Business Reopening Plan (BRP) Checklists`

This Business Reopening Plan Checklist is designed to assist in consideration to help preventing spread of COVID-19 and increase the probability of a successful reopening. All businesses should consider how best to decrease the spread of infection and lower the impact in their workplace. This includes following all tribal, local, state or federal guidelines and may include activities in one or more of the following areas:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tribal | BNBuilders | Commercial Building Solutions | How to hire employees for a new business - My Own Business ... | Live Updates: Coronavirus in Western New York | Rochester Regional ... |  |  | |  | | | | | |
| *Prepare your Buildings* | *Prepare your Employees* | *Review Supplies* | *Evaluate Personal Protective Equipment* | | *Prepare Hygiene & Sanitation Plan* | | *Plan your Communication* | | |
| **Deep cleaning plans, pre-return inspections, HVAC mechanical systems** | **Responsibilities, training, PPE, screening, high-risk concerns** | **Disinfectants, PPE, Barrier controls, inventory for operations** | **Decreased density, schedule management, physical layout** | | **Pre-opening policies, rules, sanitation schedule, common areas, self-service items** | | | **Communicate opening plans transparently, collect regular updates** | | |
|  |  |  |  | |  | | |  |

To assist with your reopening planning, the following checklist has been assembled to provide general items to consider. We anticipate that some businesses will have unique operations not addressed in this document. This list is not exhaustive and does not replace tribal, local, state or federal requirements or guidance. The objective of the checklist is to help provide thought-provoking items to consider as part of your reopening plan with a focus on:

1. Reducing transmission among employees, guests, and vendors
2. Maintaining a healthy work environment

***Disclaimer:*** *This document is intended as a guidance document and is not considered exhaustive or designed to cover all potential district, local, state or federal requirements. All users retain the responsibility to review district, local, state and federal requirements and apply and augment this information appropriately. Alliant does not accept responsibility for the application of information contained within.*

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**Business Reopening Plan Checklist: Property**

| **Questions/Considerations** | | **Yes** | **No** | **N/A** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Air & Water Quality**: (*See also “Supplies” section)* | | | | | | | |
| 1. | **Has adequate water flow in building plumbing been maintained to prevent stagnation issues?** |  |  |  |  |  |  |
| 2. | **If not, has indoor water quality testing been done per EPA safe drinking water test standards?** |  |  |  |  |  |  |
| 1. 3. | **Were HVAC systems running and set to prevent mold producing humidity?** |  |  |  |  |  |  |
| **Vermin:** | | | | | | | |
| 1. | **Has Pest Control been continued during idle period?** |  |  |  |  |  |  |
| 2. | **Signs of mice/rat infestation in pantries, mechanical rooms, crawl spaces?** |  |  |  |  |  |  |
| 3. | **Signs of ant or termite infestation (geographic region)?** |  |  |  |  |  |  |
| 4. | **Signs of bird or bat infestations in high ceiling areas such as gymnasiums or warehouses?** |  |  |  |  |  |  |
| **Food:** | | | | | | | |
| 1. | **Any food left behind checked for expiration dates or spoilage?** |  |  |  |  |  |  |
| 2. | **Tainted or expired food products disposed of immediately?** |  |  |  |  |  |  |
| 3. | **Unsanitary conditions exist (kitchen, breakroom, etc.)?** |  |  |  |  |  |  |
| **Security:** | | | | | | | |
| 1. | **Signs of vagrant occupation or attempts at entry?** |  |  |  |  |  |  |
| 2. | **If yes, repair/cleanup needed, and what level?** |  |  |  |  |  |  |
| 3. | **Security alarm systems undamaged & operating properly?** |  |  |  |  |  |  |
| 4. | **Physical security (doors, fences, roof hatches, etc.) uncompromised?** |  |  |  |  |  |  |
| 5. | **CCTV cameras & system operating properly?** |  |  |  |  |  |  |
| 6. | **Trees, bushes trimmed to facilitate visibility?** |  |  |  |  |  |  |
| 7. | **Security lighting still operational and illuminating adequately?** |  |  |  |  |  |  |
| 8. | **IT Security Department run a breach test before IT systems brought back on line?** |  |  |  |  |  |  |
| **Housekeeping and Storage**: | | | | | | | |
| 1. | **No combustibles stored near furnaces, hot water heaters, electrical panels?** |  |  |  |  |  |  |
| 2. | **Waste/trash receptacles emptied?** |  |  |  |  |  |  |
| 3. | **Paths of travel free of storage items?** |  |  |  |  |  |  |
| 4. | **Exterior path of travel and egress unobstructed?** |  |  |  |  |  |  |
| 5. | **Exterior is free of waste or trash?** |  |  |  |  |  |  |
| 6. | **Flammable liquids stored properly?** |  |  |  |  |  |  |
| **Fire Protection**: | | | | | | | |
| 1. | **Sprinkler water pressure still adequate?** |  |  |  |  |  |  |
| 2. | **Sprinkler valves secured in open position and undamaged?** |  |  |  |  |  |  |
| 3. | **No visual signs of leaking or damage to any components?** |  |  |  |  |  |  |
| 4. | **Extinguishers are accessible, charged, and undamaged?** |  |  |  |  |  |  |
| 5. | **Required annual sprinkler maintenance has not lapsed?** |  |  |  |  |  |  |
| 6. | **Fire Pump is in automatic mode, churn test conducted?** |  |  |  |  |  |  |
| 7. | **Fire Pump has adequate fuel?** |  |  |  |  |  |  |
| 8. | **Alarms (waterflow, valve tamper, smoke/fire) undamaged and operating properly?** |  |  |  |  |  |  |
| 9. | **Suction tank have adequate water?** |  |  |  |  |  |  |
| 10. | **Fire Doors unobstructed and inspections up to date?** |  |  |  |  |  |  |
| 11. | **Brush cleared away from buildings?** |  |  |  |  |  |  |
| **Life Safety & Emergency** | | | | | | | |
| 1. | **All paths of egress and walkways unobstructed?** |  |  |  |  |  |  |
| 2. | **All emergency lighting tested and functional?** |  |  |  |  |  |  |
| 3. | **All exits identified and unobstructed?** |  |  |  |  |  |  |
| 4. | **Emergency generator tested and functional?** |  |  |  |  |  |  |
| 5. | **Generator fuel supply adequate?** |  |  |  |  |  |  |
| 6. | **Emergency eyewash stations flushed and operational?** |  |  |  |  |  |  |
| 7. | **Emergency showers flushed and operational?** |  |  |  |  |  |  |
| **Building Maintenance**: | | | | | | | |
| 1. | **Roof drainage system free of obstructions and undamaged?** |  |  |  |  |  |  |
| 2. | **Roof condition undamaged?** |  |  |  |  |  |  |
| 3. | **Water drainage discharge directs water away from building and foundation?** |  |  |  |  |  |  |
| 4. | **Any interior signs of water intrusion?** |  |  |  |  |  |  |
| 5. | **HVAC systems are tuned up, filters clean, and ready for use?** |  |  |  |  |  |  |
| 6. | **Boiler certification is up to date (if applicable)?** |  |  |  |  |  |  |
| 7. | **Plumbing fixtures show no sign of leaking?** |  |  |  |  |  |  |
| 8. | **Flush potable water lines at fixtures to replace stagnant water?** [**Guidance for Building Water Systems**](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html) **(after prolonged shutdown)** |  |  |  |  |  |  |
| 9. | **Flush all floor drains with water to flush any septic gas?** |  |  |  |  |  |  |
| 10. | **Exercise and test operational mechanical equipment, e.g. stoves, ovens, mixers, etc.?** |  |  |  |  |  |  |
| 11. | **All interior lighting functional, especially stairwells and interior hallways?** |  |  |  |  |  |  |

**Business Reopening Plan Checklist: Supplies**

| **Questions/Considerations** | | **Yes** | **No** | **N/A** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **Disinfectant Supplies:** Are your disinfectant chemicals consistent with the approved CDC’s U.S. EPA disinfectant list? <https://www.epa.gov/coronavirus> |  |  |  |  |  |  |
| 2. | **HVAC Supplies:** Are your HVAC filters consistent with ANSI/ASHRAE Standards 62.1 and 62.2 (ASHRAE 2019a and 2019b) recommendations? Upgrade HVAC filters to use a MERV 16 filter, but not less than a MERV 11 filter? <https://www.ashrae.org/technical-resources/resources> |  |  |  |  |  |  |
| **Employee PPE:** | | | | | | | |
| Do you have adequate supply of PPE to cover usual operations and new safety recommendations such as: | |  |  |  |  |  |  |
| 1. | **Eye and face protection** |  |  |  |  |  |  |
| 2. | **Disposable Nitrile gloves** |  |  |  |  |  |  |
| 3. | **Uniforms or other clothing such as lab coats, scrubs, shoe coverings, etc.?** |  |  |  |  |  |  |
| 4. | **Body temperature taking equipment such as infrared thermometers** |  |  |  |  |  |  |
| 5. | **Hand sanitizer stations** |  |  |  |  |  |  |
| 6. | **Disinfectant materials such as wipe stations, spray bottles and EPA approved chemicals** |  |  |  |  |  |  |
| 7. | **Respiratory protection (N95), face covering, and/or surgical masks** |  |  |  |  |  |  |
| **General Health Supplies** | | | | | | | |
| **Guest Health Supplies:** Will supplies be made available for guest to provide safety and/or add to their comfort such as: | |  |  |  |  |  |  |
| 1. | **Disposable surgical type masks or face covering** |  |  |  |  |  |  |
| 2. | **Disposable Nitrile gloves** |  |  |  |  |  |  |
| 3. | **Hand Sanitizer** |  |  |  |  |  |  |
| 4. | **Disinfectant wipe floor stations** |  |  |  |  |  |  |
| 6. | **Signage:** Additional hand washing signs, employee notices on illness signs and when not to come in, public notifications, public information signage on business protocols to protect their safety |  |  |  |  |  |  |
| 7. | **Physical Barrier Controls:** Do you have open service windows or counters without glass or plexiglas barriers that should have a physical barrier added? |  |  |  |  |  |  |
| 8. | **If areas of the operation will be blocked off, or pedestrian routes modified, or social distancing markers in place, do you have or need:**   * Barricade Tape * Stanchions * Floor place cards or tape marking |  |  |  |  |  |  |
| 9. | **General:** Are there adequate lined disposal containers throughout the facility to handle the increase of additional refuse? |  |  |  |  |  |  |
| **Operational Supplies:** | | | | | | | |
| 1. | **Housekeeping supplies** (i.e. Disinfectant chemicals, cleaning supplies, paper products, hygiene products, protective gloves) |  |  |  |  |  |  |
| 2. | **Food and Beverage** |  |  |  |  |  |  |
| 3. | **Gaming** (i.e. forms, cards, chips, dice) |  |  |  |  |  |  |
| 4. | **Retail** (i.e. inventory stock, gift bags, new stock, personal hand sanitizers) |  |  |  |  |  |  |
| 5. | **Hotel** |  |  |  |  |  |  |
| 6. | **Maintenance/Facilities Department** |  |  |  |  |  |  |
| 7. | **Medical/First Aid:** Will additional medical first-aid supplies be necessary? |  |  |  |  |  |  |

**Business Reopening Plan Checklist: Disinfection**

| **Question/Consideration** | | **YES** | **NO** | **NA** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Planning & Inventory** | | | | | | | |
| 1. | **Are the disinfection materials being used approved by EPA for infectious diseases like COVID-19 (**[**EPA LINK**](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)**)?** |  |  |  |  |  |  |
| 2. | **Is there a documented disinfection plan (including at a minimum what disinfectant will be used, ranking of disinfection priority by location/activity, or equipment, where disinfected is used, frequency of disinfection, who is allow to complete disinfection activities)?** |  |  |  |  |  |  |
| 3. | **Is there adequate quantity of cleaning equipment (sprayers, misters, etc.) available for employees?** |  |  |  |  |  |  |
| 4. | **Has a quantity needed of disinfectant and equipment been determined? Does this included anticipated usage according to disinfection plan?** |  |  |  |  |  |  |
| 5. | **Have you communicated the disinfection plan to all involved?** |  |  |  |  |  |  |
| **Disinfectant Use & Employee Protection** | | | | | | | |
| 1. | **Is the concentration or dilution of the disinfectant used following Manufacturer, Centers for Disease Control & Prevention (CDC), or EPA guidelines?** |  |  |  |  |  |  |
| 2. | **If dilution of mixing of disinfectant is to be conducted, are there adequate protection for employee exposure (ex. PPE – gloves, safety glasses or goggles, ventilation)? Is emergency eyewash within 10 seconds?** |  |  |  |  |  |  |
| 3. | **Are manufacturer’s recommendations for contact time of disinfectant followed?** |  |  |  |  |  |  |
| 4. | **Are manufacturer’s recommendations for care in handling and storing of disinfectant followed?** |  |  |  |  |  |  |
| 5. | **Are protocols documented for use of space following disinfection activities (ex. does area need to be blocked to access for a specific period of time)?** |  |  |  |  |  |  |
| 6. | **Are there protocols documented for disinfection of spills of blood, bodily fluids or soiled materials (following Blood-borne Pathogens requirements)?** |  |  |  |  |  |  |
| 7. | **Are there protocols documented for disposal of contaminated waste or clothing as BioWaste (following Blood-borne Pathogens requirements)?** |  |  |  |  |  |  |
| **Employee Training** | | | | | | | |
| 1. | **Are all staff involved in disinfection activities trained in hazard communication?** |  |  |  |  |  |  |
| 2. | **Are all staff involved in disinfection activities trained use of personal protective equipment (PPE) required for disinfection?** |  |  |  |  |  |  |
| 3. | **Are employees trained in proper cleaning techniques? For example, determining spray pattern, touch points, cleaning zones (operating zone, transition zone, clear zone)?** |  |  |  |  |  |  |
| 4. | **Is proper PPE identified for use with disinfectants based on Safety Data Sheet (SDS)?** |  |  |  |  |  |  |
| 5. | **Is necessary PPE readily available, accessible and used by employees?** |  |  |  |  |  |  |
| 6. | **Are employees trained and competent on the proper donning and doffing of PPE to avoid contaminating themselves and causing cross contamination?** |  |  |  |  |  |  |
| 7. | **Are employees trained on surfaces to clean including frequently touched surfaces, horizontal surfaces, door handles, etc.?** |  |  |  |  |  |  |
| 8. | **Are employees educated on the practices to minimize exposure and dispersion of virus through air by not shaking dirty linens?** |  |  |  |  |  |  |
| 9. | **Are workers educated on proper hygiene (ex. hand washing, coughing/sneezing etiquette?** |  |  |  |  |  |  |
| 10. | **Are workers educated on signs and symptoms of infection and action to be taken if they believe they have symptoms?** |  |  |  |  |  |  |

NOTE: Consider avoiding use of hand sanitizers in food and beverage take out areas to avoid patrons from potentially ingesting small amounts of hand sanitizer due to cross contamination when eating.

**RESOURCES:**

1. International Sanitary Supply Association (ISSA): [www.issa.com](http://www.issa.com)
2. Centers for Disease Control & Prevention: Cleaning & Disinfection for Community Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

**Business Reopening Plan (BRP): Staffing & Training Checklist**

| **Questions/Considerations** | | **Yes** | **No** | **N/A** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staffing Requirements:** | | | | | | | |
| 1. | **Has management communicated to all employees a “high-risk employee strategy and protocol” for individuals who have identified themselves as being in a high risk group due to age, family members in household, illness and/or disease?** |  |  |  |  |  |  |
| 2. | **Have staffing needs been determined for the next 2-8 weeks, for phased in work schedules?** |  |  |  |  |  |  |
| 4. | **Staffing needs**: **Are there jobs that need to be filled?**  *Use Staffing Needs to Re-open Worksheet (page 6)* |  |  |  |  |  |  |
| 5. | **Is there a plan to monitor and respond to absenteeism in the workplace?** |  |  |  |  |  |  |
| **Business Location Staffing Controls:** | | | | | | | |
| 1. | **Is your business location/workstations compatible with social distancing strategies** *(i.e., workstation separation, plexiglas separators, disperse people to reduce concentration, etc.)***?** |  |  |  |  |  |  |
| 2. | **Is there non-used building space to re-occupying to provide more physical distance between employees?** |  |  |  |  |  |  |
| 3. | **Can you limit the number of employees in a common area at any given time or consider closing non-essential common areas?** |  |  |  |  |  |  |
| 4. | **Is there a process/policy for permitting essential vendors/third party consultants onsite?** |  |  |  |  |  |  |
| 5. | **Has a process and communication been established to self-triage staff on a daily basis by supervisors prior to returning to work?**  *This may include asking if temperature was within normal range, how employee is feeling, confirming no one in household has contracted COVID-19* |  |  |  |  |  |  |
| 6. | **Is there a training/debriefing process for supervisors to review with employees regarding updates/changes in policies?**  *Consider: Use of PPE, social distancing, breakrooms, hand washing* |  |  |  |  |  |  |
| 7. | **Will you assign each employee with personal biosafety kits with use instructions?**  Kits should address four areas: respiratory defense, hand hygiene, surface disinfection and early disease symptomatic detection) |  |  |  |  |  |  |
| 8. | **Have you created and communicated a policy for employees to follow in the event that they have tested positive for CoVid-19. The policy should include procedures for notifying employees that may have been exposed in the workplace. Communication must maintain anonymity and comply with HIPPA.** [**Public Health Recommendations for Community-Related Exposure**](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html)**.** |  |  |  |  |  |  |
| 9. | **Employees who are well but who have a sick family member at home with infection should notify their supervisor and follow** [**CDC recommended precautions**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions)**.**  **.** |  |  |  |  |  |  |
| **Travel:** | | | | | | | |
| 1. | **Have you developed and communicated your an interim travel policy for both domestic and international travel if appropriate?**  *Check the* [*CDC’s Traveler’s Health Notices*](http://www.cdc.gov/travel) *for the latest guidance and recommendations for each state to which your employees may be traveling. Permit at-risk employees to postpone travel for a period of time.* |  |  |  |  |  |  |
| **Employee Training:** | | | | | | | |
| 1. | **Are employees trained on recently adopted policies pertaining to the pandemic?** |  |  |  |  |  |  |
| 2. | **Are employees trained on proper donning/doffing of PPE?**  *See Personal Protective Equipment Checklist* |  |  |  |  |  |  |
| 3. | **Have you considered implementing an on-going seasonal illness campaign to optimize wellness in the workplace and reduce the impact that future illness may have on the organization’s ability to conduct business? *(i.e., posting handwashing tips on bathroom doors and common areas, cough etiquette,* *etc.)* to motivate your employees to reduce transmission?** |  |  |  |  |  |  |
| 4. | **Do employees or groups of employees need to be trained due to a lapse in training schedules and/or any new or revised training courses that require attention?** |  |  |  |  |  |  |

Resources

Centers for Disease Control and Prevention [– Communication Resources](https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html)

Occupational Safety and Health Administration – [Control and Prevention (including worker training)](https://www.osha.gov/SLTC/covid-19/controlprevention.html)

On-demand Webinar: Employee Training (5/7/20) *insert link here*

**Staffing Needs to Reopen Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Title/Description** | **Current Employee** | **Returning Employee** | **New Employee** | **# of hours** | **Salary/Hourly Wage** | **Confirmed** |
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**Business Reopening Plan (BRP): Communication**

| **Question/Consideration** | | **YES** | **NO** | **N/A** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **External Communication** | | | | | | | |
| 1. | **An external emergency communication plan is in place outlining a process for reaching external stakeholders, customers, media, shareholders, suppliers, local community, health care providers, analysts, retirees, union representatives, etc.** |  |  |  |  |  |  |
| 2. | **Is communication provided to general public through a public press release?** |  |  |  |  |  |  |
| 3. | **Update your customers frequently and with purpose and go beyond the core safety, density, cleanliness messages.** |  |  |  |  |  |  |
| 4. | **Does communication include: opening plan, visitor requirement, actions being taken to reduce exposures, and contact information?** |  |  |  |  |  |  |
| 5. | **Connect with your suppliers and partners on a consistent basis and keep them updated and apprised of situation. Different materials and needs may be required.** |  |  |  |  |  |  |
| 6. | **When answering the phone, be present and engaged with customers and others. Take the opportunity to remind them you remain a presence in the community and employer—and that you are still in business** |  |  |  |  |  |  |
| **Internal Communication** | | | | | | | |
| 1. | **An internal communication plan is in place outlining a process for reaching employees through combinations of emails, intranet postings, flyers/ posters, leader talking points, FAQs or a website situation room. The plan should identify simple, key messages, a reliable process and the vehicles for providing continual updates and collecting feedback from employees.** |  |  |  |  |  |  |
| 2. | **Update employees’ contact numbers and emergency contact details.** |  |  |  |  |  |  |
| 3. | **Appoint a designated crisis management team. These people, before everything else, need to understand the seriousness of the situation and they need to be good communicators in order to keep the workplace aligned and safe.** |  |  |  |  |  |  |
| 4. | **Create an environment that fosters online collaboration to ensure that employees stay connected and collaborate efficiently while working from home.** |  |  |  |  |  |  |
| 5. | **Respect self-isolation guidelines and stay in touch with your self-isolated employees. Having these employees in mind and communicating with them regularly is important. Many of them may feel lonely and worried. Stay connected with them and show them that you are here for them.** |  |  |  |  |  |  |
| 6. | **Employees know how to report concerns with cleanliness and obtain additional cleaning supplies.** |  |  |  |  |  |  |
| 7. | **Employees have been given accurate information about ways to prevent the spread of infection. See Staffing & Training Checklist for additional resources.** |  |  |  |  |  |  |
| 8. | **Is communication provided to employees at regular intervals?** |  |  |  |  |  |  |
| 9. | **Does communication include: when to stay home, basics of COVID-19 (what, symptoms), requirements while at work (procedures, masks/gloves, distancing), requirements for managing visitors, procedures for suspected COVID-19, where to find detailed operational information?** |  |  |  |  |  |  |
| 10. | **Define a central internal communication channel to ensure that the important COVID-19 information doesn’t get buried and go unnoticed.** |  |  |  |  |  |  |
| **What to Say to Employees** | | | | | | | |
| 1. | **Employees are connected to timely, accurate information from CDC, WHO and your State and County Health Departments. Provide clear instructions about what to do if employees suspect they have been exposed to COVID-19.** |  |  |  |  |  |  |
| 2. | **Reduce the spread of misinformation by communicating the facts from authoritative resources on how COVID-19 is spread and how to avoid infection. Clearly articulate and communicate preventive actions the organization is taking to avert or contain transmission of COVID-19 at work (focus on technology and techniques for employee safety, hygiene, biohazard disposal)** |  |  |  |  |  |  |
| 3. | **Promote safety steps for employees to use via posters, memos, emails, intranet postings, supervisor talking points, FAQs, etc. to promote preventive actions employees can take (hygiene and avoidance) – see WHO and CDC recommendations.** |  |  |  |  |  |  |
| 4. | **Keep employees informed on the organization’s status by describing the potential impact of an outbreak on your operations, services, travel, supply chain, business, revenues, etc., so employees can plan accordingly.** |  |  |  |  |  |  |
| 5. | **Update employees on company policy and position updates by describing health plan coverage (preventive and treatment), attendance, paid time off, payroll continuation, travel, and group meetings.** |  |  |  |  |  |  |
| 6. | **Revise and update employees on working from home policies as changes are made. If your organization supports telecommuting practices, clearly articulate procedures and expectations that employees should follow.** |  |  |  |  |  |  |
| 7. | **Promote safe travel policies within the organization by promoting alternatives to travel, such as web conferencing and phone meetings. If employees must travel, offer clear guidance on safety protocols, augmenting with guidance from CDC and WHO. For additional information refer to Staffing and Training Checklist, Section: Employees That Travel.** |  |  |  |  |  |  |
| **SIGNAGE** | | | | | | | |
| 1. | **Post signage in entryways requesting those who have flu-like symptoms not to enter the facility.** |  |  |  |  |  |  |
| 2. | **Post signage in entryways requesting all employees and visitors to use hand sanitizer station and/or wash their hands upon entry.** |  |  |  |  |  |  |
| 3. | **Post signage displaying proper hand washing techniques near all hand washing stations.** |  |  |  |  |  |  |
| 4. | **Front of House: provide CDC guidelines for hygiene, social distancing, and proper mask wearing/handling/ disposal at prominently displayed locations throughout facility. Also – include where to go for assistance.** [**Visit CDC - Prevent Getting Sick.**](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html) |  |  |  |  |  |  |
| 5. | **Back of House: provide CDC guidelines for hygiene, social distancing, proper mask and glove wearing/handling/disposal, at prominently displayed locations (employee entrances, break rooms, employee lockers, etc.). Also – include who to contact for assistance, concerns or questions.** |  |  |  |  |  |  |
| 6. | **Post signage requiring visitors to practice physical distancing of at least 6 feet (for example; when waiting in lines, waiting for elevators, and moving around property).** |  |  |  |  |  |  |
| 7. | **Posting of payment restricted to only credit cards (no cash)?** |  |  |  |  |  |  |
| 8. | **Posting of self-services being suspended? (all merchandise will be served/handled by retail attendant)** |  |  |  |  |  |  |
| 9. | **Distancing guidelines and markings prominently displayed?** |  |  |  |  |  |  |
| 10. | **Posting of all sales are final until further notice? (i.e. no returns)** |  |  |  |  |  |  |

**RESOURCES:**

1. [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)

2. [CDC Coronavirus Disease 2019 (COVID-19) Print Resources](https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc)

3. [CDC Coronavirus Disease 2019 (COVID-19) Communication Resources](https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html)

4. [World Health Organization Coronavirus disease (COVID-19) Pandemic](https://www.who.int/emergencies/diseases/novel-coronavirus-2019)

**Business Reopening Plan (BRP): Personal Protective Equipment**

| **Question/Consideration** | | **YES** | **NO** | **N/A** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Written Program / Policies** | | | | | | | |
| 1. | **Has a risk assessment been completed for occupational COVID-19 exposure risk (**[**OSHA Risk Assessment**](https://www.osha.gov/Publications/OSHA3993.pdf)**)? Have you reviewed** [**OSHA Preparing Workplaces for COVID-19**](https://www.osha.gov/Publications/OSHA3990.pdf)**?** |  |  |  |  |  |  |
| 2. | **Was employee PPE selected based on results of Risk Assessment?** |  |  |  |  |  |  |
| 3. | **Is PPE used in conjunction with other forms of exposure control (such as using barriers between individuals (ex. Plexiglas), distancing control (ex. spacing of equipment), markings/signage, no touch techniques?** |  |  |  |  |  |  |
| 4. | **Is there a strategy defined for use of PPE?**   * 1. When is PPE required vs voluntary?   2. Where is PPE required   3. What PPE is to be used?   4. Who must wear PPE? |  |  |  |  |  |  |
| 5. | **Is there a documented Personal Protective Equipment plan for employees that aligns to regulatory requirements (i.e. OSHA standards)?** |  |  |  |  |  |  |
| 6. | **Is required PPE identified for employees involved in disinfection activities (such as mixing, application, handling)?** |  |  |  |  |  |  |
| 7. | **Does organization policy indicate that employees must complete training on COVID-19 and use of PPE?** |  |  |  |  |  |  |
| **PPE Supplies** | | | | | | | |
|  | **Is there an active management of PPE inventory? Does this include strategies for determination of future volumes and surge scenarios?** |  |  |  |  |  |  |
| **Question/Consideration** | | **YES** | **NO** | **N/A** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
|  | **Will guests be offered PPE during visits? Does supply plan include volumes for guest PPE use (such as masks)?** |  |  |  |  |  |  |
|  | **Is there a plan for extended use or reuse of PPE by employees? Does plan follow** [**CDC/OSHA guidelines**](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)**?** |  |  |  |  |  |  |
| **Employee Training** | | | | | | | |
| 1. | **Are employees required to wear PPE? If so, the next questions should be completed.** |  |  |  |  |  |  |
| 2. | **Does training include proper donning and doffing of PPE (gloves and masks?** |  |  |  |  |  |  |
| 3. | **Does training include disposal of PPE?** |  |  |  |  |  |  |
| 4. | **Does training include process of PPE inspection before use?** |  |  |  |  |  |  |
| 5. | **Does training include when to use PPE (including when PPE is to be removed and disposed)?** |  |  |  |  |  |  |
| 6. | **Does training include the limitation of PPE?** |  |  |  |  |  |  |
| **Hand Protection** | | | | | | | |
| 1. | **Is regular hand washing and sanitation encouraged?**  Note: hand sanitizers are less effective than proper hand washing. |  |  |  |  |  |  |
| 2. | **Are employees educated on ways to reduce touching shared surfaces with their hands as way to reduce exposure?** |  |  |  |  |  |  |
| 3. | **Is use of disposable gloves (such as nitrile) minimized to only those where it is required?** |  |  |  |  |  |  |
| 4. | **Are employees who are required to use gloves trained in proper glove use etiquette (i.e. not to touch shared surfaces with a gloved hand due to cross contamination)?** |  |  |  |  |  |  |

| **Question/Consideration** | | **YES** | **NO** | **N/A** | **Action and/or Comments** | **By**  **Whom** | **By**  **When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Respiratory Protection** | | | | | | | |
|  | **Are employees educated on sneezing / coughing etiquette?** |  |  |  |  |  |  |
|  | **Are face covering required where social distancing is not possible?** |  |  |  |  |  |  |
|  | **Are employees trained in proper use and disposal of Face Coverings?**  **Review the** [**CDC Use of Face Coverings**](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) **guidance.** |  |  |  |  |  |  |
|  | **If employees are required to use a respirator, is there a documented respiratory protection program that meets** [**OSHA’s requirements**](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)**?** |  |  |  |  |  |  |
|  | **For employees who are required to use** [**respirators (such as N-95) versus a face mask**](https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf) **to protect from inhalation hazard:**   * 1. Has employee complete a medical evaluation?   2. Has the employee completed respiratory protection training?   3. Has the employee completed respirator fit testing? |  |  |  |  |  |  |