

## CONSIDERATIONS, CHECKLISTS, AND PROCEDURES FOR OFFICE STAFF

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**BUILDING**  
**PERFORMANCE**  
ASSOCIATION



# COVID-19 FACT SHEET

## NOT EVERYONE EXPOSED TO THE VIRUS SARS-COV-2 WILL CONTRACT COVID-19

As many as half of the people infected with SARS-CoV-2 NEVER develop (or identify) symptoms. As a result, just because you, your co-workers, or your clients have no symptoms, does not mean you are not carrying the virus and are not infectious.

If someone is infected and going to present with symptoms, they usually present within 14 days.

Symptoms include: fever or chills, shortness of breath or difficulty breathing, cough, sore throat, congestion, fatigue, body aches, nausea or vomiting, diarrhea, and loss of taste or smell.

Symptoms differ depending on pre-existing health and age. Older populations experience more respiratory issues while younger, healthier adult populations experience more flu-like symptoms. Children present largely with gastrointestinal symptoms and are disproportionately likely not to be identified as carriers of the virus due to symptom-similarity to a variety of childhood illnesses.

The chances of developing Severe COVID-19 increase with age and presence of pre-existing conditions (including those that are currently undiagnosed).

Active infection is identified by respiratory swab test -- a PCR or "molecular" test that identifies the virus's RNA reproducing in body's cells. These tests can have false negatives -- meaning a person can test negative and still have the virus.

A positive respiratory swab PCR test means active infection and infectiousness. Anyone with a positive PCR test should self-isolate for at least 10 days, despite if they have no symptoms.

Prior infection is identified by testing for IgG antibodies present in the blood. These tests are not effective until 10-14 days after infection and the test itself gives no indication of WHEN the test subject was infected -- only that past infection took place -- and does not imply any future immunity to reinfection.

## SYMPTOMS

SARS-CoV-2 is transmitted primarily via respiratory droplets -- when talking, breathing, eating, laughing, sneezing, singing, etc. -- landing on someone else's mouth, nose or eyes.

Transmission is most likely to occur during close contact: physical contact, close contact (within 6 feet for 10 minutes or more), shared environment (e.g., households, offices and restaurants), shared food and bathrooms, and shared beds.

Without any precautions taken, most active cases of SARS-CoV-2 will infect an average of 2-3 other people. With basic precautions, such as frequent hand-washing, wearing a face covering and physical distancing, that number can be reduced to 1 or less.

A person infected with SARS-CoV-2 starts being infectious 2 days before they first have symptoms (but they may not develop symptoms at all).

Infection lasts at least 10 days and patients are infectious the entire time.

SARS-CoV-2 carriers are determined to be no longer infectious at least 10 days after the onset of symptoms. They also must have improving symptoms and have gone at least 72 hours feverless without the aid of medication.

For those who never develop symptoms, 14 days after a positive respiratory swab PCR test they are considered to be no longer infectious.

If each infected person infects just 2 other people, by the 7th step of infection, over 100 people will be infected and at least 1 person will die. By the 20th step, the number of infected people is over 1 million and the death toll rises to 14,000.

Contact tracing works quickly to inform those who have been in close contact with someone who is COVID+ that there is potential they may be infected. This is important because, on average, there is a 3-day window between the time that Person 1 is infectious and passes the virus to Person 2 and the time Person 2 becomes infectious themselves. If Person 2 can self-isolate before they become infectious, they eliminate the risk of spreading the virus to others.

## TRANSMISSION

## CONTACT TRACING

## TESTING

Check with local health department for recommended procedures

Notify local health officials, staff and clients (if possible) immediately of a possible case while maintaining confidentiality as required by the ADA

Employee's space and any areas the employee may have been in contact with should be closed down for 24 hours

Inform co-workers who may have had close contact with employee and create opportunity to work from home and self-isolate

Send all employees who may have had even minimal contact with infected person for swab PCR testing, if available in your area

Open outside doors and windows, if possible, to increase air circulation in office spaces

Wait 24 hours before cleaning and disinfecting affected areas, including desk, vehicle, staff bathroom, tools and equipment

Don proper PPE and replace HVAC air filter

Ask employee with COVID+ test to speak with local health department and appropriate contact testing agency

Pass recorded work-related contact tracing information of any COVID+ workers along to local health department, with information about presumed levels of contact (time and proximity)

Check if infected employee and co-worker contacts have social support to get groceries, medication pick-up, etc. if needed during isolation (for those COVID+) or quarantine (for contacts).

Those who were not in contact with the employee may immediately and safely return to work after disinfection.

Be prepared to close for a few days if there is a case of COVID-19 in the workplace.

FROM OSHA'S 'REVISED ENFORCEMENT GUIDANCE FOR RECORDING CASES OF COVID-19' DATED 5/19/2020  
<https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

“Per OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:

1. The case is a confirmed case of COVID-19, as defined by the CDC
2. The case is work-related as defined by 29 CFR Section 1904.5
3. The case involves one or more of the general recording criteria set forth in 29 CFR Section 1904.7

“Given the nature of the disease and ubiquity of community spread, however, in many instances it remains difficult to determine whether a COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace...In light of these considerations, OSHA is exercising its enforcement discretion in order to provide certainty to employers and workers.

“Recording a COVID-19 illness does not, of itself, mean that the employer has violated any OSHA standard...Pursuant to existing regulations, employers with 10 or fewer employees and certain employers in low hazard industries have no recording obligations.”

\*\*Check with your local OSHA Compliance Officer to verify current recording requirements.\*\*

As part of intake process, have clients sign documentation (digitally, if possible) saying that they will disclose if a member of their household develops symptoms and/or is tested COVID+ -- need not disclose which household member, but should include what date the symptoms first developed and positive test was taken.

Determine if work in home needs to be stopped or deferred, and for how long.

If feasible, communicate community resources available to affected client household, including information for local public health office to begin contact tracing, local grocery and pharmacy services, and other support organizations.

Determine which, if any, of your workers had "contact" with the infected household – i.e., was inside the home for at least 10 minutes and communicated directly with a member of the household, even with masks on.

Send any workers who had "contact" for immediate swab PCR test, if available in your area, and determine whether it is necessary for worker to self-quarantine.

Worker to stay at home while waiting for test results or for 14 days if no test is available

Implement work from home options, if possible, for affected workers.

Verify in files that any tools or equipment used in "infected household" were properly cleaned and disinfected before being transported to any additional houses or back to the warehouse that day.

Check back in with client after two weeks to determine if additional household members have gotten sick and when, and whether it is necessary to extend deferral, etc.

## Most important:

Wash your hands often and thoroughly

Keep your distance, at least 6 feet, from anyone not in your own household

Don't touch your face

## General Protocols:

Know what to do if you start feeling symptoms

Know what to do if visitor is in building with symptoms or is later confirmed positive

Don't congregate. This includes the lunch/break room and locker rooms

Wear face protection (can be homemade or surgical mask) when having face-to-face (physically distanced) conversations, or the entire day if preferred

Host meetings remotely, even when all participants are in the same office

Remind guests and delivery people to sign-in whenever they enter the office. Sheet should include space for date, name, and phone number for contact tracing purposes (see attachment). Put hand sanitizer by sign in sheet.

Establish secure location outside of office for deliveries. Consider setting up intercom or video camera so that delivery people can alert you to new package arrivals

Wash hands thoroughly after handling any deliveries/packages

## Desk Maintenance:

Do NOT use isopropyl alcohol and hypochlorous solutions on the same surfaces! Choose one disinfecting solution and stick with it.

Wipe down desk with soapy cloth

At the start of the day

Before lunch

After lunch

At the end of the day

Do not share computers, phones or workspaces with co-workers

If you must share equipment, wear a face covering

Clean electronic equipment, such as landline and cell phones, keyboards and screens:

Wipe with lightly dampened microfiber cloth with a 1:1 solution of water and isopropyl alcohol, or a pre-mixed hypochlorous solution

Do NOT make cloth too wet! Lightly dampened is enough

Do NOT mix solutions!

Toothpicks or barely dampened cottons swabs can be used for small places (e.g., earbuds, keyboard)

### Tele-Communications with Clients:

Verify that client has method for signing documents digitally and can transmit documents via email or other non-contact method.

Be compassionate above all else. Stress levels are high, particularly among marginalized and vulnerable communities such as the low-income, elderly and disabled.

Listen to client concerns and make notes in digital file so that other employees can be aware of past interactions and potential issues that may arise.

### Lunch Etiquette:

No large lunch tables and get rid of the company coffee pot and shared utensils.

Consider purchasing pre-packaged bamboo or compostable utensil packs for in-office use (and then start a composting program)

Consider outsourcing coffee needs to a local drive-through coffee shop.

If local shop is willing to use them, consider personalized reusable travel mugs (a lovely welcome-back gift for workers, to let them know you care)

Create small workspace in lunch room for prepping food

Wash hands thoroughly before prepping food

Clean high-touch points before and after prepping lunch, particularly if you're the type that licks your fingers after stirring something

Wash reusable utensils immediately after use and before setting on horizontal surfaces – even if they are your own from home

At desk, move keyboard, mouse and any other vulnerable electronic equipment off to side and cover with cloth or paper towel

Don't avoid talking to co-workers during lunch, but do keep distance. If you have to talk across the office, so be it.

Eat outside if and when you can, but keep physical distance of at least 6 feet!

Do not work through lunch. Maintain your sanity.

### Office Maintenance:

Thoroughly clean individual workspaces once a week

Remove carpets in office where possible and, if desired, replace with washable area rugs

Launder area rugs regularly and in hottest water possible

For any washable fabrics/rugs, when dirty, place in sealable container until opportunity to launder

Nightly vacuuming with HEPA-filter equipped vacuum, then mopping with basic soap and water. Steam cleaning is ideal.

### Communal Bathrooms:

Follow organization policy for bathroom use

At a bare minimum, when in bathroom:

- Have exhaust fan on the entire time you're in the bathroom

- Make sure lids are down on toilet before flushing

- Wash hands thoroughly every time you go

- Dry counter with paper towel to remove any pooling water

- Wipe down high-touch and horizontal surfaces with disinfecting wipes

  - Flush handles

  - Stall door handles and door in general

  - Bars for handicap accessibility

  - Faucet handles

  - Paper towel and disinfecting wipe dispensers

  - Anywhere you may have put down personal items

Anywhere you might have breathed on a horizontal surface and someone else is likely to touch with their hands (i.e., not the floor)

Keep trash can by door

Open door with disinfecting wipe and toss it in the trash as you exit and leave the exhaust fan on

### Ventilation and Filtration:

If minimal allergy issues, open windows to create airflow through the building

Do NOT open windows by parking areas, exhaust vents, or open windows of other offices

Portable air cleaners in individual offices are an option for at-risk individuals but must be verified not to produce ozone, cannot be shared around office and must always be cleaned as though contaminated

Spray disinfectants from EPA's List N are designed to be used on surfaces, not in the air, and have long dwell times – do not use as air sprays. This is an inappropriate application for them and may exacerbate existing respiratory issues for co-workers.

# Office Daily Checklist

## *Each Time You Enter the Office:*

- Don face covering before entering office
- Wash Hands/use hand sanitizer upon arriving at office
- Wipe down cell phone
- If necessary, sign in/clock in
- Wipe down desk with soapy cloth
- Wipe down landline phone, keyboard and screen with damp microfiber cloth with a 1:1 solution of water and isopropyl alcohol OR a pre-mixed hypochlorous solution
- Keep face covering on at least until settled at your desk – can leave on all day if preferred
- Upon starting up computer at beginning of day, fill out and sign attestation form that you have no symptoms and, to the best of your knowledge, you have not been around anyone COVID+ within the last two weeks.
- Update your personal contact tracing file with those people/places where you've had contact since the last time you were in the office. Include phone numbers, if possible.

## *Throughout the Day:*

- Use interoffice chat software to maintain conversations with co-workers
- Wear face covering whenever moving around the office
- Wash hands, consistently, especially after handling delivered packages or paperwork
- Limit face touching/scratching as much as possible

## *Lunch:*

- Wipe down landline phone, keyboard and screen with damp microfiber cloth with a 1:1 solution of water and isopropyl alcohol OR a pre-mixed hypochlorous solution
- Maintain at least 6 feet physical distance from co-workers
- Clean high-touch points in food prep area before and after prepping lunch
- Wash reusable utensils immediately after use and before setting on horizontal surfaces
- If eating at desk, move keyboard, mouse and any other vulnerable equipment off to the side and cover with cloth or paper towel
- After lunch at desk, wipe down desk with soapy cloth and wash hands thoroughly
- If going to a restaurant, either for pick-up or sit-down, take note of restaurant's phone number and approximate times you were there
- Remember to bring a face covering with you for while at restaurant
- Wipe down credit cards after transactions – avoid cash
- Follow steps listed above for Each Time You Enter the Office upon returning from restaurant

## *End of day:*

- Gather personal belongings and set them safely away from the desk
- Wipe down desk with soapy cloth
- Wipe down landline phone, keyboard and screen with damp microfiber cloth with a 1:1 solution of water and isopropyl alcohol OR a pre-mixed hypochlorous solution
- Wear face covering as preparing to leave
- If necessary, sign out or clock out
- Wash hands thoroughly

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



1. Are you comfortable having crews in and around your home/complex while wearing safety equipment?
2. Would you prefer your home/complex be deferred until such a time that the threat of COVID-19 has been deemed extremely low?
3. Have any occupants traveled across state lines in the last two weeks?
4. Do any occupants work in an environment that would regularly expose them to COVID-19 (e.g. hospital, respiratory clinic, testing facility)? *For MF, assume yes.*
5. Have you or any of the occupants been exposed to someone that has been confirmed positive COVID-19 within the last two weeks?
6. Are any occupants experiencing symptoms that are consistent with COVID-19 (fever or chills, cough, difficulty breathing, loss of taste/smell, nausea, congestion, fatigue or body aches, diarrhea)?
7. Can temperatures be taken of all members of the household/affected units the mornings that crews will be coming to do work?
8. Will you disclose if anyone (need not specify who) in the household or complex presents with a fever over 100.4 or any other COVID-19 symptoms at any point throughout work?
9. Does anyone in the household have any conditions that would place them in a high-risk category (client need not disclose condition)? *For multifamily, assume there will be high-risk occupants.*
  - a. advanced age (over 65)
  - b. lung diseases, particularly Chronic Obstructive Pulmonary Disease (COPD)
  - c. serious heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
  - d. chronic kidney disease
  - e. type 2 diabetes
  - f. sickle cell disease
  - g. immunocompromised, particularly from solid organ transplant
  - h. obesity (BMI of 30 or higher)
10. Does anyone in the household have asthma or allergy issues that might be exacerbated by dust in the air? *Again, for MF, assume occupants with respiratory issues.*
11. Are you willing to remain in a separate location either within the house or in a different location entirely during work?
12. Is there space within the home or complex to maintain social distance? Are you open to crews setting up physical barriers in order to limit dust, etc (do not frame as trying to keep them out or hiding work)?
13. When crews arrive, would you rather they greet you (from a safe distance) with masks off? Or would you prefer they have masks on the entire time?
14. Can our crews have access to a sink, preferably the kitchen sink, to wash their hands throughout the visit?
15. In case of an emergency, are you comfortable with crew members using your bathroom?
16. Do occupants have access to a face covering and are they willing to wear them during any interaction with our crews?
17. If we provide face coverings, will occupants wear them?
18. Do you have access to the internet and a way to sign documents via the internet?
19. If we send you documents via the mail, can you ensure that they will be returned in no more than 2 weeks?
20. Do you have a way to take photos or video of your home/complex, if we provide you with examples?
21. Are you comfortable setting up a web meeting in order to show us around your home/complex?
22. Are you willing to help staff track visitors and inform staff when visitors arrive?
23. Are you willing to sign a waiver?
24. *If multifamily housing, are there vacant units that can be used for representative assessments?*

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# SOURCES FOR COVID-19 HANDOUTS

## COVID-19 FACT SHEET FOR WORKERS AND CLIENTS

Centers for Disease Control and Prevention, content last checked 28 June 2020. [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

Johns Hopkins Coronavirus Resource Center, COVID-19 Case Tracker <https://coronavirus.jhu.edu>

New England Journal of Medicine, content last checked 25 June 2020. [www.nejm.org/coronavirus](http://www.nejm.org/coronavirus)

Johns Hopkins University, Bloomberg School of Public Health, Coursera.org COVID-19 Contact Tracing Course. <https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing>

He X, Lau EHY, Wu P, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. Nat Med 2020;26:672-675. DOI: <https://doi.org/10.1038/s41591-020-0869-5>

Oran DP, Topol EJ. Prevalence of Asymptomatic SARS-CoV-2 Infection. Annals of Internal Medicine 2020 <https://www.acpjournals.org/doi/10.7326/M20-3012>

Payne DC, Smith-Jeffcoat SE, Nowak G, et al. SARS-CoV-2 Infections and Serologic Responses from a Sample of U.S. Navy Service Members – USS Theodore Roosevelt, April 2020. MMWR Wkly Rep 2020;69:714-721. DOI: <http://dx.doi.org/10.15585/mmwr.mm6923e4>

## HAVE YOU CONSIDERED – MANAGEMENT CHECKLIST

OSHA’s updated content, last checked 25 June 2020. [www.osha.gov/SLTC/covid-19](http://www.osha.gov/SLTC/covid-19)

OSHA’s Guidance on Preparing Workplaces for COVID-19. <https://www.osha.gov/Publications/OSHA3990.pdf>

OSHA’s COVID-19 – Control and Prevention/Construction Work updated content <https://www.osha.gov/SLTC/covid-19/construction.html>

DOE WAP Memorandum 062, Weatherization Assistance Program’s Response to Guidelines for Opening Up American Again – Phase One & Frequently Asked Questions (FAQs) <https://www.energy.gov/sites/prod/files/2020/05/f75/wap-memo-062.pdf>

NASCSP’s COVID Considerations for Fieldwork <https://nascsp.org/wp-content/uploads/2020/04/COVID-Considerations-for-Fieldwork.pdf>

CDC’s Interim Guidance for Employers with Vulnerable Workers <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=50>

CDC’s Cleaning and Disinfecting Your Facility <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility/html>

National Institute of Building Sciences (NIBS) “COVID-19 Virtual Town Hall: Preparing for Re-entering Buildings” Session Overview <https://www.nibs.org/page/covid-19-virtual-town-hall>

NFPA Responds to the Coronavirus <https://www.nfpa.org/Codes-and-Standards/Resources/Standards-in-action/NFPA-responds-to-the-coronavirus>

CDC's NIOSH National Personal Protective Technology Laboratory updated content  
<https://www.cdc.gov/niosh/nppt/default.html>

ASHRAE's COVID-19 Preparedness Resources <https://www.ashrae.org/technical-resources/resources>

IAPMO COVID-19 Resources for Plumbing and Mechanical Industry Workers <https://www.iapmo.org/ibu/whats-new/coronavirus-resources>, Tips and Recommendations for the Safe and Efficient Flushing of Plumbing Systems in Buildings [https://www.iapmo.org/media/23921/flushing\\_stagnant\\_plumbing\\_systems.pdf](https://www.iapmo.org/media/23921/flushing_stagnant_plumbing_systems.pdf)

International Society of Indoor Air Quality and Climate (ISIAQ) Webinar Series: Spread of Infectious Diseases in Indoor Environments <https://www.isiaq.org/webinars.php>

Healthy Indoors Show, March and April episodes <https://healthyindoors.com/healthy-indoors-show/>

Singer B, Walker I. Living with COVID19: Reducing Airborne Infection Risks in your Home. Oral presentation for: National Home Performance Conference; April, 2020; online.  
<https://bpa.peachnewmedia.com/store/streaming/stream-details.php?mode=stream&id=15134881>

Barnes M, Sax PE. Challenges of "Return to Work" in an On-Going Pandemic. NEJM 18 Jun 2020.  
<https://doi.org/10.1056/NEJMSr2019953>

## OFFICE DAILY CHECKLIST AND OFFICE PROCEDURES

CDC's Interim Guidance for Employers with Vulnerable Workers <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=50>

CDC's Cleaning and Disinfecting Your Facility <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility/html>

National Association of Elevator Contractors (NAEC) Back to Business Playbook: Compliance and Risk Management Considerations during the COVID-19 Pandemic. [https://www.naec.org/images/COVID-19/Resuming\\_Business\\_During\\_COVID-19\\_eBook\\_06012020.pdf](https://www.naec.org/images/COVID-19/Resuming_Business_During_COVID-19_eBook_06012020.pdf)

Johns Hopkins University, Bloomberg School of Public Health, Coursera.org COVID-19 Contact Tracing Course.  
<https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing>

OSHA's Guidance on Preparing Workplaces for COVID-19. <https://www.osha.gov/Publications/OSHA3990.pdf>

National Institute of Building Sciences "COVID-19 Virtual Town Hall: Preparing for Re-entering Buildings" Session Overview <https://www.nibs.org/page/covid-19-virtual-town-hall>

International Society of Indoor Air Quality and Climate (ISIAQ) Webinar Series: Spread of Infectious Diseases in Indoor Environments <https://www.isiaq.org/webinars.php>

Healthy Indoors Show, March and April episodes <https://healthyindoors.com/healthy-indoors-show/>

Peccia J, Zulli A, Brackney DE, et al. SARS-CoV-2 RNA concentrations in primary municipal sewage sludge as a leading indicator of COVID-19 outbreak dynamics (not yet peer-reviewed)  
<https://doi.org/10.1101/2020.05.19.20105999>

Bahl P, Doolan C, de Silva C, et al. Airborne or droplet precautions for health workers treating COVID-19?. J Infect Dis 2020; DOI: <https://doi.org/10.1093/infdis/jiaa189>

## SUGGESTED INTAKE QUESTIONS

Johns Hopkins University, Bloomberg School of Public Health, Coursera.org COVID-19 Contact Tracing Course. <https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing>

Centers for Disease Control and Prevention, updated content. [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

Johns Hopkins Coronavirus Resource Center, COVID-19 Case Tracker <https://coronavirus.jhu.edu>

New England Journal of Medicine, updated content. [www.nejm.org/coronavirus](http://www.nejm.org/coronavirus)

## ASSESSMENT CONSIDERATIONS AND INSPECTION CONSIDERATIONS

Olson R, Tajima MM. Remote Energy Assessments during a Pandemic and Beyond. Oral presentation for: National Home Performance Conference; April, 2020; online. <https://events.building-performance.org>

Kennedy K, Medosch J. Homes Assessments in the Current and Post COVID-19 World: Staying Ahead of the Curve and How to Plan for It. Oral presentation for: National Home Performance Conference; April, 2020; online. <https://events.building-performance.org>

Powell K, Corvidae J, DeVoe K, et al. Better from a Distance: Remote Solutions for Program Compliance and Quality Control. Oral presentation for: National Home Performance Conference; April, 2020; online. <https://events.building-performance.org>

Price T. Google Earth for Remote Modeling. Oral presentation for: National Home Performance Conference; April, 2020; online. <https://events.building-performance.org>

## PREP FOR FIELD WORK CHECKLIST

CDC's Cleaning and Disinfecting Your Facility <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility/html>

OSHA's Guidance on Preparing Workplaces for COVID-19. <https://www.osha.gov/Publications/OSHA3990.pdf>

OSHA's COVID-19 – Control and Prevention/Construction Work updated content <https://www.osha.gov/SLTC/covid-19/construction.html>

DOE WAP Memorandum 062, Weatherization Assistance Program's Response to Guidelines for Opening Up American Again – Phase One & Frequently Asked Questions (FAQs) <https://www.energy.gov/sites/prod/files/2020/05/f75/wap-memo-062.pdf>

NASCSP's COVID Considerations for Fieldwork <https://nascsp.org/wp-content/uploads/2020/04/COVID-Considerations-for-Fieldwork.pdf>

CDC's Interim Guidance for Employers with Vulnerable Workers <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=50>

## CLIENT HOME PROCEDURES

OSHA's Guidance on Preparing Workplaces for COVID-19. <https://www.osha.gov/Publications/OSHA3990.pdf>

OSHA's COVID-19 – Control and Prevention/Construction Work updated content  
<https://www.osha.gov/SLTC/covid-19/construction.html>

DOE WAP Memorandum 062, Weatherization Assistance Program's Response to Guidelines for Opening Up American Again – Phase One & Frequently Asked Questions (FAQs)  
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CDC's Interim Guidance for Employers with Vulnerable Workers <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=50>

## COVID-19 CONTRACTED CHECKLIST

Johns Hopkins University, Bloomberg School of Public Health, Coursera.org COVID-19 Contact Tracing Course.  
<https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing>

CDC <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>

NIBS "COVID-19 Virtual Town Hall: Preparing for Re-entering Buildings" Session Overview  
<https://www.nibs.org/page/covid-19-virtual-town-hall>

OSHA Enforcement Memo "Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)" <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

## OTHER RECOMMENDED RESOURCES

National Association of County and City Health Officials: <https://www.naccho.org/membership/lhd-directory> to find your local public health office

COVIDExitStrategy.org, How We Safely Reopen: <https://www.covidexitstrategy.org/> to monitor your state's readiness to be reopened based on White House and CDC criteria

COVIDActNow.org, America's COVID Warning System: <https://www.covidactnow.org/?s=58173> to monitor your state's risk level based on 4 criteria. Can be broken down by county.

COVID Reproduction Rates by state ( $R_t$ ): <https://rt.live/> to monitor your state's COVID reproduction rate. Anything over  $R_t=1.0$  means the virus is spreading in your state.