

COVID-19

CORONAVIRUS
DISEASE

Sustaining Workplace Operations

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Public Health
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Army Public Health

Sustaining Workplace Operations

Background

In response to coronavirus disease (COVID-19) outbreaks, the U.S. Army modified operations around the world to include canceling a number of collective training operations, increasing distance learning, implementing social distancing in the workplace, and maximizing telework.

Consistent with the *National Guidelines for Opening Up America Again*, and as local conditions warrant, the U.S. Army is now actively planning to resume workplace operations to the maximum extent possible.

The *National Guidelines* allow objective assessments of health status and overall preparedness at state and installation levels to follow a phased approach for our Soldiers, Civilians, and contractors to resume operations within the workplace. In the near-term, operations will be different from how they were prior to the pandemic. These changes are in place to help protect the workforce while accomplishing the mission.

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) causes COVID-19. It may be spread by infected persons in the absence of symptoms. Even if an infected person is mildly ill, the people they spread it to may become seriously ill or even die; risk of severe disease increases with age (especially over 65) and in individuals with pre-existing health conditions. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Army facilities. SARS-CoV-2 is still circulating in our communities. We should continue to observe practices that protect everyone, most especially those at higher risk for severe illness.

The Department of Defense Instruction (DoDI) 6200.03 “Public Health Emergency Management within the DoD,” and supplements (Force Health Protection and DoDI 6002.03) provide military commanders with policy applicable to the COVID-19 pandemic. Commanders should review and update the health protection condition (HPCON) based on the risk level in the local community and in conjunction with local, state, or host nation guidance.

Commanders and public health personnel use HPCON levels to guide specific actions that can be taken in response to health threats. While it is always important to prevent the spread of infectious agents, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies. Installation Commanders and Public Health staff are encouraged to adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all personnel on their installations.

Purpose

The purpose of this document is to provide public health guidance for mitigating the risk of transmission of SARS-CoV-2 on Army installations when resuming workplace operations. This document will serve as the framework for future Annexes covering specific work locations/activities such as Administrative, Industrial, Food, and Childcare Services.

Roles and Responsibilities

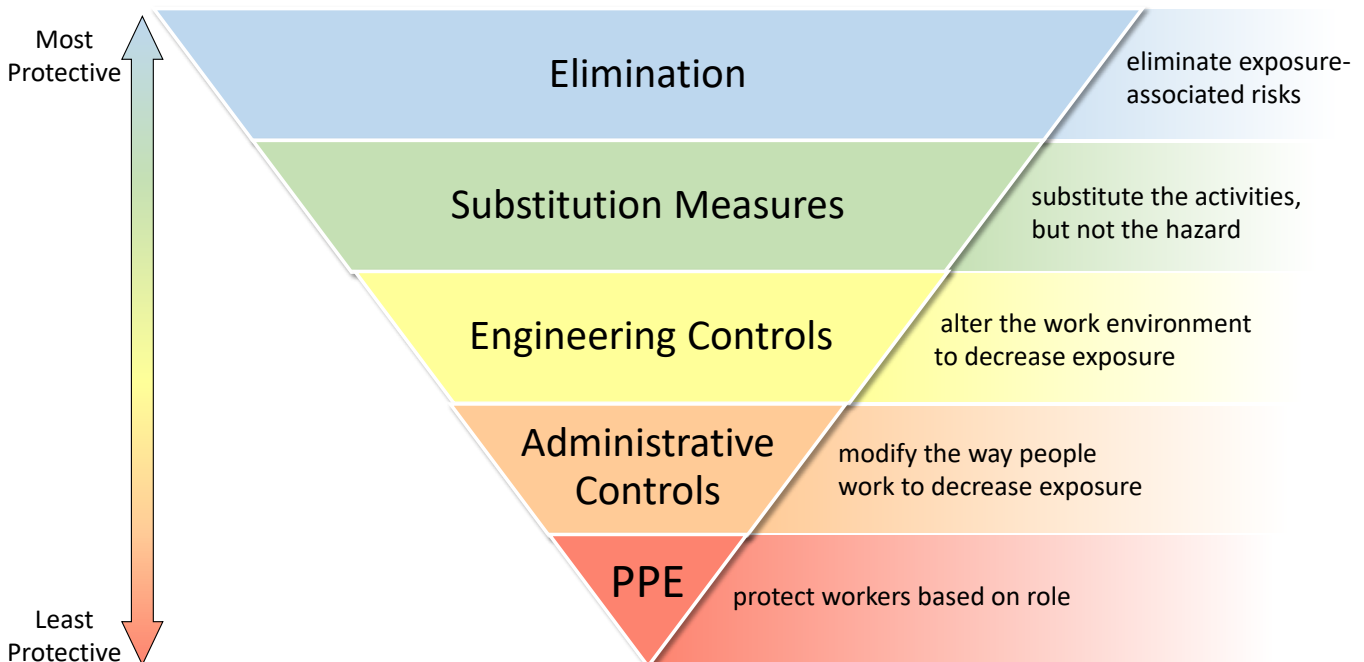
- It is strongly recommended that Army Leaders at all levels take the following actions:
 - » Implement risk reduction measures to protect the workforce while the Army adapts to conducting operations in a persistent COVID-19 environment. As restrictions are reduced in accordance with the Administration’s plan for Opening Up America Again and the Army’s transition framework, Leaders should provide a safe environment for the Army workforce and their Families.
 - » Assess the operational environment and follow the principles of risk management to include deliberate and real-time risk assessments.
 - » Make every effort to identify all Army workers and their Families who are at higher risk for serious complications from COVID-19, to assess risk levels, and to implement appropriate risk reduction controls.
 - » Monitor Army work force closely, and ask work force to report if anyone in their household has developed any COVID-19 symptoms. Individuals should self-quarantine for 14 days if they have known exposure to a confirmed COVID-19 positive individual.

- » Develop and implement policies and procedures for contact tracing following a positive COVID-19 test.
- » Do not allow COVID-19 positive individuals to return to work until cleared by a medical provider, per organizational guidelines.
- » Continue to identify, mitigate, and control risks to Army workforce and their Families until their installation assumes Opening Up America Again Phase Three conditions or reaches HPCON 0.
- APHC provides public health guidance for all Army environments and activities.
- Regional Health Commands and Public Health Commands coordinate with Defense Health Agency to optimize medical treatment facilities' response to the COVID-19 pandemic.
- Installation Departments of Public Health adopt engineering controls (including healthy building strategies), administrative controls (including safe work practices); and personal protective equipment (PPE) use to mitigate the impacts of the COVID-19 pandemic.
- Installation Commanders, in consultation with Public Health Emergency Officers (PHEOs) and Installation Public Health Departments, assign HPCON postures and activate the public health response. Command Surgeons ensure widest dissemination and full adherence to public health measures to reduce risk of COVID-19 in all Army populations.

Implement Workplace Controls

Public Health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. The best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate or substitute the hazard, we refocused these protective measures on controlling the workforce population. The remaining protection measures are (listed from most effective to least effective): engineering controls, administrative controls (including safe work practices), and personal protective equipment (PPE). There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. Oftentimes, a combination of control measures will be necessary to protect the Army workforce and Families on military installations from disease. For additional information on controls that can be implemented in the workplace, please see <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

COVID-19 Hierarchy of Controls for Workplace Operations



Adapted from NIOSH Hierarchy of Controls

Elimination

Elimination of disease transmission risk will require the development and broad distribution of an effective vaccine. For the COVID-19 pandemic, elimination of exposure can be achieved by requiring all workers to telework, canceling all travel and other restrictions.

Substitution Measures

Substitution traditionally replaces the hazard with a less hazardous item or substance. In regards to the current COVID-19 pandemic, substitution is the ability to substitute the activities but not the hazard. For the COVID-19 pandemic, an example of substitution is only having essential personnel on-site to perform required missions, while keeping the rest of the workforce in telework status.

Engineering Controls and Healthy Building Strategies

Engineering controls involve reducing or removing hazards from the workplace. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solutions to implement. Engineering controls for reducing risk of SARS-CoV-2 transmission include:

- Installing highest-efficiency air filters compatible with the heating, ventilation, and air-conditioning (HVAC) system.
- Increasing HVAC system run time in the work environment. (This may include ventilation system changes to accommodate varying occupant schedules.)
- Maximizing outdoor air ventilation rate.
- Ensure HVAC continues to be properly maintained.
- Installing physical barriers where appropriate.
- Installing touchless systems where feasible.
- Providing specialized negative pressure ventilation in some settings, such as for aerosol-generating procedures.
- Evaluating water systems and overall water quality to ensure palatable water and prevention of waterborne illnesses, such as legionella. This is an increased concern when water systems are under used.

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Maintaining social distancing (e.g., staying six feet apart) is the primary administrative control for SARS-CoV-2. Examples of administrative controls for reducing risk of SARS-CoV-2 transmission include:

- Requiring sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Staggering arrival and departure times.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks.
- Developing emergency communications plans, including a forum for answering workers' concerns.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of face coverings).
- Implementing cleaning and disinfection protocols.
- Training workers using PPE on proper use (i.e., donning and doffing). This training needs to be specific to their current duties and PPE requirements; if duties or PPE requirements change, training should be updated. Training

material should be easy to understand and available in the appropriate language and literacy level for all workers. The APHC provides reference information on its website: <https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/default.aspx>

- Protecting the Army workforce and their Families who are at higher risk for serious complications from COVID-19. This would include workplace schedule modifications such as continued telework and staggered schedules.
 - » **Risk Factors for Severe Illness from COVID-19.** The Centers for Disease Control and Prevention (CDC) has identified several factors which pose increased risk for hospitalization and life-threatening complications:
 - **Older Adults.** Individuals who are 65 and older.
 - **Underlying Health Conditions.** Individuals with serious heart conditions, hypertension, diabetes, moderate-to-severe asthma, cancer, chronic lung disease, kidney conditions requiring dialysis, and liver disease.
 - **Compromised Immune Systems.** Individuals with uncontrolled Human Immunodeficiency Virus, genetic conditions, and patients undergoing chemotherapy or other immune suppressing treatments.
 - **Body Mass Index (BMI).** Individuals with a BMI greater than 40.

Additional information on high risk populations can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

Administrative Controls: Safe Work Practices

Safe work practices are administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Work area spacing to promote social distancing, alternate/staggered work schedules, virtual meetings in lieu of in-person meetings, and banning social activities in the workplace.
- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trashcans, hand soap, hand sanitizers containing at least 60% alcohol, disinfectants, and disposable towels for workers to clean work surfaces.
- Requiring regular hand washing or use of hand sanitizers containing at least 60% alcohol. Workers should always wash hands when they are visibly soiled and after removing any face coverings or PPE.
- Posting signage that outlines proper handwashing, social distancing, reduces congregating in common areas, traffic flow, and use of face coverings or PPE in appropriate areas of the building.
- Providing call-in or online orders and quick pick-up options for food to-go orders in buildings that have cafeterias. Workers should follow social distancing in cafeteria areas.

Administrative Controls: Face Covering

A face covering reduces the risk of asymptomatic infected persons spreading droplets into their immediate environment (“My cover protects you; Your cover protects me”), but does not protect wearer from inhaling particles, is not respiratory protection, and should not be considered PPE. The face coverings recommended are not PPE, surgical masks or N-95 respirators. Surgical masks and N-95 filtering face pieces are critical supplies that should continue to be reserved for healthcare personnel and other medical first responders, as recommended by current CDC and DOD guidance.

The CDC recommends wearing face coverings in public settings where social distancing measures are difficult to maintain, especially in areas of significant community-based transmission. The Army workforce and their Families are strongly encouraged to follow APHC guidelines <https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/FaceCoverings.aspx> on the use of face coverings in public settings or where other social distancing measures are difficult to maintain.

As per the Secretary of Defense Memo “Department of Defense Guidance on the Use of Cloth Face Coverings”, dated 05 APR 20, all individuals on Department of Defense (DOD) property, installations, and facilities are required to wear face coverings when they cannot maintain 6 feet of social distance in public areas or work centers.

Face coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

It is strongly recommended that face coverings should be washed after each day's use.

Administrative Controls: Cleaning and Disinfecting Procedures

Cleaning and disinfection are applied in succession to remove particles from surfaces and to kill the germs on those surfaces. Soap has been shown to be effective in damaging the viral envelope of SARS-CoV-2 and, therefore, it is an important step in the cleaning process. Surfaces that are commonly touched by many individuals should be routinely cleaned and disinfected.

- High-touch surfaces are identified as follows in these rooms/settings:
 - » Common Office Spaces: light switches; doorknobs; fax/printer/copier covers, keyboard, touchscreens, and paper drawers; trash containers and recycling bins; mailboxes; as well as common area implements such as paper cutters, hole punches, and staplers
 - » Conference Rooms: tabletop; chair backs and armrests; spider/conference phone and cords; computer keyboard, mouse, and screen; remote controls; whiteboard markers
 - » Kitchens: refrigerator sides and handles, water fixtures, light switches, microwave surfaces and controls, toaster/toaster oven surfaces and controls, tabletops, chair backs and armrests, sink fixtures and countertops, trash container, recycling bin
 - » Restrooms: water fixtures, towel dispensers, soap dispensers, countertops, stall doors, handles, hand rails, toilet handles, shower fixtures and doors, shower walls/floor, trash container
 - » Access/Traverse Areas: exterior door handles, bannisters, elevator controls and doors; window lifts and sash locks; blind pulls/cords
 - » Individual Office Areas: light switches, keyboards, phones, computer screens, mouse, chair armrest, as well as desk/file cabinet drawers and handles

Frequently touched hard surfaces should be cleaned and disinfected at least once per day. Use a household cleaning agent to clean surfaces followed by a household disinfecting spray or wipe according to label instructions. A U.S. Environmental Protection Agency (EPA)-registered household disinfectant is recommended from EPA's List N <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. The list contains over 300 products; if unable to find a listed product, alternate products may be used that have an EPA registration number and list human coronavirus as a target pathogen. Follow the label directions for safe, effective use, including allowing for the desired contact time, which is the amount of time the surface should be visibly wet (many have contact times of 5 or 10 minutes). Some products require the treated surface to be rinsed or wiped using clean water after the appropriate contact time has been achieved in order to remove any remaining chemical residual. Most EPA List N products have active ingredients of sodium hypochlorite (bleach), hydrogen peroxide, or quaternary ammonium.

A bleach solution is also effective against SARS-CoV-2 when properly diluted. Bleach solution needs to be made daily. Use unexpired 5-6% household bleach and prepare a solution with a minimum concentration of 1,000 parts per million (ppm) free available chlorine. To make the solution, mix 5 tablespoons (1/3 cup) of 5-6% bleach per gallon of water, OR mix 4 teaspoons 5-6% bleach per quart of water. The wet contact time required to achieve adequate disinfection is 1 minute. Follow with a clean water rinse. [NOTE: Following the solution preparation instructions presented on the bleach label will yield a significantly higher concentration that is unnecessary for general disinfecting tasks outside of a medical facility; 1000 ppm is the minimum concentration that is effective for killing the coronavirus.]

Follow the manufacturer's directions for cleaning and disinfecting electronics. In the absence of specific guidance, use alcohol-based wipes or sprays containing at least 70% alcohol.

For additional porous materials such as carpets, upholstery, fabrics, and curtains, clean with soap and water (or cleaners appropriate for use on these surfaces such as steam cleaning solutions). Steam cleaning or standard laundry processes using hot water or heated drying will effectively destroy bacteria and viruses from fabrics. Carpets and upholstered surfaces that cannot be steamed cleaned should be treated/sprayed with an EPA-registered household disinfectant that will not impact/alter fabrics. Follow routine cleaning schedules for these areas.

Administrative Controls: Waste Collection and Removal

Remove trash (solid waste) from rooms on a daily basis. Store all trash in bags within rigid containers. Pull the entire bag (not just contents) at the time of trash collection and replace with a new, empty bag. Knot or tie the bag containing waste before placement in central collection points such as totes or dumpsters. Dispose as regular trash.

Personal Protective Equipment

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE is often also needed to control certain exposures for people who work in specific roles and work environments. While correctly using PPE can help control some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, surgical masks, and respirators, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of the infectious agent. The APHC regularly updates its guidance on recommended PPE and distributes information through various channels (e.g., social media, website content, educational materials, Office of The Surgeon General/U.S. Army Medical Command (OTSG/MEDCOM) Fragmentary Orders and additional Headquarters, Department of the Army channels).

All types of PPE should be:

- » Selected based upon the hazard to the worker.
- » Properly fitted and periodically refitted, as applicable (e.g., respirators).
- » Consistently and properly worn when required.
- » Regularly inspected, maintained, and replaced, as necessary.
- » Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

The Federal Government is obligated to provide its employees with required PPE if needed to keep the employee safe while performing their job duties. Face covers are **not** PPE. The types of PPE required during a COVID-19 outbreak should be based both on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to other exposures. Examples of positions that are provided PPE by the Federal Government, for COVID-19 tasks are medical and dental personnel and first responders. As face covers are **not** PPE, the Federal Government is not obligated to provide them to its employees.

For the duration of the COVID-19 crisis, the US Army OTSG/MEDCOM Exception to Policy (ETP) Memo 20-21 specifically waives the responsibility of the employer to ensure that any worker voluntarily using a filtering facepiece respirator be included in the installation's Respiratory Protection Program (no requirement for a medical clearance exam, fit testing, and recordkeeping). Additionally, this ETP establishes the requirement that the employer, through the workplace supervisor, remains responsible for ensuring that personnel who are voluntarily wearing a filtering facepiece respirator and who begin experiencing respiratory difficulty, cease use of the respirator and be medically evaluated by occupational health.