



# Epidemic, Pandemic, and Communicable Diseases Procedure

## COVID-19 Health Protection and Infection Prevention

Procedure Number: 024

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Authorized by: Executive Director

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### 1) Purpose:

Timberland Regional Library (TRL) has developed the COVID-19 Health Protection and Infection Prevention Procedure to provide guidance for staff upon return to work in TRL facilities during the COVID-19 pandemic. These procedures shall be enforced at all times in all TRL facilities by the management staff on duty at that time.

All managers and employees must acknowledge having received and reviewed this document and its appendixes. Supervisory staff are responsible for ensuring employee health and safety, therefore all supervisors shall coordinate with Human Resources and Administration to ensure compliance with this plan (see Appendix A). Noncompliance with this procedure may result in disciplinary action.

### 2) Scope:

This procedure pertains to all TRL employees, service providers, volunteers, and or contractors [as permitted].

### 3) Background:

None.

### 4) Definitions:

A. COVID-19: Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world. COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

B. Personal Protection Equipment (PPE): Equipment worn to minimize exposure to a variety of hazards.

C. Social Distancing: Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

1. Stay at least 6 feet (about 2 arms’ length) from other people
2. Do not gather in groups

D. Stay out of crowded places and avoid mass gatherings

E. Quarantine/Isolation: Quarantine and isolation help protect the public by preventing exposure to people who have or may have a contagious disease.

1. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

2. Isolation separates sick people with a contagious disease from people who are not sick.

## 5) Procedure:

### A. Limiting Exposures:

Due to the nature of work staff perform throughout the day, TRL can be classified as a low (caution) or medium-risk worksite per the OSHA Worker Exposure guidelines (see Appendix B). In order to limit the potential spread of COVID-19 in district facilities, TRL has adopted a Zero Tolerance stance for employee health protection. Prior to starting a shift, each employee must self-certify to their supervisor that they:

1. Have no signs of a fever or a measured temperature above 100.3 degrees (the CDC defines a fever as  $\geq 100.4^{\circ}\text{F}$ ).
2. Have no sign of COVID-19 symptoms or COVID-19-like symptoms for the last 14 consecutive days.
3. Have not had close contact with any person with known, suspected or possible COVID-19 diagnosis (i.e. a person with COVID-19 symptoms or confirmed testing status) for a prolonged period of time ( $\geq 15$  minutes) in the last 14 consecutive days. Close contacts may include household members, intimate partners or individuals within six feet of the person with known, suspected or possible COVID-19 infection.
4. Have not been asked to self-isolate or quarantine by their doctor or a local public health official.

All TRL staff are expected to stay home if they are sick and to leave the worksite immediately should they begin to feel sick. Typical symptoms of COVID-19 include any combination of **cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell**. If a staff member exhibits any of the symptoms listed, they are to immediately report this to their supervisor (via phone, text, or email) and leave the worksite immediately. If coworkers appear to be experiencing or complain of COVID-19 like symptoms, they are to be directed to supervisory staff and asked to leave the facility immediately.

Employees exhibiting symptoms or unable to self-certify must be directed to leave the worksite and seek medical attention and applicable testing by their health care provider. Notify your supervisor immediately if you are diagnosed with a communicable illness. Supervisors and managers will notify their District Manager or departmental Director who will then contact Human Resources, the Health and Safety Committee, and TRL Administration. The employee is not to return to work until cleared by a medical professional, or have not had a fever in 72 hours (without the use of fever reducers), **and** have not had any other COVID-related symptoms for 24 hours. Staff exhibiting symptoms will also need to be approved to return to work in accordance with TRL Human Resources guidelines.


### B. Guidance for Staff Safety:

All employees are required to follow the guidance listed below to prevent exposure and limit the transmission of the virus:



1. Staff will wear a face covering in public spaces.
2. No handshakes or physical greetings.
3. Do not touch eyes, nose, or mouth with hands.
4. Control coughs and sneezes with a tissue, or into elbow if tissue is not available. Tissue must immediately be thrown away and hands washed prior to returning to work.
5. No congregating in public spaces; individuals must take personal responsibility to ensure social distancing with peers at all times.
6. Supervisory staff must implement staggered breaks and lunches in the event that social distancing cannot be obtained during break and meal times due to facility size. Congregating in staff spaces is not permitted.
  - a. Staff must wipe down facilities used during breaks and lunches prior to returning to work area.
  - b. Personal belongings must be maintained at all times and are not to be left out in communal staff spaces; do not make others responsible for moving, touching or interacting with possessions that are not theirs during their break or lunch period.
  - c. When leaving and returning to the worksite for breaks, lunches or other reasons, staff are required to wash hands with soap for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% ethanol or 70% isopropanol before reporting to work.
7. Staff must not use other employees' phones, desks, offices or work tools and equipment whenever possible. All shared implements must be cleaned and disinfected with approved disinfecting solution before and after use.
  - a. Shared work stations must adhere to social distancing requirements.
  - b. Shared areas must be cleaned and wiped down at the end of employee's shift OR if the employee moves to another area.
8. Conduct all meetings via Teams or Zoom, if possible. Individual work meetings must follow social distancing.
9. Limit face-to-face meetings; critical situations requiring in-person discussion must follow social distancing requirements.
10. Meetings of more than 10 people in-person shall not be convened until further notice.
11. Frequent use of handwashing (at least 20 seconds) or alcohol-based hand sanitizers is encouraged and handwashing facilities and alcohol-based hand sanitizers (60% alcohol/70% isopropanol) are readily available for staff use during their scheduled shift.

#### C. Guidance for Safe Facilities:

1. Each building should follow cleaning and decontamination procedures that are posted and shared. These procedures must cover all areas including contact surfaces, shelves, office equipment, and materials (see Appendix C).
  2. All frequently touched surfaces and objects must be regularly cleaned and disinfected, including counters, tables, door handles, laptops, etc. The CDC provides guidance on what frequently touched surfaces are and the correct EPA-registered household disinfectants that combat the SARS-CoV-2 virus.
  3. All common areas and meeting areas are to be regularly cleaned and disinfected at least once a day.
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4. All restroom facilities should be cleaned and handwashing stations must be provided with soap, hand sanitizer and paper towels.
5. All restrooms and break room should have laminated COVID-19 safety guidelines and handwashing instructions.
6. Inactive areas are locked down to all but authorized personnel.

#### D. Guidance for Supervisors:

##### Risk Prevention Practices

1. At the start of each shift, confirm with all employees that they are healthy per the self-certification practice above.
2. Employees shall be provided PPE, including (as appropriate) a standard face covering and gloves. If use of PPE is not mandated, staff may self-select to utilize PPE as they are comfortable with.
3. Ensure staff maintain at least 6' of social distance whenever possible per CDC guidelines. Limit multi-person activities (such as team lifts) when feasible.
4. Clean and disinfect all high-contact surfaces hourly, or following contact or use by staff. This includes but is not limited to tables, desks, laptops, doorknobs and district vehicles.
5. When using TRL machinery or driving TRL vehicles, wipe down all contact surfaces prior to entry and upon departure.
6. Spaces in which staff congregate (such as break areas) shall be monitored to ensure social distancing.
  - a. Breaks and lunches must be staggered in the event that proper social distancing cannot be obtained.
  - b. Cleaning practices must be implemented and maintained after each use. Ensure each staff member is wiping down surfaces used and hands are washed prior to returning to work.

##### Infection Protocol


*Refer to the latest CDC Interim Guidance for Businesses and Employers, May 2020*

As provided in this guidance document, there is zero tolerance for sick workers reporting to work. Employees must be instructed that those who experience COVID-19 symptoms (i.e. cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell) must refrain from entering the worksite or attempting to work. Supervisors must take immediate steps to limit infections at the job site in the event that a worker is found to have tested positive for COVID-19 or has COVID-19 related symptoms. There may be occasions in which someone who has tested positive for COVID-19 or who has COVID-19 symptoms has been in district facilities; prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, vendors, visitors, and others present.

##### **As provided by law, the identity of the worker must be kept confidential.**

1. Upon learning of an infection, immediately notify your supervisor, who will then contact Human Resources and Library Administration. The supervisor or managerial staff present must direct the worker with COVID-19 related

symptoms to leave the worksite immediately and contact their healthcare provider.

2. Once Human Resources is notified that an employee or patron with a communicable or infectious disease has occupied a TRL facility, the Director of Operations must immediately be notified so that the areas occupied can be adequately cleaned and disinfected (See Appendix C). The standard disinfection protocol is as follows:
    - a. Close off the COVID-contaminated location (CCL) the infected person occupied. Open all outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours before beginning cleaning and disinfection.
    - b. Clean and disinfect horizontal surfaces using EPA-registered household disinfectant (e.g. floors, tabletops, keyboards, door handles, chairs, etc.) in the area.
    - c. Sanitize carpeting, if present. Once sanitized and dry, the carpeting must be thoroughly vacuumed with a vacuum that uses high-efficiency particulate air (HEPA) filtering.
    - d. Thoroughly mop with water and disinfectant solution if non-carpeted floors are impacted. Mop heads should be decontaminated or discarded after use.
  
  3. Human Resources shall work with the Director of Operations and the local board of health to identify any potential points of contact that the employee interacted with, to include:
    - a. Other workers, vendors, inspectors, or visitors to the work site with close contact to the individual;
    - b. Work areas such as supply cabinets and designated work stations or rooms;
    - c. Work tools and equipment; and
    - d. Common areas such as break rooms and tables, vending machines, and sanitary facilities.
  
  4. Disinfection Requirements – Disinfection of public and staff areas should follow the most current CDC guidance for the prevention of novel (new) Coronavirus infection in public areas.
    - a. Take immediate steps to disinfect the COVID-contaminated area and directly impacted workspaces; this includes all onsite bathroom facilities, breakrooms, and any other common areas that may have been in close contact with the infected worker.
    - b. Sanitization will be conducted with personnel, equipment and material provided for COVID-19 sanitization.
    - c. The COVID-contaminated area must remain isolated from workers until the cleaning and disinfection process has been completed and the area is deemed safe for use.
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#### E. Returning to Work:

1. All impacted workers should follow CDC guidance on being around others following COVID-19 diagnosis or COVID-like symptoms.
2. Workers who are considered close contacts to a COVID-19 case by public health authorities should not return to work for 14 days and are subject to quarantine per public health protocols.
3. Workers who leave during the workday due to COVID-19 symptoms and develop COVID-19 as confirmed by laboratory testing or diagnosis by a healthcare provider shall not return to the worksite until either released from isolation by their healthcare provider or public health authorities and approved by TRL Human Resources.
4. Workers who test positive for COVID-19 but remain asymptomatic must not return to work until meeting the CDC's criteria for discontinuing home isolation and approved by TRL Human Resources.
5. In all cases, employee names must be kept confidential as required by law. The infected employee may be asked permission to release their name due to facilitate contact tracing. Refer to the most current CDC principles for contact tracing and the World Health Organization's guidance for contact tracing in the context of COVID-19.
6. Other employees may be sent home while the workspace is being cleaned, but will return to work after cleaning unless advised otherwise by a healthcare provider.



## Appendixes:

### Appendix A – Scope of Implementing COVID-19 Procedure

Administration, Human Resources and Library Managers have responsibility for the implementation of this procedure.

**Work Scope:** To provide a dedicated, single-point resource for COVID-19 related issues to include TRL employees, service providers, volunteers and/or contractors [as permitted] entering and working in TRL buildings.


#### **Responsibilities:**

1. Implement TRL's COVID-19 Health Protection and Infection Prevention Plan (COVID-19 Plan).
2. Maintain building COVID-19 plans.
3. Train existing staff and lead orientation for new hires/re-assignments on COVID-19 program procedures, and expectations.
4. Perform program and task specific audits and work hazard analysis for potential COVID-19 impacts.
5. Primary resource for any COVID-19 issues on location.
6. Provide technical support for COVID-19 safety programs for contractor work and building programming with activity coordination. Assist in the review of contractor's COVID-19 safety plans and procedures.
7. Ensure the COVID-19 plan is shared with all department personnel.
8. Prepare, disseminate, and train all staff on COVID-19 guidelines.
9. Maintain site-specific COVID-19 signage and awareness.
10. Promote personal hygiene practices in accordance with CDC recommended guidelines and actions.
11. Assist in the development of site orientation programs for implementation of COVID-19 safety procedures.

#### **Communication:**

1. Ensure protocol updates are shared with onsite personnel.
2. Reporting protocol executed when workers are diagnosed as carrying COVID-19 or suspected/confirmed as having been exposed to COVID-19.
3. Provide positive health messaging to onsite personnel.
4. Provide access and training for evolving CDC guidelines.
5. Workforce engagement and process to incorporate improvements to daily work planning and execution to reduce possible exposure risks.

#### **Preventative Measures:**

1. Identify sick workers/visitors/patrons and limit contact.
  2. Provide verification of the COVID-19 guidelines around the site and observe workforce to identify any workers who show symptoms of illness.
  3. Require all personnel to acknowledge that they have not knowingly been in contact with those who are sick or traveled to a high-risk area within the past 14 days.
  4. Delivery personnel, contractors, service providers and visitors are not allowed on site without adherence to site-specific COVID-19 plan.
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### **Social Distancing/Separation/People Movement:**

1. Ensure all individuals maintain safe working distance from one another and points of contact are limited:
  - a. Support preparation of separation plans so staff maintain adequate distance and work is limited in the same location.
  - b. Personnel-specific tools will be provided when applicable; cleaning protocols to be established if sharing is required.
  - c. Lunch scheduling staggered to maintain safe worker distancing when space is limited.
  - d. Update plans daily to ensure staff work tasks can be maintained with adequate social distancing.
  - e. When possible, ensure multiple points of entry and exit to limit flow of workers as they arrive and depart for the day.

### **Site Cleaning Protocols:**

1. Ensure adequate handwashing facilities are available.
2. If soap/water are not readily available, alcohol-based sanitizer that contains 60% alcohol will be made available throughout site.
3. Assist in the development of signs and training telling people how to properly dispose of their debris/trash. Ensure staff understand not to leave personal trash for others to clean and potentially share germs.
4. Community equipment and tools will be checked out on a daily basis and cleaned at end of shift.
5. All personnel must utilize their own dedicated PPE; sharing of PPE will not be permitted.
6. Review and approve cleaning protocols and schedules in high contact workspaces.
7. Support staff dedicated to cleaning consistent with CDC guidelines.

### **Appendix B - Work Hazard Assessment, COVID-19 Exposure**


According to the Occupational Safety and Health Administration (OSHA), most American workers will likely experience low (caution) or medium exposure risk levels at their job or place of employment.

1. Jobs Classified at 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 SARS-CoV-2 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.
  - a. 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.
  - b. Administrative Controls:





1. Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website.
  2. Collaborate with workers to designate effective means of communicating important COVID-19 information.
  3. Additional Personal Protective Equipment 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.
2. Jobs Classified at Medium Exposure Risk: Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, 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).
- a. Engineering Controls:
    1. Install physical barriers, such as clear plastic sneeze guards, where feasible.
    2. Improve building ventilation system(s) per ASHRAE and CDC recommendations. This may include some or all of the following activities:
      - a. Increase ventilation rates.
      - b. Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
      - c. Increase outdoor air ventilation, using caution in highly polluted areas. With a lower occupancy level in the building, this increases the effective dilution ventilation per person.
      - d. Disable demand-controlled ventilation (DCV).
      - e. Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
      - f. Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
      - g. Check filters to ensure they are within service life and appropriately installed.
      - h. Keep systems running longer hours (including 24/7) to enhance air exchanges in the building.
  - b. Administrative Controls:
    1. Consider offering face coverings to ill employees and patrons to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In
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the event of a shortage of reusable face coverings, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission.

2. Keep patrons informed about symptoms of COVID-19, such as by posting signs about COVID-19 in areas where patrons may visit including COVID-19 information in automated messages sent when archival materials are ready for pick up.
3. Where appropriate, limit patrons' and the public's access to the worksite, or restrict access to only certain workplace areas.
4. Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, and telework options).
5. Communicate the availability of medical screening or other worker health resources.
6. 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 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. 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.

## **Appendix C - Cleaning and Decontamination Guidance**

According to the CDC, the risk of exposure to staff during cleaning is inherently low. However, staff should practice safety while engaging in cleaning and disinfection practices.

### **Preventative Cleaning and Disinfection:**

1. Daily preventative cleaning and disinfection of public areas should be conducted before opening, at regular intervals throughout the day, and after daily operation.
2. Upon closure, bathroom fixtures, floors and waste bins should be wet-cleaned and disinfected to keep the environment cleaned.
3. Disinfection of trash cans should be performed after garbage collection (either by spraying or wiping down with approved disinfectant).
4. High-touch surfaces (tables, counters, handrails, light switches, and library equipment) should be disinfected regularly throughout the day with approved disinfectants.
5. Promote natural ventilation where conditions allow to aid in circulation. Air conditioning ventilation should be enhanced and exhaust fans should be cleaned and disinfected at least monthly using approved disinfectants. Adequate time for ventilation will be needed once disinfection is complete.

### **Safe Cleaning Practices:**

1. Staff must follow normal preventative actions and refrain from touching eyes, nose, or mouth with unwashed hands.



2. Staff engaging in cleaning activities should clean hands often – including immediately after removing gloves and after contact with others. Hands must be washed using soap and water for 20 seconds.
3. If soap and water are not presently accessible, an alcohol-based sanitizer that contains at least 60% alcohol may be used. If hands are visibly soiled, seek out handwashing with soap and water.
4. Additional PPE may be advised and provided dependent upon the cleaning and disinfectant products being used.
5. Staff engaged in cleaning actions should immediately report breaches in PPE (such as tear in gloves or other potential exposures while cleaning) to supervisor.

### **Disinfection Methods of Common Objects:**

When suspected or confirmed cases are identified, terminal disinfection (complete cleaning of the site) must be performed. Staff must follow CDC Guidelines for Cleaning and Disinfection in Community Facilities.

1. **Walls:** Walls must be sprayed or wiped down using approved disinfectant that contains 1,000 mg/L of chlorine.
2. **Floors:** floors should be sprayed with disinfectant that contains 1,000 mg/L of chlorine once from outside the room to inside, and repeated in reverse from inside to outside. The disinfection should not take less than 30 minutes.
3. **Textiles:** For clothing, towels, linens and other items
  - a. Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
  - b. **Wear disposable gloves** when handling dirty laundry from a person who is sick.
  - c. Dirty laundry from a person who is sick can be washed with other people's items.
  - d. **Do not shake** dirty laundry.
  - e. Clean and **disinfect clothes hampers** according to guidance above for surfaces.
  - f. Remove gloves, and wash hands right away
4. **Tableware/Drinkware:** After food residues are removed, tableware and drinkware should be boiled and sterilized for 30 minutes, or soaked in a chlorine-containing disinfectant that contains 500 mg/L for 30 minutes before it is washed with clean water.
5. **Hard (Non-Porous Surfaces):** Prior to disinfection, dirty surfaces must be cleaned using a detergent or soap and water.
  - a. To disinfect non-porous surfaces, most common EPA-registered household disinfectants should be effective; follow manufacturer's guidance for all cleaning and disinfection products regarding concentration, application and contact time.
  - b. If EPA-registered household disinfectants are not available, a diluted household bleach solution (using unexpired bleach) may be used for up to 24 hours if appropriate for the surface, a contact time of at least 1 minute with the surface can be guaranteed, and proper ventilation is provided during and after the application.

1. Prepare a bleach solution by mixing **5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons of bleach per quart of water.**
  2. Do not mix bleach with ammonia or any other cleanser.
  3. Dispose of bleach solution after 24 hours.
  4. If solutions are mixed incorrectly it will not be effective, and if mixed with other chemicals, it becomes potentially dangerous for inhalation.
1. **Soft (Porous) Surfaces:** Soft (porous) surfaces include carpeted floors, rugs, and drapes. Clean using appropriate cleaners indicated for use on item, then use EPA-registered disinfectant that is suitable for the type of porous surface present.
    - If the item can be laundered, launder in accordance with manufacturer's instructions using the warmest appropriate water setting and dry completely following disinfection.
  2. **Vehicles:** Vehicle surfaces must be sprayed or wiped down using a 1000mg/L chlorine containing disinfectant, then wiped down with clean water following 30 minutes of disinfection.

**6) References:**

- a. Occupational Safety and Health Administration (OSHA) Worker Exposure guidelines.
- b. Center for Disease Control (CDC) and Environmental Protection Agency (EPA) guidelines.

**7) Citations:**

None.

*By the enactment of this procedure the Executive Director of Timberland Regional Library is concurrently rescinding any prior policy or procedure within TRL that is either in conflict with or expansive of the matters addressed in this procedure.*

