfectant wipes at common and shared touchpoints throughout the worksite i.e. doorknobs, light switches, keypads, printer/copier/scanner/fax machines, remote controls, and more, etc.

Provide disposable disinfectant wipes for employees to daily wipe down personal workspace i.e. phone, keyboard, mouse, mousepad, wrist rest, desk, chair, etc.

Limit any sharing of tools, equipment, or supplies that are not easily cleaned, sanitized, or disinfected.

Install plastic or vinyl covers over shared keypads or keyboards that can be easily disinfected after each individual use.

PPE may be needed for employees who clean or remove trash along with separate trash receptacles for its disposal.

PART D.
Personal protective equipment (PPE)/cleaning supplies
Employees required to work in higher risk settings with possible close contact with COVID-19 positive individuals or infected materials must be supplied the appropriate PPE by the agency.

Employees are encouraged to wear cloth face coverings that cover the nose and mouth while at worksites when:
- Traveling to/from vehicle and worksite and where social distancing of 6 feet or greater cannot be maintained
- In common areas (hallway, restroom, elevator, lobby, etc.)
- In an office, breakout room, meeting room, or training room where two or more are gathered and where 6 feet or greater distance cannot be maintained.

DOA State Purchase and Contract will assist state agencies with purchasing face coverings and other PPE items. Please contact State Procurement Manager Nicole Mathis directly for assistance, Nicole.mathis@doa.nc.gov, 919-807-4502.

Designated DOA staff will assess agency needs and coordinate with DHHS and the Governor's office to ensure proper prioritization of distribution and utilization of trustworthy vendors with competitive pricing.

Individual worksites may elect to allow employees to provide PPE of their choice including face coverings that do not interfere with completion of work duties so long as it is in good taste and any designs, graphics, or logos present a professional image acceptable to the general public.

Individual worksites may provide disposable face coverings that cover the nose and mouth for visitors.

Provide designated trash receptacles for used PPE.

Pre-order (taking shipping time into consideration) the following items in accordance with projected worksite occupancy:
1. Liquid soap for dispensers
2. Hand sanitizer
3. Disinfectant wipes
4. Disinfectant cleaners
5. Paper goods

Secure PPE/supplies storage and designate specific staff to manage stock and distribute items.

Provide individual workspaces with necessary cleaning/disinfection and PPE supplies to eliminate supply room visits.

PART E.
Schedule management
Implement flexible work schedules to reduce the number of employees at worksites at any given time.

Split employee workdays between teleworking and worksite and rotate employee attendance on alternate days.

Stagger work shifts or start times so that fewer employees are on site during any given time interval.

Reduce number of in-person appointment times for the public. (Phases 1-2)

If multiple employees perform the same or similar tasks, ensure that only one person works on-site each day performing those tasks while others work remotely.

PART F.

Employee self-monitoring/employer assessment for COVID-19 symptoms

Consider implementing daily self-monitoring or assessment of COVID-19 symptoms prior to or upon arrival at worksite. See Attachment 2 for the DHHS Symptom Screening Checklist available at https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#phase-1-easing-of-restrictions.

Information provided by employees during any COVID-19 screening process related to underlying health conditions, medical certification, doctor's notes, etc. is highly confidential and the employer should designate a person on site to ensure this information is protected.

All employees (trained medical staff or others) involved in the screening process must have proper personal protective equipment (PPE) and adhere to CDC Guidance for safe communicable disease screening procedures.

Employees should be notified and receive training regarding any daily screening process prior to returning to their worksite.

If the screening process indicates COVID-19 symptoms, the employee should be provided CDC Guidance regarding self-isolation and the need to seek advice from their medical provider, and instructions on when to return to work available via Attachment 3 What to Do If You Feel Sick available at https://files.nc.gov/ncdhhs/documents/files/covid-19/C19-PatientGuidance-3.23.20-FINAL--003-.pdf and Attachment 2 for the DHHS Symptom Screening Checklist available at https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#phase-1-easing-of-restrictions.

Issues to consider regarding screening process:
1. How will screening process be administered? Paper or via electronic means i.e. email.
2. How will employer ensure confidential medical information is protected?
3. Is screening process feasible for all employees reporting to the worksite or will ADA accommodations be needed for some employees?
4. Will employees be required to complete screening process prior to or after entering the worksite?
5. How many employees must be involved in the screening process to ensure it is uniformly applied?
6. Will screening process occur only during designated hours (i.e. 7:00-9:00am) or throughout the workday?

7. How will six feet social distancing be maintained during screening process?
8. How will screening process occur each day without undue delay for employees to start their work shift on time?
9. If screening process indicates an employee is not safe to enter the worksite and should leave, how will the following occur:
    a. Supervisor/human resources notification;
    b. Employee instructed in a non-public location to leave the worksite;
    c. Steps taken to clean/disinfect employee's workspace per CDC Guidelines; and
    d. Steps taken to notify close contacts of employee per CDC Guidelines.
10. What happens if the screening process indicates an employee is not safe to enter the worksite but the employee refuses to leave when requested?
11. If screening process indicates an employee is safe to enter the worksite, is notification provided to human resources staff?
12. Who will monitor daily employee participation in the screening process?
13. How will daily employee participation in the screening process be enforced?
14. Will screening process change or remain the same for Phases 1-3 of the reopening the worksite process?
15. Will screening process be applicable to employees only or other persons seeking entry to the worksite i.e. visitors, vendors, contractors, delivery persons, etc.?
16. How will necessary resources be provided to employees performing the screening process outside worksites i.e. security, food, water, supplies, etc.?
17. How will monitoring process be performed in the event of inclement weather if occurring outside worksite?

PART G.
Maintain healthy operations

Monitor absenteeism of employees and create a roster of trained back-up staff especially for mission critical functions.

Maintain contingency plans for worksite re-exit and conversion back to wide-scale teleworking should a new surge in COVID-19 cases occur at the worksite or issuance of government orders.

Maintain contingency plans in the event of a large number of COVID-19 related employee absences after returning to worksites.

PART H.
Handling of COVID-19 symptomatic employee at worksite - Check most recently revised CDC Guidelines for updated information.
Maintain a process to immediately send home an employee at a worksite who appears to have or states they are experiencing COVID-19 symptoms:
   a. Cough, shortness of breath or difficulty breathing; or
   b. At least two of these symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.

Maintain a plan to isolate at the worksite any employee(s) who experiences symptoms or illness while awaiting safe transport elsewhere.

Maintain a plan for safe transport of any employee(s) exhibiting such symptoms to their home or a healthcare facility.

Restrict the symptomatic employee's security access to the worksite until they have recovered.

Follow most recently updated CDC Guidance including Non-Healthcare Employee Symptom Screening Checklist for guidelines regarding when employee should return to worksite. See Attachment 2, available at https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#phase-1-easing-of-restrictions.

PART I.
Worksite cleaning response for COVID-19 symptomatic/positive employee - Check most recently revised CDC Guidelines for updated information.
Close off affected worksite areas used by the employee. Agencies do not necessarily need to close operations, if they can close off affected areas.

Call housekeeping or vendor to request cleaning/disinfection services for work areas used by the symptomatic/positive employee.

Agency employees should not participate in cleaning of affected areas as this process follows specific and rigorous protocols.

For questions: State-owned facilities in Wake County should call the Wake County Epidemiology Task Force, 919-856-7032. State agencies located in other counties should contact local departments, contact information available at https://www.ncdhhs.gov/divisions/public-health/county-health-departments. Callers should explain that they are calling per OSHR guidance to contact their local health department so that the agency can confirm that they are taking appropriate control measures, sanitation, etc. as recommended by the health department.

Employees should be timely notified when the cleaning process has been completed to provide reassurance that their worksite is safe.

PART J.
Handling of COVID-19 positive employee notification - Check most recently revised CDC Guidelines for updated information.
The local public health department in the positive employee's county of residence will handle contact tracing.

Agencies should send out a general email notification to employees emphasizing the need to continue COVID-19 prevention measures. Attachment 1 is a sample email that may be adapted for worksite use.

Follow most recently updated CDC guidance including Non-Healthcare Employee Symptom Screening Checklist for guidelines regarding when employee should return to worksite. See Attachment 2, available at https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#phase-1-easing-of-restrictions.

PART K.
Employee relations, EEO and ADA considerations
Responding to high-risk employees regarding COVID-19
- Employees in high-risk groups may present significant concerns to their agency about being asked to return to the workplace. These requests present a myriad of considerations for the employer.
  High-risk person is currently defined by CDC Guidance as:
  1. Persons at high-risk for severe illness from COVID-19 are:
     a. People 65 years and older.
     b. People who live in a nursing home or long-term care facility.
     c. Persons of all ages with underlying medical conditions, particularly if not well controlled, including:
        i. People with chronic lung disease or moderate to severe asthma.
        ii. People who have serious heart conditions.
        iii. People who are immunocompromised.
        iv. People with severe obesity (body mass index [BMI] of 40 or higher).
     d. People with diabetes.
     e. People with chronic kidney disease undergoing dialysis.
     f. People with liver disease.
- Agencies are strongly encouraged to utilize all available options for alternative work assignments to protect high-risk employees, if requested, from exposure

to the COVID-19 disease, including but not limited to telework, alternative or remote work locations, reassignment, and social distancing measures.
- It is imperative that agencies demonstrate their good faith efforts to reduce or eliminate COVID-19 hazards in the workplace. Employers should communicate their support of any additional actions needed when at work to minimize exposure for high risk employees.
- The Americans with Disabilities Act (ADA) may cover employees considered at high-risk of severe illness if they contract COVID-19. If an employee is at high-risk because of a qualifying disability, such as chronic lung disease, diabetes, or serious heart conditions, the employee (or a third party, such as the employee's doctor), must let the agency know that they need a change for a reason related to a medical condition (here, the underlying medical condition). After receiving the request (in writing or in conversation), the employer may ask questions or seek medical documentation to help decide if the individual has a disability and if there is a reasonable accommodation, barring undue hardship.
- Human Resources should address issues related to the Family and Medical Leave Act (FMLA).

Employee relations
- Communication and compassion are central to an effective ER response to COVID-19 concerns raised by employees.
- Documenting tracking of employee issues will be key. This will help analyze patterns and provide objective information for addressing employee issues. Issues to track:
  1. Requests for accommodations and decisions regarding grant or denial;
  2. Personal conduct;
  3. Leave management; and
  4. Performance.
- Even during COVID-19, workplace investigations must continue. Fortunately, virtual investigations can be conducted utilizing commonplace teleconferencing software. Some best practices to consider:
  1. Use video conferencing whenever possible – it is always best to see the interviewee.
  2. Use a split screen while taking notes.
  3. Acknowledge any awkwardness from noise up front, including establishing communication ground rules.
  4. Ensure privacy and confidentiality.
- Supervisors/managers should consult with their worksite's designated COVID-19 Coordinator and EEO Officer regarding all questions they receive pertaining to COVID-19 related employee relations issues.
- **Can a non-mandatory employee without high-risk indicators unilaterally decide not to come to work based on safety considerations?** Agencies should always address safe and healthy working conditions as a priority, and

this may be subject to assessment on a case-by-case basis. However, once these concerns have been addressed, a refusal to report to the designated work location may be grounds for disciplinary action.

Equal employment opportunity considerations
- All EEO related laws remain in full effect with EEOC instructions to account for specific public health needs related to the COVID-19 pandemic. EEOC has issued guidance allowing employers to:
  1. Exclude employees from the worksite who are infected with, symptomatic from, or have been exposed to COVID-19;
  2. Require employee use of personal protective equipment (PPE) within certain limits based upon job tasks, types of job exposure, and risk assessment to reduce risk of COVID-19 exposure; and
  3. Administer COVID-19 specific health screening at worksites to identify employees with COVID-19 symptoms so that they can be sent home immediately to reduce the risk to others and return to worksites in accordance with CDC Guidance.
- Agencies must ensure that decisions regarding the employees' return to worksite schedules during reopening are based on legitimate business reasons.
- Agencies may consider non-discriminatory, objective criteria when determining which employees should return to the worksite and when including:
  1. Is telework available for the employee?
  2. Is the employee involved in mission critical operations?
  3. Does this employee have specialized skills?
  4. Can this employee's job duties be fully performed when teleworking or is access to worksite equipment or other resources required to do so?
- Some agencies know that an employee has a high-risk condition and may be concerned that the employees' health will be jeopardized upon returning to the worksite. First, the employee must request an accommodation before an agency may take action. The ADA does not allow the agency to exclude the employee, solely because the employee has a disability identified by the CDC as being at a higher risk for severe illness. Under the ADA, this action cannot be considered unless the employee's disability poses a "direct threat" to their health that cannot be eliminated or accommodated.
- Employers cannot select employees for disparate treatment based on a protected class, including national origin. For instance, some studies suggest higher rates of COVID-19 positive test results based upon demographic groups, including race, and gender. Employers will need to closely monitor any concerns that employees are being subjected to disparate treatment or harassed in the workplace because of membership in a protected class.

- Employees should be informed that all EEOC, ADA, or other employee relations concerns should be communicated directly to their worksite's designated COVID-19 Coordinator and EEO Officer.

ADA and COVID-19 FAQs

The Americans with Disabilities Act (ADA), which protects applicants and employees from disability discrimination, is relevant to COVID-19 pandemic workplace preparation in at least three major ways.

1. The ADA regulates employers' disability-related inquiries and medical examinations for all applicants and employees, including those who do not have ADA disabilities.
2. The ADA prohibits covered employers from excluding individuals with disabilities from the workplace for health or safety reasons unless they pose a "direct threat" (i.e. a significant risk of substantial harm even with reasonable accommodation).
3. The ADA requires reasonable accommodations for individuals with disabilities (absent undue hardship) during the COVID-19 pandemic.

Summary of important issues addressed by the EEOC

1. **Who can receive reasonable accommodation under the ADA?**
   - Coronavirus alone may not be considered a disability under the ADA, due to the illness being transitory and having limited impact on major life activities in ordinary circumstances. However, individuals that can demonstrate some connection between the impairment and a specific need for accommodation may be eligible for coverage. For example, the individual might have an underlying impairment and limitation that, if infected with coronavirus, would lead to serious complications. There is no comprehensive list of such impairments, but individuals with heart disease, diabetes, lung disease or asthma, a weakened immune system, kidney disease, cirrhosis, etc. are considered at higher risk for developing serious complications.
   - If a "high-risk" employee requests a change in worksite or other accommodation because their medical disability under ADA places them at a higher risk for complications from COVID-19 exposure, then the request must be treated as a request for accommodation and the agency must determine if the accommodation is reasonable. Agencies may continue to verify the existence of the disability and discuss the reason for and type of COVID-19 related accommodation requested by the employee. Whether to require documentation of the disability is in the agency's discretion.
   - People 65 years and older and women who are pregnant are also at higher risk for developing complications from coronavirus but will not qualify to receive accommodations under the ADA solely on the basis of age or ordinary

pregnancy. Employers receiving accommodation requests from employees in these higher risk groups will need to consider their remaining responsibilities under additional federal, state and local requirements.

- Caregivers of individuals with disabilities are not entitled to receive workplace reasonable accommodations under the federal ADA but may be entitled to leave under the federal Family and Medical Leave Act (FMLA).

- Employers may want to discuss their non-disability related questions about making workplace modifications in response to the coronavirus with agency legal counsel to decide how to manage situations involving higher risk employees and caregivers of individuals with disabilities who do not fall under the ADA.

2. **During the COVID-19 pandemic, must an employer continue to provide reasonable accommodations for employees with known disabilities that are unrelated to the pandemic, barring undue hardship?**

Yes. An employer's ADA responsibilities to individuals with disabilities continue during any pandemic. Only when an employer can demonstrate that a person with a disability poses a direct threat, even after reasonable accommodation, can it lawfully exclude him from employment or employment-related activities.

The rapid spread of COVID-19 has disrupted normal work routines and may have resulted in unexpected or increased requests for reasonable accommodation. Although employers and employees should address these requests as soon as possible, the extraordinary circumstances of the COVID-19 pandemic may result in delay in discussing requests and in providing accommodation where warranted. Employers and employees are encouraged to use interim solutions to enable employees to keep working as much as possible.

3. **May an agency send employees home if they display influenza-like symptoms during a pandemic?**

Yes. Requiring such employees to go home is not a disability-related action. **Applying this principle to current CDC guidance on COVID-19, this means an employer can send home an employee with COVID-19 or symptoms associated with it.**

4. **During the COVID-19 pandemic, how much information may an agency request from employees who report feeling ill at work or who call in sick?**

Agencies may ask employees who report feeling ill at work, or who call in sick, questions about their symptoms to determine if they have or may have COVID-19.

Currently these symptoms include, for example, fever, chills, cough, shortness of breath, or sore throat.

5. **During the COVID-19 pandemic, may an agency take its employees' temperatures to determine whether they have a fever?**

   Because the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions as of March 2020, employers may measure employees' body temperature. As with all medical information, the fact that an employee had a fever or other symptoms would be subject to ADA confidentiality requirements.

6. **May an employer encourage employees to telework (i.e., work from an alternative location such as home) as an infection-control strategy during a pandemic?**

   Yes. Telework is an effective infection-control strategy that is also familiar to ADA-covered employers as a reasonable accommodation. In addition, employees with disabilities that put them at high risk for complications of pandemic COVID-19 may request telework as a reasonable accommodation to reduce their chances of infection during a pandemic.

7. **If an agency is hiring, may it screen applicants for symptoms of COVID-19?**

   Yes. An agency may screen job applicants for symptoms of COVID-19 after making a conditional job offer, if it does so for all entering employees in the same type of job.

8. **May an agency take an applicant's temperature as part of a post-offer, pre-employment medical exam?**

   Yes. Any medical exams are permitted after an employer has made a conditional offer of employment. However, employers should be aware that some people with COVID-19 do not have a fever.

9. **May an agency delay the start date of an applicant who has COVID-19 or symptoms associated with it?**

   Yes. According to current CDC guidance, an individual who has COVID-19 or symptoms associated with it should not be in the workplace. The ADA does not interfere with employers following recommendations of the CDC or public health authorities, and employers should feel free to do so.

10. May an agency withdraw a job offer when it needs the applicant to start immediately but the individual has COVID-19 or symptoms of it?

Based on current CDC guidance, this individual cannot safely enter the workplace, and therefore the employer may withdraw the job offer.

Sources:
https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act

https://askjan.org/blogs/jan/2020/03/the-ada-and-managing-reasonable-accommodation-requests-from-employees-with-disabilities-in-response-to-covid-19.cfm

https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws

Employee Assistance Program (EAP)
Managing COVID-19 is a new experience for all state employees. Learning to adapt to changes in the work environment and workload, as well as addressing employee concerns, is important. And, once the dust settles, a new normal will start to present itself. This new normalcy can create emotions that have not been recognized or addressed previously. When going back into the work environment, each employee will handle the transition differently. To assist with this transition, please remember that the NC Employee Assistance Program (NC EAP) is available to all state employees.

NC EAP is a state-sponsored benefit program that offers support and resources to address personal or work-related challenges and concerns. <u>Best of all, it's free for you and members of your household and completely confidential.</u> For state agency employees, McLaughlin Young provides this program. Simply call 888-298-3907 to access NC EAP. An employee assistance professional will assess the situation prior to scheduling an appointment to ensure that employees are receiving the most appropriate care.

PART L.
Workers' Compensation
If an employee becomes ill and it is determined to be work-related in accordance with the Workers' Compensation Act, the Workers' Compensation Policy applies. If the employee's illness is determined not to be work-related, the Sick Leave Policy applies. During a communicable disease outbreak, there may be additional leave options available to employees.

State legislation is currently pending that may affect compensability determinations of COVID-19 claims for workers' compensation benefits. This guidance will be updated upon enactment of any pertinent changes in governing state law.

Communications Planning and Execution

Positive, repetitive messaging will help achieve the goal of changes in worksite behavior patterns to better protect everyone at worksites from COVID-19 exposure/ transmission.

Agencies should keep their workforce informed of every stage of reopening the worksite plans as early as appropriate.

All messaging should clearly convey that the agency genuinely cares and is taking proactive measures to promote employee safety.

Be transparent and provide specific details to employees regarding safe worksite reopening expectations and practices in a manner that fully explains the reasoning and value of safety measures being implemented.

Mitigate employee anxieties by recognizing issues, communicating transparently, listening, and ensuring regular responses to concerns.

Positive and repetitive messaging is key.

All messaging should be conveyed to employees returning to the worksite as well as those who are still teleworking and will return later in the reopening the worksite process to eliminate mixed messages.

Use wide range of communications channels: employee portals, email, text messages, video, virtual live events, posters/digital displays, intranet, etc.

Training

Set expectations by providing detailed information before, during, and after return to worksites via training of all employees and managers concerning their role in the agency's newly implemented safety measures and procedures.

Provide employees training regarding COVID-19 prevention strategies using videos or webinars. Only consider in-person training in groups of 10 employees or less if social distancing can be maintained.

Signage

Post COVID-19 prevention messages and information regarding help for employees including Employee Assistance Program (EAP), NC 2-1-1, and Hope4NC Helpline in high traffic areas i.e. main entrances, restroom facilities, elevators, lobbies/reception areas, entrances/exits, hallways, etc. (OSHR has created sample signage available at oshr.nc.gov.)

Agencies are encouraged to develop their own original communications materials with customized messaging that will resonate with their employees.

Partner with other state agencies for printing of signage and other COVID-19 related communications materials if needed.

Post special worksite entry instructions at open entrance for employees and visitors to avoid confusion upon reopening the worksite.

Employee FAQs

Prior to reopening the worksite, provide employees with detailed information regarding changes at their worksite and address likely questions including the following topics:
1. Identity and contact information of agency human resources staff serving as worksite COVID-19 Coordinator who will address questions/concerns.
2. How to prepare for the first day back at the worksite.
3. What to expect upon arrival at the worksite:
   a. New worksite entrance protocols for employees/visitors/vendors/ contractors.
   b. Detailed process for completion of daily written employee COVID-19 self-health assessment or other screening.
   c. What personal protective equipment (PPE) will be provided and what may employees also use if desired.
   d. What amenities will and will not be available i.e. food, beverages, snack bar facilities, vending machines, common area with refrigerator, microwave, coffee machine, etc.

     e.   Instructions on bringing office equipment back into workplace and sanitization requirements.

     f.   Changes to work environment especially reassignment of workstations, repurposing of specific spaces, shared worked spaces, etc.

     g. New rules/procedures related to work duties.

     h. New rules related to common areas.

4. Modifications to internal and external meeting protocols, hosting of events, visitor access.
5. Applicable policies regarding leave in case of COVID-19 symptoms or sickness.
6. Response process to employees exhibiting COVID-19 symptoms at worksite.
7. Response process for agency notification of COVID-19 positive employee.

These FAQs should be updated as needed throughout the worksite reopening process.

Sample Employee FAQs are available at oshr.nc.gov.

Supervisor/Manager FAQs

Prior to worksite reopening, provide supervisors/managers with information regarding likely employee questions related to the process.

Supervisors/Managers should be familiar with Employee FAQs prior to reopening worksites.

These FAQs should be updated as needed throughout the reopening the worksite process.

Sample Supervisor/Manager FAQs are available at oshr.nc.gov.

III. Applicable Governor's Executive Orders

EO 121 Issued March 27, 2020
https://files.nc.gov/governor/documents/files/EO121-Stay-at-Home-Order-3.pdf

EO 131 Issued April 9, 2020
https://files.nc.gov/governor/documents/files/EO131-Retail-Long-Term-Care-Unemployment-Insurance.pdf

EO 135 Issued April 23, 2020
https://files.nc.gov/governor/documents/files/EO135-Extensions.pdf

EO 138 Issued May 5, 2020
https://files.nc.gov/governor/documents/files/EO138-Phase-1.pdf

IV. Applicable OSHR Policies – https://oshr.nc.gov/policies
Communicable Disease Emergency Policy (most recently updated version)
Employee Assistance Program
Reasonable Accommodation
Reduction-In-Force Policy
Unemployment Insurance
Workers' Compensation

COVID-19 Research References

A. CDC Guidance
For businesses
Businesses and Workplaces Plan, Prepare, and Respond
https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission
https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf

Public Health Recommendations for Community-Related Exposure
https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html

Cleaning and Disinfecting Your Facility Everyday Steps, Steps When Someone is Sick, and Considerations for Employers
https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Cleaning and Disinfection for Community Facilities
https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

For individuals
How to Protect Yourself & Others
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

Prevent the spread of COVID-19 if you are sick
https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.
pdf

Symptoms of Coronavirus
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

What to Do If You Are Sick
https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

People Who Need to Take Extra Precautions
https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html

People Who Are at Higher Risk for Severe Illness
https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-
risk.html

Social Distancing, Quarantine, and Isolation
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

Caring for Someone Sick at Home or other non-healthcare settings
https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html

Reopening businesses
**Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces,
Businesses, Schools, and Homes**
https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

**Guidance For Cleaning & Disinfecting Public Spaces, Workplaces, Businesses,
Schools, And Homes – Decision Tool**
https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_
Cleaning_Disinfection_Decision_Tool.pdf

**Guidance For Cleaning And Disinfecting Public Spaces, Workplaces, Businesses,
Schools, And Homes**
https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_
Guidance.pdf

B. NC DHHS Guidance
COVID-19: Businesses and Employers
https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-
response-north-carolina/businesses-employers

Phase 1 – Easing of Restrictions
https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#phase-1-
easing-of-restrictions
    What Phase One Means for North Carolina
    FAQs on Cloth Face Coverings
    Know Your Ws
    Maximum Occupancy
    Symptom Screening Checklist

Interim Guidance for Owners, Staff, and Patrons of Businesses – May 6, 2020
https://files.nc.gov/ncdhhs/documents/files/covid-19/NCDHHS-Interim-Guidance-for-
Businesses.pdf

NCDEQ Demystifing Cleaning in the Age of COVID-19 Webinar and Presentation
https://deq.nc.gov/about/divisions/environmental-assistance-and-customer-service/nc-
environmental-stewardship-1

C. Governor's Executive Orders and Reopening Plan
COVID-19 Executive Orders
https://www.nc.gov/covid-19/covid-19-executive-orders

Governor Cooper's 3 Phase Reopening Plan
https://governor.nc.gov/news/governor-extends-stay-home-order-through-may-8-plans-
three-phase-lifting-restrictions-based

D. OSHA Guidance
Guidance on Preparing Workplaces for COVID-19
https://www.osha.gov/Publications/OSHA3990.pdf

Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus
https://www.osha.gov/Publications/OSHA3994.pdf

E. FEMA Guidance

Coronavirus (COVID-19) Pandemic: Addressing PPE Needs in Non-Healthcare Setting

https://www.fema.gov/news-release/2020/04/22/coronavirus-covid-19-pandemic-addressing-ppe-needs-non-healthcare-setting

F. U.S. EEOC Guidance

Pandemic Preparedness in the Workplace and the Americans with Disabilities Act

https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act

What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws

https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws

THE ADA AND MANAGING REASONABLE ACCOMMODATION REQUESTS FROM EMPLOYEES WITH DISABILITIES IN RESPONSE TO COVID-19

https://askjan.org/blogs/jan/2020/03/the-ada-and-managing-reasonable-accommodation-requests-from-employees-with-disabilities-in-response-to-covid-19.cfm

G. UNC School of Government

Coronavirus/COVID-19 Resources

https://www.sog.unc.edu/resources/microsites/coronavirus-covid-19/nc-county-covid-work-policies

Coates' Canons: NC Local Government Law

https://canons.sog.unc.edu/

Email Template for General Worksite Notification of COVID-19 Positive Employee

Memorandum

TO:
FROM:
RE: Notification of COVID-19 positive test at AGENCY/LOCATION
DATE:

On **DATE, AGENCY** was notified that an employee has tested positive for COVID-19. The employee is based at **FACILITY/LOCATION** and was last in the building on DATE.

The health and safety of our workforce is our top priority.

State and/or local public health officials will work with the employee to identify anyone with whom they were in close contact while in FACILITY/LOCATION. Those individuals will be notified directly by State and/or local public health officials and provided medical information as soon as possible.

Medical privacy laws impose strict confidentiality requirements regarding communicable disease information; as such, please refrain from discussing or speculating about who may be infected or exposed.

Workspaces utilized by this employee will be thoroughly cleaned in accordance with CDC Guidance. If you are asked to temporarily vacate your usual workspace, please limit items you take with you as the virus can remain active on surfaces for an extended period.

Please continue to be vigilant about hygiene controls, including: not coming to work if you are sick, coughing or sneezing into your sleeve or a tissue, hand sanitizing, wearing a face covering that covers the nose and mouth, and maintaining social distance of at least six feet from other people.

If you are sick or have other leave concerns, please contact **NAME** in Human Resources for information about available leave options. For additional COVID-19 information and resources, please visit the N.C. Department of Health and Human Services website at www.ncdhhs.gov/coroniavirus.

On behalf of **AGENCY HEAD**, thank you for your patience and understanding as we work through this situation. If you know the individual who tested positive for COVID-19, please respect that person's privacy, as required by the Americans with Disabilities Act, and with compassion for the well-being of our colleague, their family and friends, and the greater community.

If you are feeling anxious about COVID-19, the State of North Carolina provides the Employee Assistance Program (EAP) as part of the benefits program available to state employees*. EAP offers the support and resources you need to address personal or work-related challenges and concerns. It is free for you and members of your household and completely confidential.

We appreciate your continued commitment to meeting your work responsibilities during this unprecedented public health emergency as **AGENCY** strives to meet our mission to serve the people of North Carolina.

Note: Judicial Branch employees use Deer Oaks and UNC System employees use ComPsych.

This form is subject to change upon issuance of new or updated federal or state guidance.
Please check dhhs.nc.gov/coronavirus for updates.

Non-Health Care Employee Symptom Screening Checklist

Anyone showing symptoms of COVID-19 or who may
have been exposed to COVID-19 should not be at the worksite.

1. **Have you had close contact (within 6 feet for at least 10 minutes) in the last 14 days with someone diagnosed with COVID-19 or has any health department been in contact with you and advised you to quarantine?**
   - ❏ Yes
     - ➢ The employee should not work. The employee can return to work 14 days after the last time they had close contact with someone with COVID-19.
   - ❏ No
     - ➢ The employee can work if they are not experiencing symptoms.

2. **Since you last worked, have you had any of these symptoms?**
   - ❏ Fever
   - ❏ Chills
   - ❏ Shortness of breath or difficulty breathing
   - ❏ New cough
   - ❏ New loss of taste or smell

If an employee has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

- -

If an employee has been diagnosed with COVID-19 or
has had symptoms recently, they should not work.

- -

If an employee is diagnosed with COVID-19 based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should stay at home.

An employee can return to work when they can answer YES to ALL three questions:
- ❏ Has it been at least 10 days since you first had symptoms?
- ❏ Has it been at least 3 days since you've had a fever (without using fever reducing medicine)?
- ❏ Has it been at least 3 days since your symptoms have improved, including cough and shortness of breath?

If an employee has had a negative COVID-19 test, they can return to work once they have no fever without the use of fever-reducing medicines and have felt well for 24 hours.

The employee can return to work without meeting the above criteria and without a negative COVID-19 test result IF they have a doctor's note allowing them to return to work.
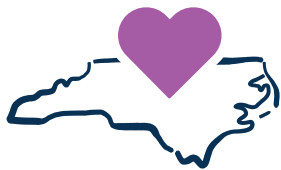
Staying apart brings us together.
Protect your family and neighbors.

#StayStrongNC   **Learn more at nc.gov/covid19.**

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

This form is subject to change upon issuance of new or updated federal or state guidance.
Please check dhhs.nc.gov/coronavirus for updates.

May 6, 2020

COVID-19:
What to Do If You Feel Sick

1. Stay home and call your doctor, if needed.

Most people who get COVID-19 will recover without needing medical care. The Centers for Disease Control and Prevention (CDC) recommends that you stay home if you have mild symptoms – such as fever and cough without shortness of breath or difficulty breathing. You can call your doctor to see if you need medical care.

Some people are at **higher risk** of getting very sick with COVID-19. People at higher risk should call their doctor if they develop symptoms of fever or cough. You are at higher risk if you:

- Are 65 years and older
- Live in a nursing home or long-term care facility
- Have a high-risk condition that includes:
    - Chronic lung disease or moderate to severe asthma
    - Heart disease with complications
    - Compromised immune system
    - Severe obesity — body mass index (BMI) of 40 or higher
    - Other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure or liver disease

People who are pregnant should be monitored since they are known to be at risk for severe viral illness. However, to date, data on COVID-19 has not shown increased risk for severe illness.

Call your doctor or 911 right away if you have:

- Shortness of breath
- Difficulty breathing
- Chest pain or pressure
- Confusion
- Blue lips

Most people do not need a test.

When you leave your home to get tested, you could expose yourself to COVID-19 if you do not already have it. If you do have COVID-19, you can give it to someone else, including people who are high risk.

Your doctor can help you decide if you need a test. There is no treatment for COVID-19. For people with mild symptoms who don't need medical care, getting a test will not change what you or your doctor do.

Testing is most important for people who are seriously ill, in the hospital, people in high-risk settings like nursing homes or long-term care facilities, and healthcare workers and other first responders who are caring for those with COVID-19.

2. Isolate yourself.

If you are sick with COVID-19 or believe you might have it, you should stay home and separate yourself from other people in the home as much as possible.

When can I go back to my normal activities?

You can stop isolating yourself when you answer YES to ALL three questions:

✓ 1. Has it been at least 10 days since you first had symptoms?

✓ 2. Have you been without fever for three days (72 hours) without any medicine for fever?

✓ 3. Are your other symptoms improved?

Call your doctor if your symptoms are getting worse or you have any concerns about your health.

What if I'm not sure if I have COVID-19?

If you have fever and cough and other symptoms of respiratory illness, even if it is not from COVID-19, you should isolate yourself as if you have COVID-19. This will reduce the risk of making the people around you sick.

What should my family members do?

Anyone in your household or others who have been in close contact with you should stay home for 14 days as much as possible and monitor themselves for symptoms. Close contact means within six feet for at least 10 minutes. If they start having symptoms of COVID-19, they should take the same steps to prevent spreading it.

Family members who are healthcare workers, first responders, or others who are needed to respond to the COVID-19 pandemic should review CDC guidance and check with their employers about when to return to work.

3. Stay informed.

- Visit ncdhhs.gov/coronavirus for information from the NC Department of Health and Human Services.
- Text COVIDNC to 898-211 to get text updates.
- Find out more information on what to do if you are sick at cdc.gov/coronavirus.

NC Department of Health and Human Services
www.ncdhhs.gov | NCDHHS is an equal opportunity
employer and provider. | 5/20

Frequently Asked Questions (FAQs) Mandatory Wearing of Face Coverings at NCEM Facilities During COVID-19 – 6 May 2020

North Carolina Department of Public Safety

Emergency Management

Roy Cooper, Governor
Erik A. Hooks, Secretary

Michael A. Sprayberry, Executive Director

**FREQUENTLY ASKED QUESTIONS (FAQs)
MANDATORY WEARING OF FACE COVERINGS AT
NCEM FACILITIES DURING COVID-19**
6 May 2020

WHEN DO I HAVE TO WEAR A MASK?

Face masks shall be worn when:
- Traveling to/from vehicle and building and where social distancing of 6 feet or greater cannot be maintained
- In common areas (hallways, restrooms, AAFES, etc.)
- In an office, breakout room, meeting room, or training room where two or more are gathered and where 6 feet or greater cannot be maintained for social distancing

WHAT BUILDINGS MUST I WEAR A MASK IN?

You must wear a face mask using above guidelines in the following buildings:
- State Emergency Operations Center/Joint Force Headquarters ground floor and first floor
- Claude T. Bowers Building
- NCEM operated or supported warehouses
- NCEM Regional Coordination Centers
- Any established Joint Field Office, Disaster Recovery Center, or other Recovery site
- Any other facility where mandated by the facility manager/owner

WHEN DOES THIS START AND END?

This requirement is effective as of May 4, 2020 and shall remain in effect until rescinded by the SERT Leader.

HOW DOES MY FACILITY OBTAIN MASKS?

The SEOC and Bowers building supplies are being provided via NCEM Logistics direct. All other facilities should enter resource requests in SPARTA to Logistics if needed.

CAN I WEAR MY OWN MASK? DOES IT HAVE TO BE A MEDICAL MASK?

You can wear your own non-medical cloth mask if you like as long as it is in good taste and any designs, graphics, or logos present a professional manner acceptable to the general public.

WHAT IF I HAVE FURTHER QUESTIONS?

If you have further questions, please ask your direct supervisor or your activation SERT Functional Lead.

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