**SAFE WORK PLAYBOOK**

**SAMPLE**

A guide for COVID-19 Pandemic Preparedness and Response for your Practice

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An interactive guide for COVID-19 Pandemic Preparedness and Response

**A NOTE TO OUR MEMBERS**

##### The information contained in this SAFE WORK PLAYBOOK represents a SAMPLE document to be shared with IDOC LLC Members to help guide Practice Owners in issuing health and safety measures in their Practice.

##### Please be advised that some or all of the information contained in this document may or may not be applicable to your Practice. We strongly recommend that before implementing any of the ideas contained herein you carefully evaluate, and consult with outside legal counsel, as appropriate.

IDOC LLC bears no responsibility for any circumstances arising out of or related to the adoption, or decision not to adopt, any of the practices or procedures contained in this SAFE WORK PLAYBOOK.

**OPENING LETTER TO RETURNING EMPLOYEES**

**Sample Letter**

Dear Practice Employees:

We are deeply focused on keeping our employees, patients, and suppliers safe while working at our Practice and supporting our business.

As we continue to navigate this new normal, we have developed this “Playbook” that lays out processes to raise awareness of new health and well-being protocols and potentially helpful practice and training for employees.

While this is not a one-size-fits-all approach as we continue to adjust to new and emerging safety requirements, the Safe Work Playbook includes practical recommendations, based on guidelines from the Centers for Disease Control and Prevention and the World Health Organization. Regular updates will be made to the playbook based on real-time feedback.

The manual covers a wide range of topics, including:

* Cleaning and disinfection procedures
* On-site health screening
* PPE Usage and Availability
* Employee Training
* Safety Protocols and Procedures

This has been a difficult time for everyone, and reestablishing a workplace where employees feel comfortable performing their jobs safely is a multi-faceted challenge. Our Practice is committed to providing a safe environment for our employees, patients, and suppliers. Together, we will meet the new challenges that we now all face.

Sincerely,

<Practice Owner Name>

<Practice Name>

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**Safety Inventory**

**Disinfectant Supplies:**

* Go through your cleaning and disinfecting inventory to ensure you have enough supply of soap, disinfection spray, hand gel, paper towels and tissue.
* Practices should keep a minimum quantity of 30-day supply of disinfectant supplies, if possible.
* Disinfection supplies should be continuously monitored to prevent a low supply when these products are needed most.
* All employees should be made aware of this inventory list in the event more inventory needs to be ordered should any employees be out of the office.

**PPE:**

* Confirm stock of face masks and face guards (if required) on-site with proper lead time.
* Practices should keep a minimum quantity of 30-day supply of PPE, if possible. Masks are very challenging to come by; therefore, if any N95 or surgical masks cannot be provided, homemade cloth masks would be acceptable.

|  |  |  |
| --- | --- | --- |
| **Item** |  **Spec**  | **Quantity** |
| **Mask**  | Disposable surgical masks (1 day) or washable cloth mask | Min. 30-day supply, if possible |
| **Disposable Gloves** | For use of cleaning | Min. 30-day supply, if possible |
| **Infrared thermometer** | Medical infrared thermometer/ Measures ranges 32°C to 42.5°C meets ASTM E965-1998 (2003)  | 1 per 7 employees |
| **Disinfectant spray/wipes** | 10% bleach (sodium hypochlorite) solution made fresh daily, or a hospital-grade disinfectant (refer to approved disinfectant list) | Min. 30-day supply |
| **Spray bottles**  | 1 – liter plastic spray containers  | Min. 5 bottles |
| **Sanitization floor stand**  | Hand sanitizer dispenser floor stand | 1 per location |
| **Hand sanitizer (refills)**  | Sanitizer with Alcohol 70%/Local Brand “Sanitizer” | Min. 30-day supply |
| **Hand soap**  | Hand soap/Local brand  | Min. 30-day supply |
| **Paper towels**  | Paper Towel  | Min. 30-day supply |
| **Glasses/face shields**  | Safety glasses/Polycarbonate | Min. 30-day supply |
| **Clorox Total 360 (optional)**  | <https://www.cloroxpro.com/products/clorox/total-360/> |  |

**Personal Protective Equipment**

Protection of the Practice can be enforced with the following protocol:

1. Personal hygiene
2. Social distancing
3. Frequent disinfection of common surfaces

**Practice Owners are responsible for ensuring there are adequate supplies as required.**

*Note: Gloves may put employees at higher risk of exposure and are not recommended for general protective use for the following reasons:*

* COVID-19 virus does not harm your hands, so gloves provide no protection, and touching your face with contaminated hands, whether gloved or not, poses a significant risk of infection.
* Gloves often create a false sense of security for the individuals wearing them; people are more likely to touch contaminated surfaces because they feel they are protected from the virus because of the gloves when, they are not.
* When wearing gloves, people are less inclined to wash their hands; this is counterproductive and puts others at higher risk; we want people to wash their hands because it is the number-one defense against any virus.
* Proper removal of gloves takes training; if contaminated gloves are not removed properly, our employees are exposed to greater risk.

**Disinfection Measures**

The goal is to establish a sanitary baseline before the Practice opens. The Practice should be 100% disinfected prior to anyone returning to work.

Plan a process to sterilize all equipment and materials, including frames, with the best available disinfectant. The use of [EPA-registered household disinfectants](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) is also recommended; however, follow the instructions on the label to ensure safe and effective use of the product.

Employees should disinfect all areas of the Practice with special attention to:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area/Place** | **Disinfection Content** | **Disinfectant** | **Disinfection Measures** | **Frequency** |
| Tables, desks, countertop | Table and chair surfaces | Hospital grade disinfectant or fresh 10% chlorine bleach solution(sodium hypochlorite solution), as appropriate | Spray with handheld sprayer or wipes | Minimum at the end of each workday |
| All floors and walls | All general floors and walls at the Practice | Mop | Periodic, where frequently touched mop; hard surfaces daily |
| Carpeted floor, rugs, and drapes | All soft surfaces  | Spray with Sprayer | Minimum at the end of each workday |
| Doorknobs | All doorknobs, sliding doors or rotating doors | Spray with handheld spray or wipe | Minimum at the end of each workday |
| Light switches | All switches used for lighting, any remotes for lighting | Spray with handheld spray or wipe | Minimum at the end of each workday |
| Tonometer, Phoropter, refractors, BIO, visual field perimeter, OCT | All practice equipment surfaces |  | Spray with handheld spray or wipe | In between patients, as used; otherwise, minimum at the end of each workday |
| Lab equipment  | All practice equipment surfaces  | Spray with handheld spray or wipe | In between patients, as used; otherwise, minimum at the end of each workday |
| Office phones | Wipe areas of common employee interphase | Spray with handheld spray or wipe | At the end of each call and end of each workday |
| Computer screens, keyboards | Keyboards, screens, spraying keyboard | Spray with handheld spray or wipe | Minimum at the end of each workday |
| Restroom – toilet, faucets, sinks | Wipe areas of common employee interphase | Spray with handheld spray or wipe | Every 1 hour |

*Cleaning and disinfection should take place prior to opening the Practice as well.*

Put tight controls in place on who enters and exits the site during the cleaning shutdown:

* Security
* Sanitization vendors
* Nightly cleaning crew

To create a bleach solution:

* Fill a spray bottle and fill with diluted bleach solution
* Prepare a bleach solution by mixing
	+ 5 tablespoons (1/3 cup) bleach per gallon of water; or
	+ 4 tablespoons bleach per quart of water

A disinfecting checklist should be implemented to reduce the risk of spread of infection

**Deep-Cleaning and Disinfection Protocol**

**COVID-19 – Deep Cleaning and Disinfection**

**When Cleaning**

1. Wear disposable gloves
	1. Additional protective equipment (PPE) might be required based on the cleaning and disinfecting products
	2. Make sure gloves are worn carefully to avoid contamination and removed carefully to avoid contamination
2. Wash hands often with soap and water for 20 seconds
	1. Wash immediately after you remove your gloves
	2. If soap is not available, hand sanitizer with at least 60% alcohol may be used
3. Other times that hands **must** be washed immediately
	1. Blowing your nose, coughing, or sneezing
	2. After using the restroom
	3. Before eating or preparing food
	4. After contacting animals or pets
	5. Before and after any routine care for another person

Make sure surfaces that can be cleaned with soap and water are cleaned with soap and water before disinfecting.

Deep cleaning should take place if an employee or patient has been tested positive for Coronavirus and has been in the Practice.

* Deep cleaning should be performed immediately after you receive confirmation that an employee or patient has tested positive for Coronavirus.
* The Deep Cleaning process should take place in the entire Practice for precaution.
* The Practice should be closed during decontamination of area.

Select an approved external company specialized in deep cleaning. This company should meet the following minimum requirements:

* 1. Trained employees who can properly execute the process of cleaning, disinfecting and disposing hazardous material
	2. Has the proper equipment and PPE to perform the deep cleaning
	3. Has the necessary procedures and local authorization of permits to perform the disinfecting service and manage waste
	4. Uses [approved COVID-19 disinfectant chemicals](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
	5. *Please note, the Practice Owner should supervise the cleaning and disinfection process.*
	6. *Note: For the company’s purpose, deep cleaning is defined as a more comprehensive cleaning using advanced technologies and more aggressive cleaning solutions that are administered by an external 3rd party.*
1. Personal Protective equipment (PPE) requirements for the Deep Cleaning Team
	1. The use of PPE would be determined by the cleaning contractor based on the chemicals used to conduct the disinfecting process and would include proper wearing, storage, cleaning, decontamination and disposal of PPE as biohazard waste.
2. Disposal
	1. At the end of the deep cleaning process the Practice must follow the local regulations to dispose all the PPE and cleaning material.

**Inbound Deliveries**

As determined by the World Health Organization, the likelihood of an infected person contaminating commercial goods (packages) is low, and the risk of catching the virus that causes COVID-19 from a package that has been moved, traveled, and exposed to different conditions and temperature is also low.

The virus does not survive on surfaces for long and the length of shipment time and other environmental factors should inactivate the virus.

If you receive an expedited package from an area where COVID-19 is present and are concerned about possible surface contamination, consider these steps:

* Wash your hands frequently with soap and water
* Use hand sanitizer when soap and water are not available
* Avoid touching your face, eyes, nose or mouth

If packaged materials have been in transit and/or in storage for more than 48 hours from last human contact, no further action needs to be taken. While not necessary, the Practice may suggest the following additional precautions:

* Personal protective equipment usage, such as disposable nitrile gloves and/or the use of disposable surgical masks.
* Disinfection of surfaces with a 10% bleach (sodium hypochlorite) solution made fresh daily, or a hospital grade disinfectant – as appropriate to the surface(s) being treated.

**Employee Safety**

**Implement Practice Controls**

1. **Engineering Controls**
* Installing high-efficiency air filters
* Increasing ventilation rates in the work environment
* Installing physical barriers, such as clear plastic squeeze guards
* Ensuring pick up and drive through options, if possible
1. **Administrative Controls**
* Encourage sick employees to stay home
* Minimize contact among workers, vendors and patients by replacing face-to-face meetings with virtual communications and implementing telework if feasible
* Establish alternating days or extra shifts that reduce the total number of employees in a facility at a given time
* Develop emergency communications plans, including a forum for answering employee concerns
* Train employees who need to use protective clothing or equipment – how to put it on, use/wear it, take it off, etc.
1. **Safe Work Practices**
* Provide resources and a work environment that promotes personal hygiene – for example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60% alcohol, disinfectants, and disposable towels for workers to clean their work surfaces
* Requiring regular hand washing or using of alcohol-based hand rubs
* Workers should always wash hands when they are visibly soiled and after removing any PPE
* Post handwashing signs in restrooms

**Patient Safety Protocol**

A [Screening Checklist](https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID19-Screening-Checklist-SNF-Visitors.pdf) should be used for Patients and Staff **before**  ever entering the Practice.

**Screening Protocol**

Optometric Practices should screen patients, visitors, and staff members for symptoms of COVID-19 prior to and/or upon their arrival at the facility, including utilizing non-contact temperature readers. (Note – temperature alone does not assess or exclude disease). The CDC defines a fever as a temperature at or above 100.4 degrees Fahrenheit.

**Overview of Health Screening Procedure**

1. Temperature reading
2. Observation for overt symptoms
3. Verbal/non-verbal confirmation of daily self-screening

**Details:**

* Perform screenings at the Practice entrance before the employee or patient comes in. Make sure there are measures in place to prevent anyone from missing screening protocol.
* Reference the Preventative Material Inventory for details on the Touchless Thermometer.
* Develop a vehicle drive-thru at the parking lot entrance for employee in-vehicle screening where applicable and safe.
* This is for pre-screening only; screening does not need to be completed between employee’s shift start to end or after a patient has completed their appointment. Ask an employee or patient if –
	+ They have tested positive for COVID-19
	+ They are coughing
	+ They have shortness of breath
	+ They are experiencing chills
	+ They have red eye or eyes (conjunctivitis can be a presenting sign of COVID-19)
	+ Patients or employees that report or appear ill, should be advised to consult and/or seek medical care from their primary care physician the same day
* Reference the Self-Quarantine and Return to Work Protocol for employees that are confirmed positive for COVID-19 by a medical professional.

 **On-Site Health-Temperature Screening Protocol**

The Practice should periodically update company guidance on current recommendations from the Centers for Disease Control (CDC) and the World Health Organization (WHO).

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to employees and patients, temperature and health screenings will be implemented for all employees if one COVID-19 positive infections occur at the Practice. On-site screening should be mandatory at this time.

On-site screenings to be completed daily by medical or site personnel (internal or external) of all incoming employees/ contractors/suppliers before accessing company facilities/ offices:

* If temperature is 38ºC (100.4ºF) or higher, or the employee exhibits visible symptoms of illness consist with COVID-19, the employees will be invited to attend a clinic (CAP) for a checkup, in accordance with the country Health Department recommendations/guidelines.
* Employees returning to work from an approved medical leave should be directed to contact the Practice Owner or Office Manager and to submit to that representative a medical certificate releasing them to return to work.
* Note: Please refer to the country Health Department recommendation/guidelines to manage medical leaves due to COVID-19.

If an employee does not accept the screening, the Practice must request the employee leave the Practice, obtain medical clearance, and provide an official certificate prior to returning to Practice premises.

If an employee is confirmed to have COVID-19, the employee will inform the Practice Owner immediately. Unless required by the local health authority, the name of the infected employee should not be provided. Quarantine of any healthy employees will be determined upon consultation with local health officials, generally occurring when COVID-19 is not prevalent in the vicinity, but not where the virus is prevalent in the community. Employee personal data and confidentiality must be protected.

Communication to employees should be immediate once you have been made aware that an employee has tested positive for COVID-19.

**Daily Self-Screening Protocol**

The Daily Self-Screening Protocol is in place to try and prevent sick or symptomatic employees from leaving their homes and decrease the likelihood of spreading infection.

If the employee does not recognize symptoms in their Daily Self-Screening and:

* If the employee is deemed symptomatic upon reporting to work, reference the On-Site Health Screening Protocol.
* If the employee is deemed symptomatic during the employee’s shift or after the employee has spent any time in the Practice, the employee should be isolated in another room, if possible or sent home.

Practices should implement a Self-Quarantine and Return to Work Protocol for employees who are confirmed positive for COVID-19 by a medical professional.

**Guidance for Self-Quarantining and Return to Work: COVID-19**

Clarification of “self-quarantine” requirement: Employees remain isolated and quarantined for 14 days if COVID-19 symptoms are present, directly exposed to COVID-19 or if a test shows positive results. Employees should avoid leaving the home if possible, but if necessary, should practice exceedingly good hygiene and social distancing. Work while at home is expected to continue where possible.

**Additional Guidance**

* Employees should stay away from other people in their home as much as possible, staying in a separate room and using a separate bathroom if available.
* No visitors unless the person needs to be in your home.
* If an employee needs medical attention, they should call ahead to ensuring they’re going to the right place and taking the necessary precautions.
* Wear a face mask if you must be around other people, such as during a drive to the doctor’s office.
* When you cough/sneeze: cover their mouth and nose with a tissue; immediately throw tissues in garbage; wash your hands with soap and water for at least 20 seconds; if that’s not available, clean with hand sanitizer that has at least 60% alcohol.
* Avoid sharing household items, including drinking cups, eating utensils, towels or even bedding. Wash these items thoroughly after using.
* Clean high-touch surfaces daily using a household cleaner or wipe. These include: “counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables,” the CDC says.
* Clean surfaces that may be contaminated with blood, stool or bodily fluids.
* Shared spaces in the home should have good airflow—use an air conditioner or open windows.
* Continue monitoring for any symptoms. If they worsen, such as you if you begin to have difficulty breathing, call your health care provider.
* Arrange to have groceries and toiletries delivered by local or state health departments. Also, make sure to inform health care providers of any medications you’ll need, so they can arrange drop-offs of prescriptions as well. In terms of getting laundry done for those without machines at home, ask health care providers about that as well.

**Returning to Work After Home Isolation**

Employees or Patients with COVID-19 themselves, presumed or tested, or have been directly exposed to others with COVID-19 who have been under home isolation/quarantine can return to work under the following conditions, consistent with WHO/CDC guidelines:

* If they **will not** have a test to determine if you are still contagious, they can leave home after these three things have happened:
	+ They have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND
	+ Other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
	+ At least 7 days have passed since your symptoms first appeared

If an employee or patient **will** be tested to determine if they are still contagious, they can leave home after these three things have happened:

* The employee or patient no longer have a fever (without the use medicine that reduces fevers) AND
* Other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
* They received two negative tests in a row, 24 hours apart. Your doctor will follow local health authority or CDC guidelines.

Please contact the Practice Owner or Office Manager prior to returning to work to advise you to have met one of the above criteria for your return, and to discuss documentation that may be required prior to return to company premises.

**Visitor Policy**

**Visitor Restrictions:**

* The Practice will limit visits to the Practice to patients and employees only.
* Deliveries to the Practice should adhere to Inbound Deliveries protocol.

**Helpful Safety Links**

* Center for Medicare & Medicaid Services - <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
* CDC - [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)
* Tork - <https://www.torkusa.com/product-list>
* OSHA - <https://www.osha.gov/>

**EMPLOYEE TRAINING & COMMUNICATIONS**

**Pre-Work Communications**

**Sample Memo**

# **Safety Protocol for Re-Opening**

**To: Staff Member**

**From: Practice Owner**

As we prepare for reopening and staff returning to work beginning \_\_\_\_\_\_\_\_, I would like to share an overview of the safety protocols we will be following when we reopen.

Staff Screening:

Staff Scheduling:

Patient Screening:

Patient Scheduling:

Patient Waiting and Visit Protocols:

Cleaning Procedures:

PPE for Staff and Patients:

Please know this is not meant to be an all-inclusive list. We will provide you with training on all of the new expectations and guidance so that you feel confident in the Practice.

Please reach out to the Practice at (xxx) xxx-xxxx to speak to the Practice Owner or Office Manager if you have any questions. We are looking forward to having your back on \_\_\_\_\_\_\_.

**Practice Owner**

**Return to Work Training**

**Step 1:** Prioritize Schedule for All Employees

* All staff at once
* In waves

**Step 2:** Create Outline of Different Training Areas

* Staff Safety
* Patient Safety
* Cleaning Protocols
* PPE Expectations

**Step 3:** Review Each Topic

* Break down into steps or sections
* Create handouts or PowerPoint to assist
* Ask questions in addition to informing

**Step 4:** Verify Learning

* Ask questions
* Practice, practice, practice!

**------------------------------------------------------------------------------------------------------------------------------------**

**Staggered Work Schedules**

**##Company\_Name##** regular hours were 8am -5pm Monday through Friday.

During the re-opening, **##Company\_Name##** will be open the following hours:

Monday -- 9am – 5pm

Tuesday – 9am – 5pm

Wednesday – 9am – 5pm

Thursday – 11am – 7pm

Friday – 8am – 1pm

Saturday – 9am – 2pm

This schedule is being adopted for the foreseeable future. This schedule is being adopted to accommodate a greater number of patients while practicing social distancing. In order to reduce the total number of people in the practice, we will be staggering staff shifts.

We will be following the following limits:

**# of staff members in the office at a time:**

**COVID-19 Employee-Screening Procedures**

**Sample Memo**

Effective [date], all employees reporting to work will be screened for respiratory symptoms and have their body temperature taken as a precautionary measure to reduce the spread of COVID-19.

Every employee will be screened, including having his or her temperature taken, when reporting to work. Employees should report to [location] upon arrival at work and prior to entering any other areas of [company name] property.

Each employee will be screened privately by [insert name or position] using a touchless forehead/ temporal artery thermometer. The employee’s temperature and answers to respiratory symptom questions will be documented, and the record will be maintained as a private medical record.

Time spent waiting for the health screening should be recorded as time worked for nonexempt employees.

An employee who has a fever at or above 100.4 degrees Fahrenheit or who is experiencing coughing or shortness of breath will be sent home. The employee should monitor his or her symptoms and call a doctor or use telemedicine if concerned about the symptoms.

An employee sent home can return to work when:

* He or she has had no fever for at least three (3) days without taking medication to reduce fever during that time; AND
* Any respiratory symptoms (cough and shortness of breath) have improved for at least three (3) days; AND
* At least seven (7) days have passed since the symptoms began.

An employee may return to work earlier if a doctor confirms the cause of an employee’s fever or other symptoms is not COVID-19 and releases the employee to return to work in writing.

An employee who experiences fever and/or respiratory symptoms while home should not report to work. Instead, the employee should contact his or her immediate supervisor for further direction.

**Notice of Workplace Exposure to a Communicable Disease**

**Sample Memo**

Staff,

We have been notified that one of our employees has been diagnosed with the novel coronavirus, also known as COVID-19. As such, employees working at [location] may have been exposed to this virus. According to the Centers for Disease Control and Prevention (CDC), the virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. If you experience symptoms of respiratory illness (fever, coughing or shortness of breath), please inform [contact information] and contact your health care provider. [Company name] will keep all medical information confidential and will only disclose it on a need-to-know basis.

[Company name] is taking measures to ensure the safety of our employees during this coronavirus outbreak, including:

[Describe the measures taken, such as disinfecting workspaces, offering telework, etc.]

For more information on COVID-19, including symptoms and treatment, visit the CDC website at [www.cdc.gov](http://www.cdc.gov).

**ADDITIONAL**

**RESOURCES**

**Additional Resources**

OSHA Guidance on Preparing Workplaces for COVID

<https://www.osha.gov/Publications/OSHA3990.pdf>

OSHA Key Standards for COVID-19

<https://www.osha.gov/SLTC/covid-19/standards.html>

AHCA Screening Checklist

<https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID19-Screening-Checklist-SNF-Visitors.pdf>

AOA Reopen Guidance

 <http://aoa.uberflip.com/i/1240437-aoa-guidance-for-re-opening-practices-covid-19/5?m4=>

CDC Symptoms of Coronavirus – Self Checker

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

CDC Clinical Preparedness Guide

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>

CDC Infection Control

 <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/>

CDC What You Should Know About COVID-19 to Protect Yourself and Others

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

CDC Strategies to Optimize the Supply of PPE and Equipment

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

CDC Prepare Your Practice for COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-resources.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fpractice-preparedness.html>

CDC Cleaning and Disinfecting Your Facility

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

**Sources**

LEAR Manufacturing <https://playbook.lear.com/Safe%20Work%20Playbook%202nd%20Edition.pdf>

Society of Human Resources (SHRM)