Covid-19 Office Reopening Plan Checklists and Re-entry Forms





Raymond-Cox Consulting, LLC BUSINESS CONTINUITY & EMERGENCY PLANNING

Let's get you reopened

This document serves as a resource for organizations to use as they consider when and how to reopen their office(s). Businesses around the globe have been mandated by local, state and governmental orders to close for all but essential work. As restrictions start to be lifted from country to country, and state to state, organizations that seek to join in the recovery process are starting to think about when and how to do this.

With many staff now accustomed to working from home, and with expected requirements to comply with social distancing, temperature screening, and wearing of face coverings in the workplace, they can be expected to have genuine concerns about the safety and sustainability of return to work. Management is now faced with some tough questions. When is the appropriate timeframe to open up the workplace and start bringing staff back on-site?

The purpose of this document is to help organizations define the strategy, process and protocols that can be used to safely reopen the workplace, recover the business and implement practices to sustain the recovery.

Use the checklists in this plan to determine what you will (or will not) do. Or come up with your own unique ideas and add them directly into the plan. Example re-entry and visitor travel and health screening forms are included.

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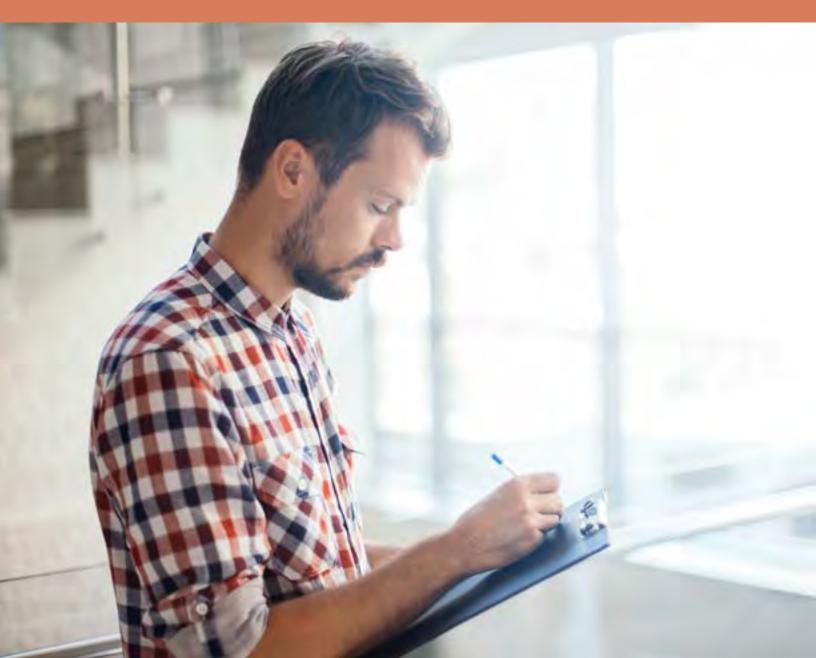
Use this plan to better organize your workplace reopening process. Suggestions? Questions? Please contact us at <u>info@raymondcoxconsulting.com</u>

Checklists

The following 15 areas for consideration are intended to provide ideas for organizations to determine how and when to reopen their workplace(s).

Use the checklists as follows:

- 1. Review each area of consideration
- **2.** Check the "Yes' button if you intend to implement the task
- **3.** Check the "No" button if you do not intend to implement the task
- **4.** Check the "N/A" button if the task does not apply
- **5.** Type in your own ideas in the last (Other) column for how to address each task



Triggers for Re-entry

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| As soon as public health order (stay-at-home, shelter-in-place, other mandated requirement) is lifted | | | | |
| 2. Following the lifting of the public health order, on a date to be determined by the Crisis/Incident Management Team | | | | |
| Only when organization has established criteria for temperature screening, social distancing, face coverings and other personal protective equipment, cleaning and disinfecting in accordance with State and local public health department requirements Note: Refer checklists: Temperature and Other Screening Common Areas/Rooms Personal Protective Equipment Cleaning Protocols | | | | |
| 4. Identification and verification by Risk Manager (in conjunction with insurance broker) that organization is able to comply with requirements its insurance underwriters may have for staff to return to work a. Align with public health department requirements | | | | |
| 5. Only when case numbers in the community fall below a certain level over a defined period of time a. Use reputable sources to gather trend data, e.g., deaths, hospitalizations | | | | |

Staggered Re-entry Dates and Work Schedules

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| 1. Develop return-to-work strategy. Strategy needs to include a phased approach with options for each phase | | | | |
| 2. Identify what work needs to be resumed Note: Identify priorities for returning to work (aligned with Business Impact Analysis). Have Business Impact Analysis requirements changed based on working in the "new normal" and/or new technologies that have been deployed to enable remote working. Experience during Work from Home can be used to revise the volume and kind of work needed to be performed in the workplace as it may have changed, especially early in the economic recovery | | | | |
| 3. Identify minimum (human and other) resources required to perform the work that needs to be resumed Note: Refer to your Business Impact Analysis. Have BIA requirements changed based on working in the "new normal" and/or new technologies that have been deployed to enable remote working. Experience during Work from Home can be used to revise the minimum resources and configuration of workers to establish requirements for the transition period between return to work and return to business | | | | |
| 4. Evaluate options for performing work at other locations given the circumstances Note: Refer to your Business Impact Analysis. Experience during Work from Home can be used to revise the minimum configuration of workplaces to establish requirements for the transition period between return to work and return to business. Return to work covers return of staff to the workplace Legal/General Counsel involvement may be necessary to assess the risk to the organization if (i) a staff member is required to work at a customer/client site and that staff member infects their staff; and (ii) organization's own staff member falls sick as a result of working at a customer/client site | | | | |
| 5. Identify when work can be performed (staggered shifts, alternate weeks, alternate days, revised hours, etc.) Note: Refer to your Business Recovery Plan. Experience during Work from Home can be used to revise working hours including shift hours to establish requirements for the transition period between return to work and return to business | | | | |

Staggered Re-entry Dates and Work Schedules (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| Identify what Facilities and Information Technology (IT) on-site services are needed to return the workplace to ready status, for re-occupancy purposes | | | | |
| Note: It is likely that a ready crew will need to go in and post signage, re-arrange workstations to comply with social distancing requirements, coordinate with building management/other tenants etc. before the "first phase" of employees returns. | | | | |
| 7. Establish phased return to work of staff based on outcome of decisions made in steps 1-6 listed above | | | | |
| a. Facilities/IT staff to ready the site for re-entry initially, then one third, then two thirds of staff, no pre-defined timeline | | | | |
| b. Facilities/IT staff to ready the site for re-entry initially, then Phase 1 = 10%, Phase 2 = 25% after 30 days, Phase 3 = 50% after 60 days, Phase 4 = 75% after 90 days | | | | |
| c. Consider "desks at rest" concept | | | | |
| Note: Refer checklist: | | | | |
| Common Areas/Rooms | | | | |
| 8. Identify issues that might delay the timeline for re-entry | | | | |
| a. Workplace not appropriately set up or staffed | | | | |
| Note: Refer checklist: | | | | |
| • Team and Rotation | | | | |
| Temperature and Other Screening Visitors | | | | |
| Common Areas/Rooms | | | | |
| Personal Protective Equipment Cleaning Protocols | | | | |
| 9. Establish phased return to work by location | | | | |
| a. "Sister" sites (alternate sites that perform critical work) will/will not be activated at the same time | | | | |
| 10. Adjust work schedules | | | | |
| a. 9-hour workdays, for 9 days, alternate Fridays off | | | | |
| b. 10-hour workdays, for 4 days, every Friday off | | | | |

Staff Availability

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Survey staff to establish (in conjunction with Human Resources (HR), people Managers, other): | | | | |
| a. Who has a child/ren, family member, partner that requires ongoing care at home | | | | |
| b. Who is classified "at high risk" | | | | |
| Note: Recommend defining "high risk" per World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) guidelines | | | | |
| Also check the Society for Human Resource Management (SHRM), and the Risk Management Society (RIMS) websites for information on who in the organization has a right to this information and how it is to be collected | | | | |
| Due to privacy/HIPAA concerns, ask staff to self-identify if they are "high risk" | | | | |
| Additionally, ask staff to self-identify if they live with someone who is "high risk" | | | | |
| c. Who relies on public transportation during an early phased transition back to the workplace | | | | |
| Note: Some staff may be at higher risk, e.g., from long commutes on public transport | | | | |
| d. Who will volunteer to return when management resumes on-site work | | | | |
| Note: To minimize the number of staff returning to the workplace and to reduce risk/exposure particularly in the initial phase, only ask this question of those with a business need to be on-site | | | | |
| e. What hours staff are available to work both at home and on-site | | | | |
| 2. Determine if staff are allowed to choose the hours they may work | | | | |
| | | | | |

Team and Rotation

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| Create teams (e.g., Blue Team, Green Team, Red Team, Yellow Team, or Team A, B, or C) | | | | |
| a. Establish "Home Team" and "Away Team" | | | | |
| Note: Home Team for those working in the primary location. Away Team for those working by remote access (e.g., from home) | | | | |
| b. Utilize your Business Impact Analysis to identify minimum resources | | | | |
| Note: Experience during Work from Home can be used to revise the minimum resources and configuration of staff and workplaces to establish requirements for the transition period between return to work and return to business | | | | |
| Return to work covers return of staff to the workplace. The volume and kind of work needed in the workplace will have changed, especially early in the economic recovery | | | | |
| Split small departments with few staff to avoid their being on-site at same time Note: An alternate to splitting small department is to | | | | |
| perform work with a mix of "on-site" and "off-site" teams | | | | |
| 3. Stagger small departments that work across different time zones e.g., Dept A has 2 staff in New York, Paris, London. Assign one member to the Blue Team, one to the Green Team at each location | | | | |
| Note: An alternate to splitting small department is to perform work with a mix of "on-site" and "off-site" teams | | | | |
| 4. Implement shift work | | | | |
| 5. Restrict badge access to relevant team members per their team color or name assignment | | | | |

Transportation to/from Workplace

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| Determine need to adjust company Human Resources policy and staff compensation package to support staff traveling to/from workplace to help limit exposure to those sharing public transport | | | | |
| a. Provide Personal Protective Equipment Note: Refer checklist: Personal Protective Equipment This may also apply to staff traveling on behalf of the company domestically and/or internationally b. Arrange for pickup and transportation to accommodate new work schedule c. Reimburse taxi, rideshare fares d. Reimburse parking costs e. Reimburse fuel costs f. Reimburse costs for Personal Protective Equipment, if purchased by staff g. Reimburse costs for Covid-19 diagnostic testing, if applicable | | | | |
| 2. Develop staff safe commuting guidelines Note: May be provided by transit companies | | | | |

Visitors

| Areas for Consideration | Y | ′es | No | N/A | Other (provide comment) |
|--|---|-----|----|-----|----------------------------|
| Establish visitor policy – will they be allowed, or not allowed, on-site | | | | | |
| a. Visitor access to the primary or alternate locations should be "need based" | | | | | |
| b. Visitors to adhere to same policy regarding temperature taking | | | | | |
| Note: Refer checklist: Temperature and Other Screening | | | | | |
| 2. Establish if visitors need additional sign-in instructions | | | | | |
| a. Require visitors to sign personal travel and health questionnaire prior to entry (shared copy, leverage online application, or amend workplace access control system terms) | | | | | |
| Note: Refer checklist: | | | | | |
| Visitor Travel and Health Screening Form | | | | | |
| b. Request visitors provide their home numbers as well as after-hours contact numbers for follow-up | | | | | |
| Note: Determine who is responsible for keeping this information, e.g., Receptionist, person who visitor is meeting with, other. Add to Visitor Travel and Health Screening Form, as appropriate | | | | | |
| To minimize privacy concerns, destroy after specific period of time | | | | | |
| c. Log all visitor information into a database, together with where they went and who they visited | | | | | |
| d. Utilize mobile application for visitor check-in process | | | | | |
| 3. Develop visitor communications (e.g., to let them know they will have their temperature taken, required to wear a face mask or face covering, no handshakes, other) | | | | | |
| 4. Send copy of communication to visitors prior to their arrival on-site | | | | | |

Temperature and Other Screening

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Encourage staff to take their own temperature prior to coming to work; if sick request they remain at home and notify their Manager, Human Resources, another member of the organization's Management Team | | | | |
| 2. Adjust company Human Resources policy requiring staff to stay at home when sick, or get a doctor's clearance to be at work | | | | |
| Investigate and implement use of telemedicine to support screening of employees who feel unwell | | | | |
| Employ trained medical staff to be on-site to assist with temperature screenings, especially during first 3-6 months of return to work | | | | |
| a. Future state: For staff required to be on-site, employ trained medical staff to administer Covid-19 diagnostic testing at the workplace | | | | |
| Plan for temperature screening to remain in place during first 3-6 months of return to work | | | | |
| 6. For staff required to be on-site, arrange for Covid-19 diagnostic testing with medical provider or public health department to check if staff members have the coronavirus | | | | |
| Note: People can transmit Covid-19 who are asymptomatic (i.e., have no symptoms) | | | | |
| 7. Future state: For staff required to be on-site, arrange for antigen testing with medical provider or Department of Health to check if staff members have had Covid-19 and built up immunity | | | | |
| Note: If would seem, people can transmit Covid-19 who have had it and recovered because in some cases patients who have recovered have been found to have the virus in their system, and therefore, able to transmit it to others | | | | |
| If antiviral medicine is available, consult with Medical Advisor to determine timeframes and establish protocols to start antiviral treatment | | | | |

Temperature and Other Screening (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| 9. Ensure sufficient antivirals are on hand to treat the symptoms of infection for members of staff who must remain on-site | | | | |
| 10. Restrict workplace access points to only those where temperature screening can be administered | | | | |
| 11. Determine type of temperature screening to perform | | | | |
| a. Use of thermometers | | | | |
| b. Use of non-contact infrared scanners | | | | |
| c. Use of self-declaration via mobile app | | | | |
| 12. Install non-contact infrared thermometers at workplace entry point(s) | | | | |
| 13. Establish manual temperature screening at workplace entry point(s) | | | | |
| Note: This can be expensive and resource intensive | | | | |
| a. Identify locations for temperature screenings indoors (e.g., lobby) or outdoors (tent), paying attention to local weather conditions | | | | |
| 14. Coordinate with building management and evaluate baseline workplace screening capabilities" | | | | |
| 15. Determine need to establish staggered entry hours to allow for processing of manual temperature screenings | | | | |

Workspace

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Designate each workstation, office, or lab bench space for either a Green Team, Blue Team, other team member (ensure no members of the same team will be seated beside each other) with a physical distance greater than 6' or 2 meters between one member of staff on-site and the next | | | | |
| Note: Refer checklist: | | | | |
| • Re-entry Form | | | | |
| a. Leave at least every other workstation vacant | | | | |
| b. Leave at least every other office vacant | | | | |
| c. Leave at least every other lab bench space vacant | | | | |
| d. Establish "desk at rest" concept | | | | |
| Note: Workspace should remain unoccupied for 48 hours between use | | | | |
| 2. Determine if common areas / rooms can be reallocated for use as individual workspaces | | | | |
| Note: Refer checklist: | | | | |
| • Common Areas/Rooms | | | | |
| 3. Establish open/closed floors on alternate days | | | | |
| Note: Dependent on amount of time required to sanitize workspace (including deep cleaning) and frequency needed to support work required to meet business continuity objectives | | | | |
| 4. Determine if staff will be assigned to a seat or can sit in open seating | | | | |
| Note: Assigned seating is preferable. It provides a better source of information for contact tracing | | | | |
| Identify isolation room(s) for staff exhibiting symptoms of sickness | | | | |

Workspace (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| 6. Place plexiglass where a physical barrier is needed, e.g., at reception, between workstations, lab benches, cashiering | | | | |
| 7. Allocate workspace only to those that need to be on-site to perform their work to meet 'new normal" post pandemic requirements for minimum resources and work to be performed on premise/off premise | | | | |
| 8. Assign Blue Team and Green Team (others if necessary) to workstations, offices, lab benches | | | | |
| a. Track who sits where for easier tracing of their movements | | | | |
| Note: Ensure staff name is easily visible | | | | |
| 9. Clean and disinfect all workstations, offices, lab space between use | | | | |
| Note: Refer guidelines from Occupational Health and Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), Building Owners and Managers Association (BOMA) and International Facility Management Association (IFMA) | | | | |
| 10. Institute clean desk (free of papers, personal belongings) policy to ease cleaning process | | | | |
| 11. Develop a 'virtual tour' of the post-pandemic workplace to walk returning employees through the re-engineered workspace to let them see the changes before coming on-site | | | | |
| Note: Refer checklist: • Awareness and Education | | | | |
| a. Include changes in workplace entry and exit point(s), allocation of workspace, etc. | | | | |

Common Areas/Rooms

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| 1. General | | | | |
| a. Change HVAC filters and air flows in accordance with Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) guidance | | | | |
| b. Maintain social distancing protocols or close off common areas (e.g., cafeteria, dining area, gym/exercise room, recreation center, movie theater) | | | | |
| Note: There may be a need / reason for keeping common areas open, e.g. to 'open up' the atmosphere at work. Post-pandemic, especially in the first 3-6 months of reopening, it will still be necessary to maintain distance and take precautions to avoid spreading infection by hand-to-hand contact | | | | |
| C. Place signage to reinforce social distancing throughout common areas | | | | |
| d. Place signage to reinforce good personal hygiene throughout common areas | | | | |
| e. Color code rooms to indicate whether a room can be used or not (e.g., | | | | |
| Red = Not cleaned; not ready for use Green = Cleaned and ready for use | | | | |
| f. If Personal Protective Equipment (PPE) is to be disposed of at work, place special non-touch receptacles throughout the workplace, as PPE should be treated as medical waste | | | | |
| Note: As medical waste, it will require special handling by janitorial staff and special pick up by waste/trash collection | | | | |
| g. Ensure tissues in common areas | | | | |
| h. Prop doors open, or remove doors from hinges to minimize high touch points | | | | |
| Approve delivery of food ordered by staff from outside vendors | | | | |

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| 3. Reception and Reception Area | | | | |
| a. Place alcohol-based hand sanitizer at reception and throughout reception area | | | | |
| Note: Place alcohol-based hand sanitizers at reception and in reception area for first 3-6 months after return to work | | | | |
| b. Place notice of new visitor sign-in instructions/ questionnaire, as needed to protect health and safety in the workplace | | | | |
| 4. Conference Rooms | | | | |
| a. Make inaccessible (lock or caution tape) | | | | |
| b. Adjust conference room capacity by 50% through online reservation system or notice placed outside; remove extra tables, remove excess tables and chairs | | | | |
| c. Limit time allowed for meetings, e.g., 1 hour, 30 minutes | | | | |
| d. Place alcohol-based hand sanitizer at entry | | | | |
| e. Establish mechanism to flag usage | | | | |
| f. Use color coding to indicate when a room is ready for use, including completion of cleaning/sanitization | | | | |
| g. Clean and disinfect all conference rooms between use | | | | |
| 5. Huddle Rooms | | | | |
| a. Make inaccessible/off limits (lock or caution tape) | | | | |
| b. Adjust capacity by 50% through online reservation system or notice placed outside; remove excess chairs | | | | |
| c. Limit time allowed in huddle room, e.g., 1 hour, 30 minutes | | | | |
| d. Establish mechanism to flag usage | | | | |
| e. Clean and disinfect between use | | | | |

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| 6. Break Rooms | | | | |
| a. Remove coffee making machines | | | | |
| Note: Consider the feasibility of individual serve coffee machines with instructions for wipe down after use | | | | |
| b. Remove paper cups | | | | |
| c. Provide individual wrapped mugs and utensils; require they be put in dishwasher after use | | | | |
| d. Place alcohol-based hand sanitizer close by break room | | | | |
| e. Maintain supply of soap and paper hand towels | | | | |
| f. Provide individual wrapped snacks only | | | | |
| g. Remove items from fridge, and clean refrigerator at end of day, daily | | | | |
| h. Clean and disinfect break rooms between use | | | | |
| 7. Cafeteria | | | | |
| a. Adjust capacity by 50%; remove excess tables and chairs | | | | |
| b. Place alcohol-based hand sanitizer at entry | | | | |
| c. Remove self-serve buffet options, e.g., salad bar, soup stations | | | | |
| Note: Follow US Food & Drug Administration guidance | | | | |
| d. Serve individual wrapped meals | | | | |
| e. Request staff bring their own meals | | | | |
| f. Remove utensils or have individually wrapped utensils | | | | |
| g. Position cleaning attendant in cafeteria | | | | |
| h. Remove items from fridge, and clean refrigerator at end of day, daily | | | | |
| i. Clean and disinfect kitchen and seating areas between use | | | | |

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| 8. Copy Rooms a. Place alcohol-based hand sanitizer at entry b. Place alcohol-based wipes beside copiers c. Maintain cleaning schedule in each copy room d. Assign a person/team of people whose job it is to do the photocopying Note: This will reduce the exposure of all employees using the copier to the spread of infection from one to another | | | | |
| 9. Elevators a. Alternate elevator bank usage (e.g., one day on, one day off) Note: This will depend on number of elevators available and the number of people that need to use it to get up/down the building to do their work Follow National Elevator Industry Inc. (NEII) guidelines b. Limit number of passengers in elevator to 4; ask each to stand in one of the corners c. Large site may consider an elevator operator(s) ("floor number please") d. Cover elevator buttons with plastic; replace regularly e. Place alcohol-based hand sanitizer at entry and inside elevator f. Clean and disinfect elevator including inside/outside buttons g. Maintain cleaning schedule in each elevator | | | | |

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| 10. Restrooms | | | | |
| a. Restrict the number of restrooms open | | | | |
| b. Limit occupancy at any one time | | | | |
| c. Close every other stall, urinal, sink | | | | |
| d. Maintain supply of soap and paper hand towels | | | | |
| Note: Wearing gloves for prolonged periods and continuous hand washing may lead to irritative hand eczema. Offer a skin protection plan (hand care cream) for susceptible individuals | | | | |
| e. Place trash can close to exit door either inside or outside restroom for staff to deposit paper towels on exit | | | | |
| f. Maintain cleaning schedule in each restroom | | | | |

Cleaning Protocols

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Check with local contact for Building Owners and Managers Association (BOMA) / International Facility Management Association (IFMA) for protocols to use to clean and disinfect workplace including HVAC, airflows | | | | |
| Note: Refer Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) guidance too | | | | |
| 2. Review contract with janitorial company for level of service provided | | | | |
| a. Dependent on number of staff coming on-site, augment number of janitors if necessary | | | | |
| 3. Clean and disinfect high touch areas (doorknobs, handles, handrails, photocopiers, elevator buttons, faucets, countertops) | | | | |
| • Twice per day | | | | |
| Multiple times per day | | | | |
| 4. Clean and disinfect workstations, office desks, lab benches, chairs, trash cans Daily | | | | |
| 5. Wash linoleum floors Daily Weekly | | | | |
| 6. Deep clean carpets Monthly Quarterly | | | | |
| 7. Place notices in common areas after each clean using color coded system Red = Not cleaned; not ready for use Green = Cleaned and ready for use | | | | |

Cleaning Protocols (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| 8. Arrange for handling of the disposal of Personal Protective Equipment (PPE) from special non-touch receptacles throughout the workplace, as it should be treated as medical waste | | | | |
| 9. Arrange for special PPE pick up by waste/trash collection | | | | |
| 10. Provide employees with disinfecting agents, paper towels, and latex or vinyl gloves to reduce the spread of infection by direct contact with the virus | | | | |
| 11. Implement protocols to have workers wipe down their equipment and contact surfaces at the start and end of each shift | | | | |

Personal Protective Equipment

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| 1. Assess Personal Protective Equipment (PPE) supplies (e.g., by country, county, site) Masks N95 3-ply Surgical Cloth Alcohol-based hand sanitizer Alcohol-based towelettes/wipes Gloves Latex Vinyl Goggles Gowns Additional PPE required for the type of work being performed | | | | |
| Provide PPE appropriate to protect staff and ensure health and safety in the workplace a. Provide instructions for proper use of PPE. Remind staff that face coverings offer some protection for people in the environment but do not protect from infection. Therefore, staff and visitors should not take risks that they would not do without the face coverings Note: Refer to World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and Occupational Safety and Health Administration (OSHA) guidance | | | | |
| 3. Subject to availability, mail "care package" to staff before returning on-site to include Cloth face covering Individual alcohol-based hand sanitizer bottle Alcohol-based towelettes / wipes | | | | |

Personal Protective Equipment (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Provide face masks or face coverings to staff before returning to work on-site | | | | |
| Note: Remind staff and third parties that face coverings offer some protection for people in the environment but do not protect from infection. Therefore, staff and visitors should not take risks that they would not do without the face coverings | | | | |
| a. Encourage staff to wear company-provided face masks or face coverings en-route to work | | | | |
| b. Require staff and third parties (including visitors) to wear face masks or face coverings on-site | | | | |
| c. Provide instructions on what constitutes appropriate face coverings | | | | |
| Note: Refer Centers for Disease Control and Prevention (CDC). Recommend staff not to wear "skull and cross bones" type coverings on-site | | | | |
| d. Provide instructions on how to clean face coverings | | | | |
| Note: Refer Centers for Disease Control and Prevention (CDC) | | | | |
| e. Provide instructions on the safe disposal of masks and face coverings | | | | |
| Note: Refer World Health Organization (WHO), and Centers for Disease Control (CDC) guidance | | | | |
| Place larger stand up alcohol-based hand sanitizer dispensers in high foot traffic areas e.g., | | | | |
| a. Workplace entry point(s) | | | | |
| <mark>b.</mark> Lobby | | | | |
| c. Reception and reception areas | | | | |
| d. Outside and inside elevator | | | | |
| e. Outside and inside cafeteria | | | | |
| f. Break rooms | | | | |
| g. Copy rooms | | | | |

Personal Protective Equipment (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| 6. Place alcohol-based hand sanitizer bottles in high density areas a. Conference/meeting/huddle room tables | | | | |
| b. Cafeteria tables | | | | |
| 7. Provide gloves, if appropriate Note: Wearing gloves for prolonged periods and continuous hand washing may lead to irritative hand eczema. Offer a skin protection plan (hand care cream) for susceptible individuals a. Latex b. Vinyl | | | | |
| 8. Provide goggles, if appropriate | | | | |
| 9. Provide gowns, if appropriate | | | | |
| 10. Place special non-touch receptacles throughout the workplace for disposal of PPE, as it should be treated as medical waste | | | | |
| 11. Establish policy or protocols for special handling of PPE by janitorial staff and special pick up by waste/trash collection | | | | |

Laptop, IT Accessories, Furniture

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Clean and wrap all laptops, cables, headsets, keyboards and other peripherals, and pass on to shipping & receiving, or warehouse to coordinate pickup or delivery to staff working from home | | | | |
| 2. Require staff bring company provided headsets and laptops to the workplace, and take them home daily | | | | |
| 3. Identify company furniture for staff to use long-term (if working from home), and pass to shipping & receiving, or warehouse to coordinate pickup or delivery to staff working from home | | | | |
| Provide alcohol-based towelettes / wipes for staff to wipe down laptops, keyboards, etc. | | | | |

Awareness and Education

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Educate staff on what to expect when they return to the workplace through video to include, e.g.,: | | | | |
| Team assignment Rotation Staggered hours Contact tracing Personal hygiene and Personal Protective Equipment (PPE) Workplace routes Workplace etiquette | | | | |
| 2. Educate staff on what to expect when they return to the workplace through Intranet posting | | | | |
| 3. Educate staff on what to expect when they return to the workplace through email posting | | | | |
| a. Use virtual tour, video clips, printed materials with photos, graphics, etc., to illustrate changes to the workspace | | | | |
| b. Provide instructions on use of and disposal of PPE | | | | |
| c. Provide instructions on new / enhanced cleaning protocols | | | | |
| Develop a 'virtual tour' of the post-pandemic workplace to walk returning employees through the re-engineered workplace to let them see the changes before coming on-site | | | | |
| Note: Consider making video accessible for viewing on mobile devices | | | | |
| a. This video can be used to show staff changes in building entry and exit, allocation of workspace in the workplace, etc. | | | | |
| b. Require staff to watch video as part of compliance training program before returning to the workplace | | | | |

Awareness and Education (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| 5. Develop soft opening guidelines | | | | |
| a. Food - Delivery procedures, use of cutlery, utensils, dishwasher, refrigeration cleaning schedule, where to eat | | | | |
| b. Clean desk - Personal items (e.g., laptop, mouse, cables) to be taken home at end of shift; cleanliness of area; cleaning protocols | | | | |
| c. Personal health – Temperature and other screening requirements | | | | |
| d. Visitors – No visitors without Manager approval | | | | |
| e. Visitors – Signing of travel and health form; temperature screening, wearing of face coverings; no handshaking | | | | |
| f. Travel – Commuter, domestic, and international travel | | | | |
| g. Elevator usage – Social distancing | | | | |
| h. Personal hygiene and PPE – Handwashing, use and disposal of PPE | | | | |

Handling Unwell Staff

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| Review and understand public health department guidelines pertaining to handling sick staff | | | | |
| Adjust company Human Resources policy requiring staff to stay at home when sick, or get a doctor's clearance to be at work | | | | |
| 3. For companies deemed part of the critical infrastructure, develop procedures for workers who may have been exposed to someone with Covid-19 (suspected or confirmed) to return to the site within less than the incubation period (14 days) if they are asymptomatic and adhere to additional protocols. Note: The procedures must be in line with public health department guidelines, and may include e.g., pre-screening; regular monitoring; wearing a face mask; social distancing; clean and disinfect work area. Refer Centers for Disease Control and Prevention (CDC) guidance | | | | |
| 4. Hire Medical Advisor for on-site or telemedicine advice for 3-6 months a. Medical Advisor may be able to assist with temperature and other screening | | | | |
| 5. Move staff member exhibiting signs of sickness to an isolation room if they cannot leave the premises immediately a. Arrange for Covid-19 diagnostic testing with medical provide or public health department | | | | |

Handling Unwell Staff (cont.)

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|---|-----|----|-----|----------------------------|
| 6. Clean and disinfect location where person was sitting and/or working in accordance with State and local public health department requirements | | | | |
| a. Identify all locations where the person worked | | | | |
| 7. Clean and disinfect area in vicinity of where person was sitting and/or working | | | | |
| 8. Evacuate workplace, clean and disinfect prior to staff re-entering site | | | | |
| a. Identify all locations where the person worked | | | | |
| 9. Revisit Employee Assistance Program policy and determine if services need to be increased | | | | |
| a. On-site staff counselling | | | | |
| b. Telecounselling services | | | | |
| 10. Establish mechanism for contact tracing Note: Provide support and documentation to public health department, as directed | | | | |

Reinfection Response Plan

| Areas for Consideration | Yes | No | N/A | Other (provide comment) |
|--|-----|----|-----|----------------------------|
| 1. Establish triggers that may necessitate workplace partial or total closure, and staff return to remote working | | | | |
| a. An increase in the number of infections in the community | | | | |
| Note: Use reputable sources to gather trend data, e.g., deaths, hospitalizations | | | | |
| b. A single case in the workplace | | | | |
| c. Multiple cases in the workplace | | | | |
| 2. Notify Crisis/Incident Management Team of suspected or actual Covid-19 case(s) in the workplace, at customer or client site | | | | |
| 3. Activate Crisis/Incident Management Team. Leverage lessons learned to date | | | | |
| a. Consider timing of notification and workplace access issues | | | | |
| b. Determine risk / exposure to staff at the workplace | | | | |
| c. Assess risk / exposure of staff working at customer or client site | | | | |
| d. Follow instructions of public health department | | | | |
| Coordinate with Facilities or building management as applicable | | | | |
| a. Ensure proper signage and access controls | | | | |
| b. Conduct deep cleaning and disinfect work area, and common areas known to have been accessed. If necessary, close workplace for cleaning throughout | | | | |
| Note: Refer checklist: | | | | |
| Cleaning Protocols | | | | |
| | | | | |

Reinfection Response Plan (cont.)

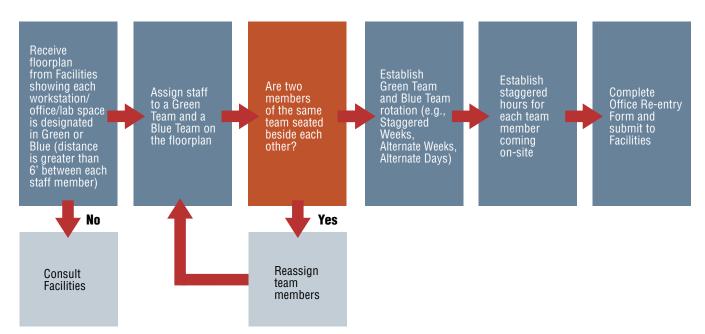
| Areas for Consideration | | Yes | No | N/A | Other (provide comment) |
|---|---|-----|----|-----|----------------------------|
| 5. Establish communications | | | | | |
| a. To staff on status, and any actions they should take, e.g., temporary evacuation from primary to alternate worksite, return to working from home, or a combination of the two | | | | | |
| b. To visitors and other third parties regarding access controls | | | | | |
| c. To broader community, if warranted | | | | | |
| 6. Coordinate actual or suspected cases through Human Resources | | | | | |
| Note: This may include a staff member who has had exposure through close contact with another confirmed Covid-19 case | d | | | | |
| a. Track and manage cases | | | | | |
| b. Perform contact tracing | | | | | |
| c. Provide staff support and outreach | | | | | |
| Note: Additional support may be provided through Employee Assistance Program or equivalent | | | | | |
| d. Monitor situation and identify concerns | | | | | |
| e. Communicate with travelers who may have been notified of exposure | | | | | |
| 7. Ensure staff abide by organization protocols | | | | | |
| a. Daily temperature screening and reporting | | | | | |
| Note: Refer checklist: | | | | | |
| Temperature and Other Screening | | | | | |
| b. Wearing and disposal of Personal Protective Equipment in the workplace | | | | | |
| c. Workspace guidelines | | | | | |
| Note: Refer checklist: | | | | | |
| WorkspaceCommon Areas/Rooms | | | | | |
| d. Customer or client protocols | | | | | |
| e. Quarantine guidelines | | | | | |

Re-entry Form

The Office Re-entry form on the next page is intended to be completed by the head of the business unit or department to determine which members of staff are available and/or wish to return to work on-site, and when.



Office Re-entry Decision Tree



Guidance for Completing Office Re-entry

Facilities tasks:

- On a floorplan, designate each workstation, office, or lab bench space for either a Green Team or Blue Team member (ensure no members of the same team will be seated beside each other) with a physical distance greater than 6' (or 2 meters) between one member of staff on-site and the next, e.g.,
- Leave at least every other workstation vacant
- Leave at least every other office vacant
- Leave at least every other lab bench space vacant
- Provide each Department Head with the marked up floorplan

Business Function tasks:

- Receive marked up floor plan from Facilities
- Complete Office Re-entry Form (next page) based on phased re-entry for 1/3 and 2/3 of staff:
- Establish two teams: Green Team and Blue Team
- No Green Team member is to be on-site at same time as Blue Team member
- If necessary, assign each team member to a workstation, office or lab bench space according to their team assignment, or let them select a space according to their team color
- Establish the frequency when either the **Green Team**, or **Blue Team** may come on-site.
 - Staggered Weeks (e.g., Weeks 1 & 2: Green Team on-site M-F; Weeks 3 & 4 Blue Team on-site M-F)
 - Alternate Weeks (e.g., Week 1: Green Team on-site M-F | Week 2: Blue Team on-site M-F)
 - Alternate Days (e.g., Week 1: Green Team on-site M,W,F; Blue Team on-site T, Thu |
 Week 2: Blue Team on-site on M,W,F and Green Team on T, Th)
- Establish and assign staggered hours when each team member should arrive on-site e.g., every 30 minutes
- Submit completed form to Facilities (XYZ@email.com)

Office Re-entry Form

Complete and submit this form to [XYZ] by [date]

| Business Function: | Department Name: |
|---------------------|------------------|
| Proposed By (Name): | Date: |
| Approved By (Name): | Date: |

Note: This form is intended to be completed at the departmental level in consultation with Facilities. The number (or percentage of staff) required for return to work will depend on business continuity objectives and the number of personnel required to achieve those objectives. The number of personnel required to be "in place" at the primary workplace is likely to be different post pandemic than it was pre-pandemic.

| | Assume 18 s | ird of Staffing Levels staff, so max 6 people on Green Team, 3 or | e to return to | Assume 18 s | irds of Staffing Level staff, so max 12 peopl 6 on Green Team, 6 or | e to return to |
|---|--------------------------|---|---|--------------------------|---|--|
| | | Green Team Members | Blue Team Members | | Green Team Members | Blue Team Members |
| Floor Number and Location (Workstation, Office, Lab Space) Identifier | Staggered Entry Hours | Rotation Frequency: E.g.,: Staggered Weeks — Week 5/04, 5/11, 6/01, 6/08 | Rotation Frequency: E.g.,: Staggered Weeks — Week 5/18, 5/25, 6/15, 6/22 | Staggered Entry Hours | Rotation Frequency: E.g.,: Alternate Days— Week 6/01, 6/15, 6/29 -M,W,F + Week 6/08, 6/22, 7/06 - T, Thu | Rotation Frequency: E.g.,: Alternate Days - 6/01, 6/15, 6/29 -T, Thu + Week - 6/08, 6/22, 7/06 M,W,F |
| | | | | | | |
| | | | | | | |

Office Re-entry Form (cont.)

| | Assume 18 stat | ird of Staffing Level s ff, so max 6 people to n Green Team, 3 on B | o return to work | Assume 18 s | hird of Staffing Levels staff, so max 12 peopl 6 on Green Team, 6 or | e to return to |
|---|--------------------------|---|---|--------------------------|---|--|
| | | Green Team Members | Blue Team Members | | Green Team Members | Blue Team Members |
| Floor Number and Location (Workstation, Office, Lab Space) Identifier | Staggered Entry Hours | Rotation Frequency: E.g.,: Staggered Weeks — Week 5/04, 5/11, 6/01, 6/08 | Rotation Frequency: E.g.,: Staggered Weeks — Week 5/18, 5/25, 6/15, 6/22 | Staggered Entry Hours | Rotation Frequency: E.g.,: Alternate Days— Week 6/01, 6/15, 6/29 -M,W,F + Week 6/08, 6/22, 7/06 - T, Thu | Rotation Frequency: E.g.,: Alternate Days - 6/01, 6/15, 6/29 -T, Thu + Week - 6/08, 6/22, 7/06 M,W,F |
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Visitor Travel and Health Screening Form

An example Visitor Travel and Health Screening Form is provided on the next page for all visitors to complete prior to entering the workplace. If appropriate, add space to capture home contact numbers as well as after-hours contact numbers for follow-up.



Visitor Travel and Health Screening Form

Complete and submit this form to [XYZ]

| Your Full Name: | YourEmployerName: |
|---------------------|-----------------------------|
| Your Work Number: | Your Cell Number: |
| Your Email Address: | Person/Department Visiting: |

| Travel and Health Screening | | | | | | |
|---|-----|----|--|--|--|--|
| I have visited the following countries in the previous 14 days (list all): | | | | | | |
| 2. I have been in close contact or cared for someone with Covid-19 in the past 14 days: | YES | NO | | | | |
| 3. II have had one or more of these symptoms within the past three days: (1) fever with temperature above 37.6 "C or 99.7°F 99 F, (2) dry cough, (3) fatigue, (4) body aches and pains, (5) sore throat, (6) trouble breathing or (7) shortness of breath | | | | | | |

If the answer to any of the questions is "Yes", you will not be allowed entry to the facility at this time

Signature: _____ Date (mm/dd/yyyy): _____

References

Many of the checklists contained in this plan reference various sources of information. It is recommended the reader consult the specific Covid-19 page on the respective websites for further guidance



References

- 1. Building Owners and Managers Association (BOMA) www.boma.org
- Centers for Disease Control and Prevention (CDC) www.cdc.gov
- 3. Health Insurance Portability and Accountability Act (HIPAA) www.hhs.gov/hipaa
- 4. International Facility Management Association (IFMA) www.ifma.org
- 5. National Elevator Industry (NEI) www.nationalelevatorindustry.org
- 6. Occupational Safety and Health Administration (OSHA) www.osha.gov
- 7. The Risk Management Society (RIMS) www.rims.org
- 8. The Society for Human Resource Management (SHRM) www.shrm.org
- 9. U.S. Food and Drug Administration (FDA) https://www.fda.gov/home
- 10. World Health Organization (WHO) https://www.who.int

Who we are



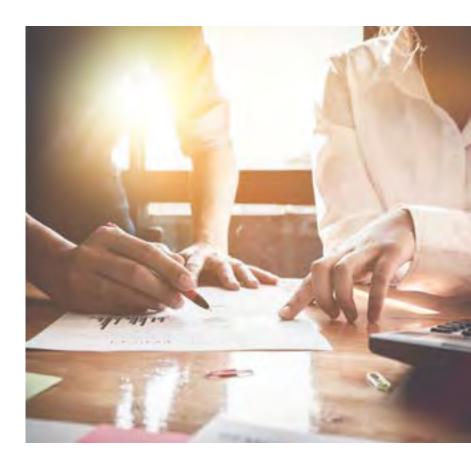
Lessen your risk

We realize that we've given you a lot to think about as you plan to reopen your workplace. And it probably seems daunting.

But know that we're here for you with a re-entry strategy that fits well with your particular business.

Raymond-Cox Consulting is a boutique risk management consulting firm based out of San Francisco, California, USA. Founded in 2010, the firm provides a full range of Emergency Management and Business Continuity consulting services: crisis/incident management, IT disaster recovery and pandemic planning to help businesses and not-for-profit agencies.

Let's start the conversation today.





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