

NOVEL CORONAVIRUS (COVID-19) COMMUNITY PARTNER WORKSHEET



All organizations need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace and represented communities in the event of an outbreak.

Objectives to Consider:

(a) protecting the community by reducing transmission (b) maintaining operations

INFECTIOUS DISEASE PLANS

- Do you have an Infectious Disease Outbreak Response plan/policy/procedure?
 - Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- Do you have a policy/plan/procedure for how you will communicate internally to staff about COVID-19?
 - Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- Do you have policies in place for flexible work hours, flexible worksites or telecommute capabilities for staff?
 - Ideally, you can use these practices to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Do you have policies/plans/procedures in place to actively encourage sick employees to stay home?
 - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). From CDC.
- Do you have policies/plans/procedures emphasizing respiratory etiquette and hand hygiene by all employees?
 - Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
 - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
 - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
- Do you have staff that perform routine environmental cleaning?
 - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.

- Do you have policies/plans/procedures in place related to staff or student absenteeism?
 - In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school.
- For Healthcare agencies specifically: Have you incorporated CDC guidance on COVID-19 into intake procedures, infectious disease protocols, etc?

CONTINUITY OF OPERATIONS PLANNING

- Do you have an updated Continuity of Operations Plan (COOP) ?
 - Identifying your mission essential functions is a key component of business continuity planning. As is identify which staff will be assigned to those functions, which staff can be reassigned, and which operational elements of your organizations can be put on hold and for how long.
- Have you identified possibly supply chain issues due to the outbreaks overseas?
 - Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations.
 - Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
- Do you have policies/plans/procedures to continue your essential business functions in case you experience higher than usual absenteeism rates?
 - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
 - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).
- For Healthcare agencies specifically: Do you have a policy/plan/procedure for optimization of PPE inventory?
 - Cases of COVID-19 are being reported in China as well as other countries. Given decreases in exports from select countries (e.g., China, India, Taiwan) and increases in demand due to the outbreak, manufacturers of select types of PPE are reporting increased volume of orders and challenges in meeting order demands.

COUNTY WIDE EMERGENCY OPERATIONS PLANNING

- Are you actively involved in countywide emergency operations planning initiatives?
- Do you feel connected to the appropriate individuals in County Emergency Management and your Local Health Department?

Do you understand your role in the County Emergency Operations Plan and the Emergency Support Function 8 Plan?



QUICK GUIDE TO COVID-19 TERMINOLOGY:

Symptoms compatible with COVID-19 infection include subjective or measured fever, cough, or difficulty breathing.

Self-observation means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.

Self-monitoring with public health supervision means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. CDC recommends that health departments establish initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing, and as resources allow, check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers' final destinations.

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Public health orders are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release.

Isolation means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

Controlled travel involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

Congregate settings are public places where close contact with others may occur. Congregate settings include settings such as shopping centers, movie theaters, stadiums, workplaces, and schools and other classroom settings.

Social distancing means remaining out of congregated settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet) from others. If social distancing is recommended, presence in congregated settings or use of local public transportation should only occur with approval of local or state health authorities.

Person Under Investigation (PUI) refers to persons who have met the CDC criteria of a suspected case. PUIs are tested by specific laboratories and remain in the classification while their results are pending.

Monitored Traveler refers to persons who are undergoing monitoring by public health agencies for possible COVID-19 infection, but are not showing symptoms of the disease.

Confirmed Case: refers to persons who have been tested for COVID-19 and whose laboratory results have confirmed infection.

NON-PHARMACEUTICAL INTERVENTIONS BASICS



Non-Pharmaceutical Interventions (NPIs) are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses. NPIs are also known as community mitigation strategies. When a new virus spreads among people, causing illness worldwide, it is called a pandemic. Because a pandemic virus is new, the human population has little or no immunity against it. This allows the virus to spread quickly from person to person worldwide. NPIs are among the best ways of controlling pandemics when vaccines are not yet available.

Personal

- Voluntary home isolation (staying home when ill)
- Respiratory etiquette (covering coughs and sneezes)
- Hand hygiene (washing hands with soap and water or use of alcohol-based hand sanitizer when soap and water are not available)



Personal Hygiene Practices

Environmental

- Routine surface cleaning of frequently touched surfaces and objects (e.g., tables, door knobs, toys, desks, and computer keyboards)



Environmental Cleaning Practices

Community

- Voluntary home quarantine (household members of ill persons stay home for a period of time and then remain home if they become ill)
- School closures and dismissals
- Mass gathering modifications, postponements, or cancellations
- Other social distancing measures (e.g., offering telecommuting in workplaces or seating students further apart in classrooms)



Community Social Distancing Practices

Possible Progression of a Disease Outbreak Response