

**City of Reading
COVID-19 Preparedness and Response Plan**



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INTRODUCTION

In order to respond to the novel coronavirus (“COVID-19”) and to comply with relevant state and local orders related to COVID-19, the City of Reading has prepared the following COVID-19 Preparedness and Response Plan (“Plan”). This Plan may be updated as this situation evolves or as state or local orders related to COVID-19 are issued or amended.

I. GENERAL OVERVIEW

The following COVID-19 Preparedness and Response Plan has been established for the City of Reading in accordance with the guidance concerning employee safety and health, and all requirements therein are in accordance with *Guidance on Preparing Workplaces for COVID-19*, developed by the Occupational Health and Safety Administration (OSHA) and with the *Emergency Rules for Coronavirus Disease 2019 (COVID-19)* prepared by the Michigan Occupational Safety and Health Administration (MIOSHA) filed with the Michigan Secretary of State on October 14, 2019.

II. BASIC INFECTION PREVENTION MEASURES

Hygiene

Employees are instructed to wash their hands frequently, to cover their coughs and sneezes with tissue, and to avoid touching their faces. Employees will be provided with access to places to frequently wash hands or to access hand sanitizer. Employees will also be provided with access to tissues and to places to properly dispose of them. Signs regarding proper hand washing methods will be posted in all restrooms. Hand shaking is also prohibited to ensure good hand hygiene.

Sick Leave

Employees are permitted to take paid leave as provided for and consistent with all applicable provisions of the Families First Coronavirus Response Act and the City of Reading’s applicable vacation, sick leave, and personal time policies. Any on-site employee who appears to have a respiratory illness may be separated from other employees and sent home.

Remote Work

All employees who are not essential to operations, and whose job duties reasonably allow to them to work from home, will work remotely. All City employees working remotely shall conduct their work in conformity with guidance provided by the City Manager and with applicable City policies and procedures, to the extent possible.

Personal Protective Equipment

The City shall provide and make available to all employees performing in-person work, personal protective equipment (PPE) such as gloves, goggles, face shields, and face masks as appropriate for the activity being performed by the employee. PPE shall be consistently and properly worn when required, shall be regularly inspected, maintained, and replaced, as necessary, and shall be properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

All employees able to medically tolerate a face covering must wear a covering over his or her nose and mouth when in any enclosed public space and/or when interacting within 6 feet of any other individual. Exceptions may apply for employees actively engaged in public safety activities, as permitted in the Michigan Department of Health and Human Services emergency order regarding the wearing of face masks, provided that the employee is performing work in accordance with approved Departmental procedures.

Acceptable examples of cloth face masks include, but are not limited to, bandanas, homemade cloth facemasks, and gaiter scarves. The City will make available cloth face coverings to for use by any employee who notifies the City Manager that they are not able to procure their own cloth face covering.

Social Distancing

Employees are to perform their work in such a way so as to reasonably avoid coming within six feet of other individuals. Where possible, employees may be relocated or provided additional resources in order to avoid shared use of offices, desks, telephones, and tools/equipment. The number of employees permitted in any room shall be limited to ensure social distancing restrictions can be followed. Employees should remain in their assigned work areas as much as possible. Employees will be provided with appropriate personal protective equipment as required and physical barriers may be installed for employees commensurate with their level of risk of exposure to COVID-19 and as appropriate.

Cleaning and Disinfecting

Increased cleaning and disinfecting of surfaces, equipment, and other elements of the work environment will be performed regularly using disinfectant products with EPA-approved emerging viral pathogens claims, to the extent available. Employees will be provided with access to disposable disinfectant wipes, when they are available, so that any commonly used surfaces can be wiped down before each use. In the absence of disinfectant wipes, approved disinfecting sprays and paper towels will be used. In the event that an employee that has been in the workplace in the past 14 days tests positive for COVID-19, a deep cleaning of that person's work station and immediate area will be conducted by custodial staff prior to opening the next business day. All City vehicles should be regularly cleaned pursuant to the procedures attached as Appendix E.

Tools and Equipment

The sharing of tools and equipment (including, but not limited to, desks, telephones, and office equipment) among employees should be avoided as much as possible. Should any sharing of tools be required, employees must disinfect and clean each tool or piece of equipment following their use of same and before any other employee uses the tool or piece of equipment. The City will provide employees with disinfectant wipes and/or other disinfecting products for this purpose.

III. IDENTIFICATION AND ISOLATION OF SICK INDIVIDUALS

Employee Screening Before Entering the Workplace

A sample Employee Entry Screening Questionnaire is attached as Appendix A. The screening questionnaire should be completed by all City employees before entering their workplace. Employees may also be required to comply with any additional screening process required by applicable state or county authorities. If an employee fails any screening process, he or she should be sent home until allowed to return to work under the relevant executive orders or public health orders, which requirements are explained in detail in the Return to Work Plan, attached as Appendix C.

Suspected Cases

An employee will be considered to have a Suspected Case of COVID-19 if:

- They are experiencing any of the following COVID-19 symptoms:
 - Fever;
 - Shortness of breath; and/or
 - Continuous cough.
- OR**
- They are experiencing at least two of the following symptoms:
 - Fever

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat and/or
- New loss of taste or smell
- They have been exposed to a COVID-19 positive person, meaning:
 - An immediate family member has tested positive for or exhibited symptoms of COVID-19; or
 - In the last 14 days, the employee came in close contact with someone who has tested positive for COVID-19.

If an employee believes that he or she qualifies as a Suspected Case (as described above), he or she must:

- Immediately notify their supervisor and/or the City Manager;
- Self-quarantine for 14 days; and
- Seek immediate medical care or advice.

If an employee qualifies as a Suspected Case, then the City will:

- Notify all employees who may have come into close contact (being within approximately six feet for more than 15 minutes) with the employee in the past 14 days (while not disclosing the identity of the employee to ensure the individual's privacy); and
- Ensure that the employee's work area is thoroughly cleaned.

An employee who displays the symptoms of COVID-19 may be asked to obtain a test for COVID-19. The employee shall make a reasonable effort to schedule a test within 3 days after receiving the request to get tested.

Confirmed Cases

An employee will be considered a Confirmed Case of COVID-19 if the employee has been performing in-person operations in the past 14 days and that person tested positive for COVID-19.

If an employee believes that he or she qualifies as a Confirmed Case (as described above), he or she must:

- Immediately notify their supervisor and/or the City Manager of his or her diagnosis; and
- Remain out of the workplace until they are cleared to return to work.

If an employee qualifies as a Confirmed Case, then the City will:

- Within 24 hours, notify the local health department and all employees, contractors, or suppliers who may have come into close contact with the employee (being within approximately six feet for more than 15 minutes) in the past 14 days (while not disclosing the identity of the employee to ensure the individual's privacy);
- Ensure that the entire workplace, or affected parts thereof (depending on employee's presence in the workplace), is thoroughly cleaned and disinfected;
- If necessary, close the work area or workplace, until all necessary cleaning and disinfecting is completed; and

- Communicate with employees about the presence of a confirmed case, the cleaning/disinfecting plans, and when the workplace will reopen.

IV. ADDITIONAL WORKPLACE PROTECTIONS

Engineering Controls

The City will implement the following engineering controls:

- Installing physical barriers, such as clear plastic sneeze guards.
- Installing traffic control markers and barricades (6 feet separation markers on floor, traffic direction markers, roping off to discourage public entering certain areas).
- Providing additional hand sanitizer stations for customer and employee use.

Administrative Controls

The City will review and implement necessary administrative controls as appropriate and has implemented the following administrative controls:

- Limiting customers' and the public's access to the worksite and restricting access to only certain workplace areas.
- Minimize face-to-face contact by providing phone-based communication, tele-meetings and video conferencing, encouraging online, phone or drop box payments for utility bills and other customer payments.
- Posting signs reminding of the symptoms of COVID-19 and appropriate hygiene measures to prevent its spread.

Visitors

No visitors should be allowed in the workplace unless they are deemed essential to address an issue related to critical functions. All visitors entering a City workplace shall be screened prior to entering the workplace. A screening questionnaire should be utilized to decide if the visitor can enter the workplace. A sample Visitor Entry Screening Questionnaire is attached as Appendix B. If a visitor presents with symptoms of COVID-19 or answers yes to any of the screening questions, they should not be allowed into the workplace. All visitors that are permitted to enter the workplace shall wear all appropriate PPE prior to entering the workplace.

The City requires that any member of the public able to medically tolerate a face covering must wear a covering over his or her nose and mouth, such as a scarf, bandana, handkerchief, or homemade mask, while present in any enclosed public space within a City-owned building. An exception applies to those at a polling place for the purpose of voting in an election, as permitted by the Michigan Department of Health and Human Services emergency order related to the wearing of face masks.

Training

The City will coordinate and provide training to employees related to COVID-19. At minimum, the City will provide training as required under state executive orders and the following:

- Workplace infection-control practices.
- The proper use of PPE.
- Routes by which the virus causing COVID-19 is transmitted from person to person.
- Distance that the virus can travel in the air, as well as the time it remains viable in the air and on environmental surfaces.
- Symptoms of COVID-19.
- Steps worker must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.

- Measures that the facility is taking to prevent worker exposure to the virus, as described in this plan.
- Rules that the worker must follow in order to prevent exposure to and spread of the virus.
- The use of personal protective equipment, including the proper steps for putting it on and taking it off.
- How to report unsafe working conditions.

Recordkeeping

The City shall maintain the required recordkeeping under state executive orders, emergency workplace and health orders and state acts.

The following records are required to be maintained:

1. Required employee training.
2. A record of daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.
3. When an employee is identified with a confirmed case of COVID-19, any required notifications that are made.

Workplace Coordinator

The City hereby designates the Department Heads at each worksite to be the Workplace Coordinator. Department Heads will be responsible for maintaining the COVID-19 control strategies developed under this COVID-19 Preparedness and Response Plan for each worksite.

V. EMPLOYEE CLASSIFICATIONS

OSHA has divided job tasks into four exposure levels: very high, high, medium, and lower risk. The City has evaluated employee risk levels and has determined that we have employees in the following risk categories:

- Police Officers, Police Sergeant and Police Chief; Fire Officers and On-Call Firefighters: While performing their daily routine activities the immediate health risk is low.
- All other City Employees: Are considered low risk.

We will implement appropriate protections based on each job classification’s risk level. *See* Appendix G for OSHA’s classification system and How to Protect Workers at Different Classifications.

VI. EMERGENCY COMMUNICATION PLAN

All communications will be directed through the City Manager’s office.

VII. BUSINESS CONTINUITY PLANS

The COVID-19 Workplace Coordinator will: (1) work with management to cross-train employees to perform essential functions so the workplace can operate even if key employees are absent; (2) identify alternate supply chains for critical goods and services in the event of disruption; and (3) develop an emergency communication plan to communicate important messages to employees and constituents.

APPENDIX A

**CITY OF READING
COVID-19 WORKPLACE HEALTH SCREENING QUESTIONNAIRE**

Employee Name: _____

Date: _____ Time: _____

In the past 24 hours, have you experienced:

New or worsening shortness of breath: Yes No
New or worsening cough: Yes No

Or at least two of the following:

Felt feverish Yes No
Chills Yes No
Repeated shaking with chills Yes No
Muscle pain Yes No
Headache Yes No
Sore throat Yes No
New loss of taste or smell Yes No

If you answer “yes” to the symptoms listed above, or if your temperature is 100.4°F or higher, please do not go into work. Self-isolate at home and contact your primary care physician’s office for direction.

- You should isolate at home for a minimum of 7 days from when symptoms first appear.
- You must also have 3 days without fevers and improvement in respiratory systems.

In the past 14 days have you:

Had close contact with an individual diagnosed with COVID-19? Yes No
Traveled internationally or domestically? Yes No

If you answer “yes” to either of these questions, please do not go into work (unless exempt). Self-quarantine at home for 14 days.

APPENDIX B

**CITY OF READING
COVID-19 WORKPLACE VISITOR HEALTH SCREENING QUESTIONNAIRE**

Visitor Name: _____

Person/Office Visiting: _____ Date: _____ Time: _____

Current Temperature: _____ (If 100°F or greater, visitor is not permitted access)

In the past 24 hours, have you experienced:

New or worsening shortness of breath: Yes No

New or worsening cough: Yes No

Or at least two of the following:

Felt feverish Yes No

Chills Yes No

Repeated shaking with chills Yes No

Muscle pain Yes No

Headache Yes No

Sore throat Yes No

New loss of taste or smell Yes No

If the visitor answers “yes” to the symptoms listed above, access is not permitted.

In the past 14 days have you:

Had close contact with an individual diagnosed with COVID-19? Yes No

Traveled internationally? Yes No

If the visitor answers “yes” to either of these questions, access is not permitted.

APPENDIX C

EMPLOYEE RETURN TO WORK PLAN

Consistent with Public Act 238 of 2020, employees who are found to be a Confirmed or Suspected Case of COVID-19, as described herein will only be permitted to return to work under the following circumstances.

Confirmed Cases

An employee who tests positive for COVID-19 or displays one or more of the principal symptoms of COVID-19 (fever, atypical cough, or atypical shortness of breath) will not be permitted to return to work until all of the following conditions are met:

1. If the employee has a fever, 24 hours have passed since the fever has stopped without the use of fever-reducing medications.
2. Ten days have passed since either of the following, whichever is later:
 - a. The date their symptoms first appeared.
 - b. The date the employee received the test that yielded the positive result for COVID-19.
3. The employee's principal symptoms of COVID-19 have improved.

Suspected Cases

Except for those employees described below, an employee who has been in "close contact" (being within six feet for 15 minutes or longer) with an individual who tests positive for COVID-19 or with an individual who displays one or more of the principal symptoms of COVID-19 will not be permitted to return to work until either:

1. 14 days have passed since the last close contact with the sick or symptomatic individual; or
2. The individual with whom the employee had close contact receives a medical determination that they did not have COVID-19 at the time of the close contact with the employee.

*The "close contact" rule does not apply to the following classes of workers: health care professionals; workers at a health care facility (including hospitals, surgical centers, health maintenance organizations, nursing homes, hospice, and veteran's facilities); first responders (e.g., police officers, fire fighters, paramedics); child protective service employees; workers at child caring institutions, as defined in MCL 722.111; workers at adult foster care facilities, as defined in MCL 400.703; and workers at correctional facilities.

APPENDIX D
SIGNS FOR BUILDINGS



ONLY ENTER THIS BUILDING IF YOU:



- Are wearing a mask.
- Are a healthy visitor.
- Have an appointment.
- Are a City employee.



ONLY ONE PERSON INSIDE AT A TIME

- Please wait your turn outside of the building OR
- You may utilize payment drop box on Evans Street.



PRACTICE PROPER HYGIENE

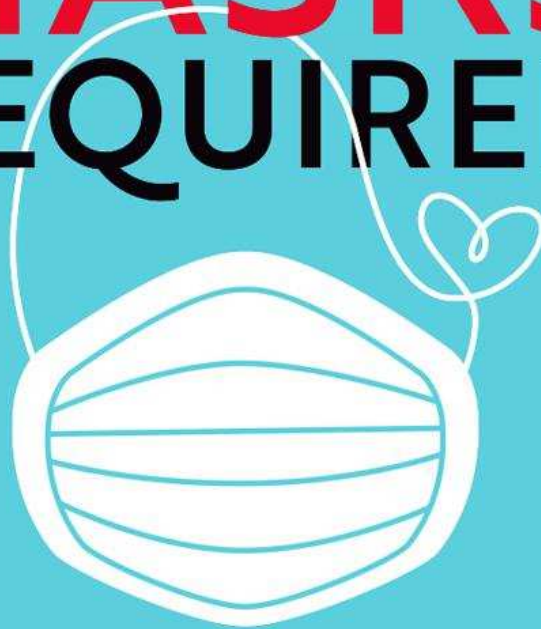
Avoid touching eyes, nose and mouth with unwashed hands. Use hand sanitizer that contains at least 60% alcohol.

More Information:

www.cdc.gov/coronavirus

www.michigan.gov/coronavirus

**FACE
MASKS
REQUIRED**

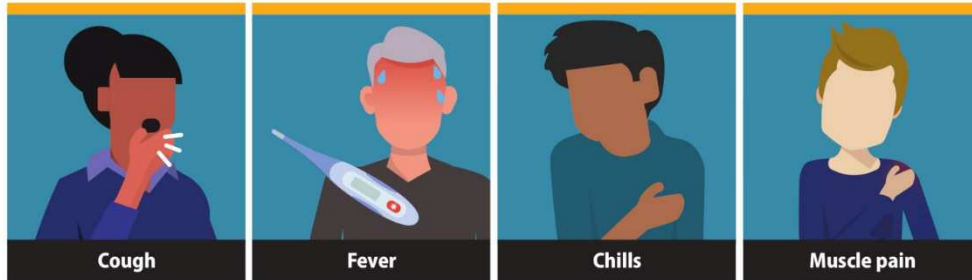


PRIOR TO ENTRY

**THANK YOU FOR HELPING
KEEP THE COMMUNITY SAFE!**

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

3/27/20 @ 10:20 AM

APPENDIX E

VEHICLE SANITATION GUIDELINES

PURPOSE

Proper cleaning and disinfection of city vehicles and equipment is necessary to reduce the bioburden of disease and prevent secondary transmission of a known or unknown highly contagious disease.

Note: All disinfection should use a U.S. Environmental Protection Agency (EPA) registered disinfectant with a label claim for a non-enveloped virus (norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces at appropriate concentration and contact time.

PERSONAL PROTECTIVE EQUIPMENT AND HEALTH

All personnel should wear gloves for decontamination of the vehicle. Maintain doors open during cleaning for ventilation.

DRIVERS COMPARTMENT

Maintain doors open during cleaning. Wipe down the dashboard and console with disinfectant. This is best accomplished by spraying the disinfectant on the towel first and then wiping. Do not spray the disinfectant directly on the dashboard, console, radio, or any other electrical equipment. The dashboard and console should be dust free. Disinfect the steering wheel, door handles, and radio microphone. These areas need special attention due to the amount of use they get. Think about how many different people use the radio, get in the truck with their gloves, on or fail to wash their hands after each call.

Clean all the interior windows.

Clean up any loose trash. There should not be any used gloves or trash in the cab, between the seats, or in the door pockets.

The floorboards should be wiped out with the cleaner if necessary.

Note: If you are debating what needs to be disinfected, think about what your gloved hand or passengers/equipment operators routinely touch. These things should all be wiped down.

Note: Disinfectant should **NOT** be sprayed on any surface and left to dry completely.

EQUIPMENT

There are numerous pieces of equipment that need to be decontaminated on a regular basis.

ADDITIONAL NOTES

Once the program is up and running, the trucks should stay fairly clean. Remember you must replace any equipment used during your shift. Checking and cleaning the truck should be a team effort. Take pride in the unit that you are using, you will be responsible for its condition at the end of your shift.

APPENDIX F
OTHER RESOURCES

Occupational Safety and Health Administration website: www.osha.gov

Centers for Disease Control and Prevention website: www.cdc.gov

National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

Helpful CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

CDC Handwashing Fact Sheet:

<https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>

CDC Fact Sheet and Poster on Preventing the Spread of Germs:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-11x17-en.pdf>

CDC Fact Sheet on What to Do if You Are Sick:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

CDC Poster for Entrance Reminding Employees Not to Enter When Sick:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stayhomefromwork.pdf>

CDC Guidance on Reopening Businesses:

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

APPENDIX G

OSHA GUIDANCE FOR CLASSIFICATIONS

(See OSHA Guidance on Preparing Workplaces for COVID-19, pp 19-25)

Very High Exposure Risk:

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk:

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk:

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population density work environments, some high-volume retail settings).

Lower Exposure Risk (Caution):

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk: What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance in “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2” in OSHA’s Guidance, beginning on page 7, and implement control measures described in this section.

Engineering Controls:

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls:

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment:

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.¹

Jobs Classified as Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance in “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2” in OSHA’s Guidance, beginning on page 7, and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls:

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/ NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.
- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until they are healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers’ and the public’s access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and

¹ Michigan currently requires employers to require that employees wear face coverings when employees cannot consistently maintain six feet of separation from other individuals regardless of classification.

durable type of PPE may be less expensive overall than disposable PPE. Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on page 14 of [OSHA's] booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers.

In workplaces where workers have high or very high exposure risk, employers should follow the guidance in "Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2" in OSHA's Guidance, beginning on page 7, and implement control measures described in this section.

Engineering Controls:

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See "Guidelines for Environmental Infection Control in Healthcare Facilities" for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19
- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) "Biosafety in Microbiological and Biomedical Laboratories" at: https://www.cdc.gov/labs/BMBL.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fbiosafety

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE):

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with [COVID-19], should wear respirators. In these instances, see the PPE section beginning on page 14 of [OSHA's] booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage:

www.osha.gov/covid-19

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website:

www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE. The CDC webpage "Healthcare-associated Infections" (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

APPENDIX H

**CITY OF READING
COVID-19 PREPAREDNESS AND RESPONSE PLAN**

Certification by Responsible Public Official

This is to certify that I have reviewed the City of Reading COVID-19 Preparedness and Response Plan attached hereto and to the best of my knowledge and belief:

1. The plan is consistent with the guidance from U. S. Department of Labor, Occupational Health and Safety Administration publication OSHA 3990-03-2020, Guidance on Preparing Workplaces for COVID -19.
2. The plan is available on the City website at www.reading.mi.us and at each City facility where in-person operations take place during the COVID-19 emergency.

I declare that the foregoing is true and correct.

This update to the COVID-19 Preparedness and Response Plan was formally adopted at the regular meeting of the City of Reading, City Council on Tuesday, _____.

Signature: _____

Name of Official: Kimberly Blythe, City Manager

Date: _____