

Vermont Manufacturing, Fulfillment and Distribution Sector Reopening Plan

May 1, 2020 11:00am rev 1.1

RestartVT Work & Recovery Guide 2020

for a Phased, Safe Reopening of Vermont Manufacturing Fulfillment and Distribution operations during the COVID-19 Pandemic

PHASED REOPENING PLAN

The RestartVT Action Team's private sector manufacturing, fulfillment and distribution, working group has developed this sector-specific plan, consistent with State Emergency Executive Orders and other administrative guidance and requirements.

This document is intended for businesses who have been closed for 7 or more days under the Governor's "Stay Home, Stay Safe" order. Business operations deemed "essential" by the State of Vermont during the 2020 COVID-19 pandemic may continue to operate under pre-existing guidance, with the addition of mandatory health and safety requirements for all business operations outlined on the website of the VT Agency of Commerce & Community Development (ACCD).

This is a 'living document' that will continuously be updated and improved as new guidelines and best practices emerge. See mxvt.org for Restart FAQs.

Questions? Send email to mxvt@vmec.org

Sector Information

Sector Name: Manufacturing, Fulfillment, Distribution

NAICS Code(s): <https://www.naics.com/search/>

Companies: MFG Working Group: Bill Shouldice - Chairperson - Vermont Teddy Bear Co., GW Plastics, Chroma Technology Corporation, Ann Clark Ltd, Maple Landmark Inc., Vermont Precision Tools, Inc., OnLogic, GlobalFoundries.

Vermont Sector Trade Association Name(s): VT Chamber of Commerce, Associated Industries of Vermont (AIV), 12 Regional Development Corporations (RDCs), Vermont Manufacturing Extension Center (VMEC)

Vermont Employees in Sector: Approx. 29,827 employees (2018)

\$ Vermont Payroll in Sector: More than \$1.77 billion in wages
(wages only, does not include benefits or other components of payroll)

Plan Components

- 1. Phased Implementation Timeline and Types of Work**
- 2. Employee Training & Education Plan**
- 3. Physical Distancing Plan**
- 4. Postings and Notifications**
- 5. Health Monitoring Policy for Employees**
- 6. Health Monitoring Policy for Vendors/Visitors**
- 7. Supply chain impacts of reopening**

Overview and Intent:

Manufacturers, Fulfillment Facilities and Distributors take the health and safety of its employees, their families and communities very seriously. In order to restart operations during and after the COVID-19 crisis, it is critical for manufacturing and distribution facilities to review their policies and procedures relative to current knowledge about the health risks of COVID-19. The following guidance is based on current understanding of the virus and is designed to help companies review and amend their policies, and it is subject to change based on further information provided by Vermont Department of Health (“VDH”), U.S. Center for Disease Control and Prevention (“CDC”), [Occupational Safety and Health Administration](#) (“OSHA”), [Vermont Occupational Safety and Health Administration](#) (“VOSHA”) and other public officials.

Physical distancing is considered a workplace best practice, along with a strong recommendation to make the most of telecommuting options for as many employees as possible. Measures are recommended to be based on the work areas within their facility and/or each employees’ risk of exposure due to the nature of their job functions. While most environments in manufacturing, fulfillment and distribution are classified at lower risk, per [OSHA](#), the potential for close contact can occur on or near production lines, receiving and packaging areas, sampling and quality rooms, and in common facility areas such as conference rooms, lunchrooms, locker rooms, restrooms, hallways, and entryways. Included in this document are [high-level steps for site compliance](#). **Phase 1** is focused on restarting operations with the intent of

maintaining low density, low contact environments; **Phase 2** makes incremental changes to moderate density, continuing to maintain health and safety, and **Phase 3** moves to “New Normal” operations, increasing density while following health and safety guidelines updated as information evolves.

1. Phased Implementation Timeline and Types of Work

1.1 SUMMARY OF PHASED IMPLEMENTATION TIMELINE:

Phase 1: EFFECTIVE Monday, April 27, 2020

Manufacturing Fulfillment and Distribution companies may begin phased-in operations with a maximum of 5 employees in any location if they are low-density and ensure employees are at least 6-ft apart at all times. Read the full announcement [here](#) from ACCD.

Customize Preparedness Plan, Assessment, Training, Communication etc.
"Low density" - No Person-to-Person contact, physical distancing, face cloth mask, according to VDH, CDC, OSHA/VOSHA COVID-19 Guidance
Remote work, if possible
Visitors Restrictions

Phase 2: EFFECTIVE Monday, May 11, 2020

Moderate Density to adhere to 6-ft distancing without cap or maximum PPE per VDH,CDC, OSHA COVID-19 Guidance
Continue remote work, wherever possible
Continue Visitor Restrictions
“Curbside” retail, maintaining 6-ft physical distance

Phase 3: EFFECTIVE Date TBD

New Normal Operations within COVID-19 guidelines
Return of Support/Office Staff within COVID-19 guidelines
Tentative return of Visitors with COVID-19 guidelines,
including on-location Factory Store/Retail
Continuation of Monitoring including appropriate PPE

	Phase 1 Low Density Restart & Preparedness	Phase 2 Moderate Density Operations	Phase 3 New Normal Operations within COVID-19 guidelines
1. Phased Implementation Timeline and Types of Work	Preparedness, Assessment and Communication PLANS must include:	Update Preparedness, Assessments and Communications Plans	Operation Systems (COVID-19)
	Safety systems updated with COVID-19 VDH/CDC/OSHA guidelines, incl. Assessing Types of Work Note: While most manufacturers, Fulfillment and Distribution fall into the Low Risk, caution category, specific environments may require additional mitigation	Same as Phase 1	Continued Monitoring
	- Clean and disinfecting methods updated to include VDH/CDC/OSHA guidelines	Same as Phase 1	According to VDH guidelines
	- Communication system updated to avoid congregating, person to person contact and shared contact surfaces	Same as Phase 1	Continued Monitoring
	- Physical distancing using CDC/VDH/OSHA guidelines to properly distance employees; exclude all non-essential visitors; continue remote work	Allow business critical visitors who would follow same safety guidelines as employees	Continued Monitoring
	- Physical spaces including entrances, should be labeled to aid in the deployment of health and safety guidelines	Same as Phase 1	Continued Monitoring
	- Health monitoring of employees and essential visitors	Same as Phase 1	Continued Monitoring
	Appoint a designated Health & Safety Officer	Same as Phase 1	Same as Phase 1

	Phase 1 Low Density Restart & Preparedness	Phase 2 Moderate Density Operations	Phase 3 New Normal Operations within COVID-19 guidelines
2. Employee Training & Education Plan	<p>Make available and/or Host Return-to -Work Trainings</p> <ul style="list-style-type: none"> - Review of Safe Work guidelines - Training for Health Screeners & Isolation Coordinators - Training for Disinfection Team - HR and other support Teams - All Employee training (meet or exceed VOSHA training) VDH/CDC/OSHA/VOSHA Guidelines (links below):VDH guidelines CDC guidelines OSHA guidelines VOSHA guidelines 	<p>Before the start of each shift, employees will be informed of changes in COVID-19 practices, reinforcing practices as necessary.</p>	<p>Resume new normal safety communication and training practices, reinforcing new and critical practices as necessary</p>
	Customized Preparedness Plan (this Plan)	Continued Monitoring	Continued Monitoring
	Understanding about how COVID-19 spreads	Same as Phase 1	Continued Monitoring
	How the facility was prepared/cleaned prior to restart	Not Applicable	Not Applicable
	Frequency and methods for disinfecting/cleaning facility each day / shift	Same as Phase 1	Continued Monitoring
	Frequency and methods for disinfecting/cleaning work surfaces, materials and gloves to do so	Same as Phase 1	Continued Monitoring
	Methods for personal hygiene – washing hands for at least 20 seconds, avoiding touching face, etc.	Same as Phase 1	Continued Monitoring
	Supply and use of COVID-19 PPE - when, where and how to use	Same as Phase 1	Continued Monitoring
	Monitoring and screening methods per guidelines	Same as Phase 1	According to VDH guidelines
	Training and Action Plan for an employee testing positive for COVID-19	Same as Phase 1	Continued Monitoring
	Training and Action Plan for an employee testing positive for COVID-19 returning to work	Same as Phase 1	Continued Monitoring
	Hold weekly COVID-19 preparedness meetings led by a senior manager to review the latest CDC guidelines, federal/state/local reopening guidelines and requirements, PPE and COVID-19 cleaning supply inventories, and confirmed case reaction plans.	Same as Phase 1	Continued Monitoring

	Phase 1 Low Density Restart & Preparedness	Phase 2 Moderate Density Operations	Phase 3 New Normal Operations within COVID-19 guidelines
3. Physical Distancing Plan	Face cloth masks must always be worn, except when eating and drinking	Wear face cloth masks in presence of others, “You move, You mask”	Within VDH guidelines
	Maintain personal space distance – at least 6-ft from each other	Modify where appropriate, personal space to include protective barriers such as plexiglass partitions, creating mechanical distancing	Continued Monitoring
	No person-to-person contact	Same as Phase 1	According to VDH guidelines
	No congregating	Same as Phase 1	Continued Monitoring
	The employer shall limit the occupancy of the designated common areas, such as break rooms and cafeterias, so that occupants maintain strict social distancing of no less than 6-ft feet per individual. The employer shall enforce the occupancy limit and require employees to wipe down their area after use or shall ensure cleaning of the common areas at regular intervals throughout the day.	Same as Phase 1	Continued Monitoring
	Employee meetings, if necessary, should be staggered, held in open spaces, with face cloth masks required or remotely	Same as Phase 1	Continued Monitoring
	Wash hands frequently with soap and warm water for at least 20 seconds or use hand sanitizer when handwashing is not possible	Same as Phase 1	Same as Phase 1
	Stagger working hours/shifts, lunches, and breaks to maintain social distancing and accommodate workforce needs such as childcare.	Same as Phase 1	Continued Monitoring
	Retail: Not Applicable - No Retail	“Curbside” retail, maintaining 6-ft physical distance	Current CDC guidelines

	Phase 1 Low Density Restart & Preparedness	Phase 2 Moderate Density Operations	Phase 3 New Normal Operations within COVID-19 guidelines
4. Postings and Notifications	Internal employee signage (posters, tape, barriers, etc) should be used to remind and reinforce guidelines such as density, physical distancing, hygiene cleaning, etc (examples available).	Same as Phase 1	Continued Monitoring
	External signage for essential customers/vendors/visitors - before arriving, at site, and upon departure	Same as Phase 1	Continued Monitoring
5. Health Monitoring Policy for Employees	CDC guidelines as outlined below including daily monitoring and compliance. Also: VOSHA Protecting the Safety and Health of Workers : “To the extent feasible, prior to the commencement of each work shift, pre-screening or survey shall be required to verify each employee has no symptoms of respiratory illness (fever, cough, and/or shortness of breath), including temperature checks. A temperature of 100.4°F/38°C or higher, is considered a fever, as according to the CDC”	Current CDC, OSHA, VOSHA, VDH guidelines	Current CDC guidelines
6. Health Monitoring Policy for Vendors/Visitors	Provide guidelines including monitoring of essential customers/vendors/visitors for COVID-19 symptoms	Same as Phase 1 -	Current CDC guidelines
7. Supply chain impacts of reopening	Communication and planning with suppliers and customers of current <i>Restart Plans</i>	Same as Phase 1	Continued Monitoring

Plan Components

1. **Phased Implementation Timeline and Types of Work**
2. **Employee Training & Education Plan**
3. **Physical Distancing Plan**
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6. **Health Monitoring Policy for Vendors/Visitors**
7. **Supply chain impacts of reopening**

1.2 Types of Work

The workplace risk levels below are from the Occupational Risk Pyramid described in the OSHA publication, *Guidance on Preparing Workplaces for COVID-19*, OSHA publication 3990), www.osha.gov/Publications/OSHA3990.pdf. See the source for more information.

Risk Assessment Based on Position or Area Exposure

The following information is meant to assist with identifying work area risks as measured from Low to Very High, which can later be applied to specific workplace controls.

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

Classifying Worker Exposure to COVID-19

Worker risk of occupational exposure to the COVID-19 virus, during an outbreak may vary from very high to high, medium, or lower risk (caution). The level of risk depends in part on the industry type, need for contact within 6-ft of people known to be, or suspected of being, infected with COVID-19, or requirement for repeated or extended contact with persons known to be, or suspected of being, affected with COVID-19. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk.

The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

Occupational Risk Pyramid for COVID-19



Four Exposure Risk Levels			
Very High	High	Medium	Lower (Caution)
<p>Jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.</p> <ul style="list-style-type: none"> Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures, and exams, or invasive specimen collection) on known or suspected COVID-19 patients. Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients). Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. 	<p>Jobs are those with high potential for exposure to known or suspected sources of COVID-19.</p> <ul style="list-style-type: none"> Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes <i>very high</i>.) Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles. Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. 	<p>Jobs include those that require frequent and close contact with (i.e., within 6-ft of) people who may be infected with COVID-19, 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 <i>is</i> 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).</p>	<p>Jobs are those that do not require contact with people known to be or suspected of being infected with COVID-19 nor frequent close contact with (i.e., within 6-ft of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.</p>

The preferred method for returning to work is to determine if Engineering Controls can be effectively installed, followed by Administrative Controls which include Personal Protective Equipment (PPE). A risk assessment for each Employer's facility can be done by either conducting a site inspection or, at a minimum, a phone consultation. After each procedure or specific employee duty has been placed in a risk class, they can then be matched to one of the three workplace controls with the identified risk following the guidelines listed below.

CONTROLS IDENTIFIED FOR EACH JOB RISK:

- 1) **Jobs Classified at Lower Exposure Risk (Caution)** For workers who do not have frequent contact with the general public.
 - 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** - Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov. Collaborate with workers to designate effective means of communicating crucial COVID-19 information.
 - c) **Personal Protective Equipment (PPE)** - *Additional PPE, with the exception of face cloth masks as outlined in the table above, is not mandated for workers in the lower exposure risk group. However, employees may choose to continue to wear face cloth masks beyond Phase 1 and 2. In addition, use other control measures if approved by management.* Workers should continue to use the PPE, if any, that would ordinarily apply for different job tasks. All employees should be reminded to wash their hands regularly and after each potential exposure to an infected person or surface. PPE and COVID-19 cleaning supplies should be stored in a controlled area, released with proper oversight and reviewed weekly to avoid stock outs
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- 2) **Jobs Classified at Medium Exposure Risk** - In workplaces where workers have medium exposure risk.
 - a) **Engineering Controls** - Install physical barriers, such as clear plastic sneeze guards, where feasible. Ensure that each work area has adequate ventilation.
 - b) **Administrative Controls** - See CDC guidance for optimizing respiratory supplies which discusses the use of surgical masks, at www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.
 - i) Inform visitors about symptoms of COVID-19 and identify policy. Instruct all visitors to inform you if they begin to have symptoms within the next 14 days.

Record all visitors in a log so that they can be contacted if an outbreak should happen. Report all cases and verified exposures to your local health agency. Where appropriate, limit visitors' and the public's access to the worksite or restrict access to only certain workplace areas.

- ii) Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework). Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).
- c) **Personal Protective Equipment (PPE)** - When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. If a PPE has to be used repeatedly or for an extended period, a more expensive and durable type of PPE may be more cost efficient than a disposable PPE. Each employer should select the type/combination of PPE that protects workers specific to their workplace. Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and a face shield or goggles. 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. In rare situations that would require workers in this risk category to use respirators, refer to recent OSHA guidelines. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19 for different job tasks. All employees should be reminded to wash their hands regularly and after each potential exposure to an infected person or surface. PPE and COVID-19 cleaning supplies should be stored in a controlled area, released with proper oversight and reviewed weekly to avoid stock outs.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- 3) **Jobs Classified at High or Very High Exposure Risk** - (Note - Applies to a Minimum of Manufacturing, Fulfillment and Distribution Operations) - In workplaces where workers have high or very high exposure risk. High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling. **NOTE:** High and very high exposure risk is generally related to health care professions. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.
- a) **Engineering Controls** - Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See "Guidelines for Environmental Infection Control in Healthcare Facilities" for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm. CDC recommends that patients with known or suspected COVID-19 (i.e., a person under investigation) should be placed in an airborne infection isolation room (AIIR), if available. Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when implementing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortemspecimens.

OSHA also guides postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19. Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) "Biosafety in Microbiological and Biomedical Laboratories" at www.cdc.gov/biosafety/publications/bmbL5.

- b) **Administrative Controls** - Follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available. Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks. Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks. Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training. Ensure that psychological and behavioral support is available to address employee stress.
- c) **Personal Protective Equipment (PPE)** - Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks. Those who work closely with (either in contact with or within 6-ft of) patients known to be, or suspected of being, infected with COVID-19, the virus that causes COVID-19, should wear respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: www.osha.gov/covid-19. PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities which may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19. **NOTE:** Workers who dispose of PPE and other infectious waste must also be trained and equipped with appropriate PPE. PPE and COVID-19 cleaning supplies should be stored in a controlled area, released with proper oversight and reviewed weekly to avoid stock outs
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- d) **Safety Work Practices** - Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

2. Employee Training & Education Plan

Provide education and training materials in an easy to understand format and in the appropriate language and literacy level for all employees, including [VOSHA training](#) and like [fact sheets and posters](#), CDC

Each employee shall be informed and trained, and the employer shall document the following per VDH, CDC and OSHA/VOSHA Guidelines (links below):

- Preparedness plan (based on this plan)
- Understanding how COVID-19 is spread
- How the facility was prepared/cleaned prior to restart
- Frequency and methods for disinfecting/cleaning facility each day shift
- Frequency and methods for disinfecting/cleaning work surfaces, materials and gloves to do so
- Methods for personal hygiene – washing hands for at least 20 seconds, avoiding touching face, etc.
- Supply and use of COVID-19 PPE - when, where and how to use
- Monitoring and screening methods per guidelines
- Training and Action Plan for an employee testing positive for COVID-19
- Training and Action Plan for an employee testing positive for COVID-19 returning to work
- Hold weekly COVID-19 preparedness meetings led by a senior manager - ideally the CEO, CSO, COO, HR, and/or Site Manager - to review the latest CDC guidelines, federal/state/local reopening guidelines and requirements, PPE and COVID-19 cleaning supply inventories, and confirmed case reaction plans.

3. Physical Distancing Plan (Phase 1 and 2)

Self-Distancing

Also known as “Social Distancing,” is one of the primary ways to avoid contracting a virus or contamination. It is imperative that employees maintain proper self-distancing as recommended by the CDC and other health organizations. This means that a minimum of 6-ft must be maintained between employees. This procedure should be continued even when workers are wearing PPE. This applies to: gathering in groups, carpooling with others outside of your home, and similar activities that would put you and/or others in close proximity and increase the risk of contamination NOTE: [See CDC Social Distancing Guidelines](#). Prior to resuming operations, duties that require employees to work within 6-feet of each other must be evaluated using the companies Hazard Analysis for potential health and wellness risks. This is to ensure protection for each employee. The following instructions and tips are established to help maintain proper self-distancing:

Note: Face cloth masks must always be worn, except when eating or drinking, in Phase 1.

Work Areas:

- Avoid sharing other workers’ phones, desks, offices, workstations, equipment and tools. If multiple uses of these items/areas are necessary, provide disinfectants for employees to clean before, during, and at the end of each shift change.

Meetings: Note Phased Implementation and Chart for Phase 1, Phase 2, Phase 3.

- In-person meetings should be avoided as much as possible
- Teleconferencing should be used by site essential staff provided they are dialing in from separate areas
- 6-ft distancing from one another must be maintained at all times in Phase 1

Breakrooms:

- If possible, close break rooms
- Employees must maintain 6-ft self-distancing.
- Breaks may need to be staggered
- Employees should not sit directly next to or across from one another.
- Minimize touching objects such as vending machines, coolers, refrigerators and other commonly shared breakroom items.
- When breakroom items are touched, employees must wash hands.
- Prior to exiting the breakroom, properly disinfect all items encountered.
- When possible, use separate doors to enter and exit the breakroom to avoid close proximity with others.
- As the weather gets warmer, encourage employees to use outside break areas with proper social distancing.

Lunch Areas and Cafeterias:

- If possible, close break rooms and cafeterias
- All breakroom guidelines apply.
- Encourage employees to bring their own lunch so no more communal sharing such as hot buffet/ cafeteria lunch program, etc. and discourage drop-off food deliveries to maintain social distancing and spread of COVID-19.
- The use of disposables such as plates, cups and utensils are deemed a 'Best Practice'.
- Self-Service must not be allowed at this time.
- Lids on garbage cans should be propped up or have touchless lids
- As the weather gets warmer, encourage employees to use outside break areas with proper social distancing.

Restrooms:

- Physical distancing guidelines must be maintained in restrooms, including waiting in lines.
- All employees must properly disinfect hands when finished.
- Restrooms must stay sanitary – dispose of paper products properly and completely flush toilets.
- If possible, restroom doors should remain open to avoid repeated contact by employees.
- If possible, restrooms require pathways that avoid close proximity of employees.

Shift Changes:

- If possible, adjust shifts from one, two, or even three shifts to support social distancing as a best practice, but this is not required
- Do not congregate in parking lots or other areas prior to or after shifts.
- Car-pooling is discouraged. No more than 2 people shall occupy one vehicle when conducting work, face coverings shall be worn when riding together.
- Maintain 6-ft of distance while entering or exiting the facility.
- If possible, one-way entry and exits should be established.
- If possible, entry & exit doors should remain open during shift changes.
- Avoid touching the time clock bare-handed.,

- Avoid sharing other workers' phones, desks, offices, workstations, equipment and tools. If multiple uses of these items/areas are necessary, provide disinfectants to clean before, during, and at the end of each shift change.

Source: Combination of best practices from Vermont manufacturing companies operating during “Stay Safe, Stay Home” Executive Orders, and from MEP National Network Centers across the U.S.

4. Postings and Notifications

Signage is a component to be used to help convey important information.

Location Suggestions:

- Outside and inside exterior doors
- Cafeteria and break room entrances
- Outside and inside restrooms
- Throughout plant - restrict access of employees to zones not needed for their jobs
- Offices - mark distancing and restrict access if applicable
- Restricted/closed areas
- Locations of sanitizing and disinfecting supplies
- Locker rooms, garment rooms, changing areas, and conference rooms should also have social distancing occupancy level signs

Signage Examples

- [Internal for employees](#)
- [External for customers/vendors/visitors](#)
- Safety, Health, Sanitation, Compliance and Enforcement

5. Health Monitoring Policy for Employees

Self-Screening at Home

One of the most vital aspects of detection involves self-screening. In order to adequately communicate these procedures to employees, the employer should issue a self-screening checklist for all employees to conduct voluntarily at home prior to returning to work. (see CDC for latest– Guidance for Business Plan & Response) The screening should consist of the following questions:

- Do you have a temperature of 100.4 degrees Fahrenheit or greater?
- Do you have a cough?
- Are you experiencing shortness of breath?
- Are you having difficulty breathing?
- Are you experiencing unusual fatigue?

If the answer to any of these questions is ‘YES’, employees are requested to stay at home until ALL THREE of the following are true:

- You have been fever free for (at least) 72-hours (3 full days) without taking medication such as acetaminophen or aspirin to reduce fever.
- Other symptoms (cough or shortness of breath) are gone.

- It has been (at least) 7-days since your symptoms first appeared, or you have tested negative for COVID-19 and applied VDH/CDC/OSHA guidelines.

Observation of Symptoms at Work

Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors and sent home.

If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow employees about how to proceed based on the CDC Public Health Recommendations for Community-Related Exposure.

Monitoring by Employers

Employers have the authority to set up a monitoring station at their facility's entrance. In addition, a monitoring station may be set up in the parking lot entrance (CDC – Employers' Guidance). When implemented, please consider the following: a) employing a health screening team that will monitor symptoms of individuals entering the facility, b) close alternative entrances to ensure all employees pass through the monitoring system, c) use no-touch thermometers to evaluate employee's body temperature, and d) if an employee exhibits a fever upon entrance, he/she should be sent home to self-quarantine or pursue medical attention.

Procedures for Suspected Infection

Employers should assess hazards that employees may be exposed to, evaluate the risk of exposure and select/implement/ensure employees use controls to prevent exposure. Control measures may include a combination of engineering and administrative, safe work practices and PPE.

Health organization guidelines:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Essential-Workers-Health-Safety-Tips.pdf>

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

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html

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

6. Health Monitoring Policy for Vendors/ Visitors

Employers are to have clear guidelines in the form of a “Visitor Policy”. The policy will address the Company’s requirements for visitors, including criteria on when a visitor may be onsite; enter the plant; methods to evaluate the visitors health; provide training appropriate for the visitors interaction at the site and with employees; and monitoring process to insure these policies are adhered to.

7. Supply chain impacts of reopening

Company leaders need to assess and plan how the COVID-19 coronavirus pandemic will impact their supply chains, upstream and downstream. It is recommended that companies establish communication early and often with their key suppliers, especially suppliers of PPE.

Resources:

- AGC/VT Sample Plan for Covid-19 Exposure Prevention, Preparedness and Response
- Aggregate of several VT Manufacturing companies integrating best practices from their industry sectors and recognized health organizations such as CDC, OSHA and VDH
- Impact-Washington* - Preventive-Mfg-Back-To-Work-Measures
- NJMEP* Recovery & Return to Work
- CONNSTEP* Safe Workplace Rules for Essential Employers
- Polaris* RIMA COVID-19 Response and Pledge
- *Impact-Washington, NJMEP, CONNSTEP, Polaris, and VMEC are all Part of the MEP National Network.
- <https://www.healthvermont.gov/response/coronavirus-covid-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc>
- <https://apps.health.vermont.gov/COVID/faq/>

REOPENING KIT

Useful Templates and Examples:

- 1) Reopening Plan Guidance (based on this Plan) Source: RESTART ACTION TEAM
- 2) Employer: Checklist based on Sector Reopening Plan
- 3) Welcome Back and Ongoing Communication - Employee Training/Commitment
- 4) Communication Examples and Templates:

- a) [Employee Entrance \(CDC\)](#), [Screening Posting Template \(MXVT.org\)](#)
- b) [Visitor Entrance Screening Posting Template \(MXVT.org\)](#)
- c) [Physical Spacing Social Distancing Poster \(VHD\)](#)
- d) [Hand Washing \(CDC\)](#)
- e) [Face Mask Proper use\(VHD\)](#)
- f) [Stop Spread of Germs Poster \(CDC\)](#)
- g) [Photos \(Visual Markings/Posting/Adjustments to Breakrooms\) \(MXVT.org\)](#)

For Up to date “KITS” and Additional Examples, visit MXVT.org