

Health & Wellness Re-Opening Guidelines for Local Community Based Organizations and Non-Profit Agencies

The content contained in this document represents the views and opinions of experts from St. Luke's University Health Network and is based on information and guidelines available as of September 4th, 2020. The content is being made available for informational and educational purposes only and is not intended to provide medical or legal advice. The content is not meant to be complete or exhaustive. The content should serve as one of many resources used by organizations and agencies to develop and implement protocols. Organizations and agencies should review and update protocols on a regular basis as additional recommendations are issued by the CDC, and local and state government officials, and information regarding the ongoing status of COVID-19 emerges.

St. Luke's hereby disclaims any and all liability to any party for any direct, indirect, implied, punitive, special, incidental, or consequential damages arising directly or indirectly from any use of this content, which is provided as is, and without warranties. St. Luke's assumes no duty to correct or update this content or to resolve or clarify any inconsistent information.

Purpose

The purpose of this document is to guide community-based organizations and local agencies and their workforce on how to explore critical guidelines related to the Novel Coronavirus (COVID-19). For more comprehensive guidelines, please visit the CDC at: https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html

Cleaning, Sanitizing, Disinfecting and Ventilation

- Clean/disinfect all frequently touched surfaces at least twice a day (water fountains, door handles, light switches, etc.) following posted EPA/CDC/manufacturer guidelines.
- Clean desks and tables on a frequent basis following posted EPA/CDC/manufacturer guidelines, as feasible.



- Clean/disinfect bathrooms once during the day and again after working hours.
- Bathrooms should be well stocked with hand soap, paper towels and no-touch trash cans.
- Staff should clean their own personal work spaces and their own electronics regularly.
- Labeled EPA disinfectant spray bottles should be supplied to offices as well as paper towels for cleaning.
- All individuals should sanitize/wash hands on a frequent basis. Make hand sanitizer available in common areas and/or in hallways where sinks for handwashing are not available.
- Adding handwashing stations with soap and paper towels is strongly recommended
- Limit use of communal drinking fountains. Permit single-use water bottles and encourage staff and clients to use water bottles from home.
- Clean/disinfect all frequently touched surfaces on transportation vehicles after each run. Spray down vehicles with disinfectant at the end of each day.
- Ventilate all offices and common areas when available/possible using windows.
 Recommend air circulation patterns that push inside air towards open windows.
- Close off areas used by a sick person and do not use before cleaning and disinfecting.

Develop Special Considerations for Elevators and Escalators

- Occupants should take stairs when possible, especially when elevator lobbies are crowded or when only going a few flights.
- Where feasible, designate certain stairwells or sides of stairwells as "up" and "down" to better promote social distancing.
- Use floor markings in elevator lobbies and near the entrance to escalators to reinforce social distancing. Place decals inside the elevator to identify where passengers should stand, if needed.
- Use stanchions (for lobbies only; not inside elevators) or other ways to mark pathways to help people travel in one direction and stay 6 feet apart.
- Require the use of cloth face coverings by all elevator and escalator occupants. Ask elevator occupants to avoid speaking, when possible.
- Limit the number of people in an elevator and leaving steps empty between passengers on escalators, where possible, to maintain social distancing.



- Post signs reminding occupants to minimize contact with surfaces. They should use an object (such as a pen cap) or their knuckle to push elevator buttons.
- Elevator and escalator passengers should wash their hands and avoid touching their face after holding on to handrails or touching buttons.
- Adding supplemental air ventilation or local air treatment devices in frequently used elevator cars is recommended.

Social Distancing and Other Safety Protocols

- Consider telework (working from home) whenever possible.
- Masks are required to be worn at all times unless an individual is by him/herself in a
 private office with the door completely closed. Otherwise, "mask breaks" should be
 minimized to less than 15 minutes at a time and can only be taken when an individual is
 more than 6 feet apart from others or outside in fresh air.
- Space seating/tables at least 6 feet apart when feasible
- Limit the number of individuals in a standard space to 50% of capacity
- Arrange seating to ensure that all people are facing the same direction for seating
 configurations of desks and work areas, when feasible. If not feasible, staggered or
 diagonal seating at shared tables to avoid "across the table" seating should be
 implemented.
- Provide assigned seating for office spaces and clients throughout the day, every day if possible.
- Post signage, in English and Spanish, and place at the entrance to communicate how to stop the spread of the disease and hours of operation, as well as CDC signage in English and Spanish to communicate preventative measures (including staying home when sick), good hygiene, and social distancing for each building. (See appendix 3 for printouts).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that staff and clients remain at least 6 feet apart in lines and at other times.
- People should be socially distanced and avoid face-to-face seating when eating. All
 individuals should sanitize/wash hands before and after eating.



- Staff will practice established social distancing protocols to the greatest extent practicable during lunch and breaks. Ensuring that staff have alternative areas for eating and breaks.
- Limit the sharing of materials among employees and clients.
- Require all essential visitors to comply with all organizational screening and monitoring processes.
- Limit high-traffic, high-volume hallway use to increase social distancing. Create one-way traffic patterns in hallways with clear markings and directions for staff and clients to follow.
- Stagger arrival and dismissal times or locations for appointments/meetings.
- Limit field trips, inter-group activities and extracurricular activities.
- Main offices that entertain visitors /staff will have plexi-glass dividers installed to prevent the spread of infection to staff.

Transportation

 Limit people on transportation vehicles (vans) to two (2) people to a seat and mandate masks be worn during transport. People from the same household should sit together when practical.

Non-essential Personnel and Volunteers

All non-essential volunteer/ personnel should follow staff Covid-19 screening guidance.
 All volunteers should complete the Non-Employed Personnel Questionnaire. See
 Appendices

Breakrooms/ Meals/ Food

- Meals brought from home should be labeled in Ziploc bags and in disposable containers.
- The use of communal microwaves should not be permitted.
- Water bottles are allowed; they must be labeled with staff's name.



- If meals are offered they should be in individualized disposable servings to avoid distribution of food by staff.
- A supply of food grade gloves will be made available when working with food.
- All staff, dining services and students will be masked during lunch times, unless they are eating.

Monitoring Staff and Client Health

- Educate all staff and clients on the signs and symptoms of COVID-19.
- Conduct symptom screening of client prior to entry into the building. No clients with symptoms should be permitted entry (please use checklist in appendix 1).
- All staff shall perform a symptom screen on themselves prior to leaving for work and will stay home if ill (please use checklist in appendix 1).
- If a staff or client starts exhibiting symptoms of COVID-19, they will immediately mask and go home.
- An area in the building should be designated as the isolation area. This area will be separated from other areas with a screen or heavy curtain as per recommendations.
- The organization will provide supplies to support healthy hygiene habits such as: sanitizer, tissues, and soap.

Isolation and Quarantine

 Organizations can work in conjunction with health bureaus where applicable, health departments and hospitals to ensure the health and safety of staff and clients and maintain quarantine processes.

Personal Protective Equipment (PPE)

- All staff and clients (medical excuse is the exception) are required to wear masks. This
 includes arrival/dismissal, when in the halls, traveling anywhere in the building and on
 the transportation.
- One mask should be provided to staff personnel by the organization. Staff members who
 choose to wear their own personal mask may do so as long as it is not offensive and
 follows CDC guidelines.



- CDC guidelines: face coverings must fully cover the mouth and nose, be secured under your chin and fit snugly against the sides of the face.
- Face shields cannot be worn in place of masks. Masks must we worn at all times when wearing a face shield.
- Masks with vents (usually on the sides) do not offer adequate protection and should not be worn.
- Custodial staff must wear masks while in the building and cleaning/disinfecting.
- Transportation staff must wear face masks whenever others are on the bus.
- Food service staff must wear masks while in the building, including while serving food.

Gloves

- Gloves need to be worn when cleaning, serving food or caring for someone who is sick.
- Gloves should NOT be worn consistently when performing daily functions for extended periods as it could lead to contaminations and therefore a false sense of protection.
 Increased proper handwashing in these instances are much more effective.
- For CDC guidelines on glove use, please see the following link: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/gloves.html

Vulnerable Populations

- Human Resources should be a point-of-contact and will develop a reasonable accommodation for vulnerable staff. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html?deliveryName=USCDC_2067-DM31413
- Create a process for clients to self-identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative arrangements.
- Understand the need for continued protection of high-risk populations such as seniors and those with co-morbidities when planning for re-opening.

Communications

- Develop a communication platform to ensure all staff and clients are enrolled to receive Covid-19 related information.
- Ensure that each of the following are part of the communication plan:
 - Initial communication



- Ongoing communication
- Communication when there is a positive case

Staff Training

 Staff will be educated on handwashing, proper use of PPE, bloodborne pathogens, social distancing, and COVID- 19 Information, pre-screening for symptoms of COVID-19.

Client Education

- Clients should receive a letter explaining the guidelines for safely returning to the organizations with clear PPE and hygiene and safety guidelines addressed.
- Clients should receive information of handwashing, proper use of PPE, Social distancing, and COVID-19 Information, pre-screening for symptoms of COVID-19.

Travel

- While personal travel is not restricted, please consider the risks associated with personal and business travels before making plans for a trip. International personal travel is strongly discouraged. Be advised that such travel may be subject to CDC's selfmonitoring requirement (staying at home and avoiding group gatherings and public spaces) for 14 days from arrival in the U.S., before returning to work.
- Domestic travel is also discouraged to high risk areas as defined by CDC guidelines. For the most updated travel guidelines and restrictions please refer to the following document: https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html#travel-1. Additionally for a list of travel restrictions in Pennsylvania please refer to the following site:

https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx.
For a list of travel restrictions in New Jersey, please refer to the following site:
https://www.nj.gov/health/



Additional Resources

- Coronavirus Chronicles: Kids Health https://vimeo.com/427820203/64efbc6e6d
- CDC Free Public Service Announcements (PSA):
 https://www.cdc.gov/coronavirus/2019-ncov/communication/public-service-announcements.html



Appendices



Appendix 1: COVID-19 Symptom Checklist

Please complete this checklist on a daily basis to monitor for symptoms of COVID-19.

Column A If you checked 1 or more symptoms, EMPLOYEE should stay home from WORK	Column B If you checked 2 or more symptoms, EMPLOYEE should stay home from WORK & should consider seeking medical care
□ Fever (100.0°F or higher) □ Cough □ Shortness of breath □ Difficulty breathing □ Nausea or vomiting □ Diarrhea □ Lack of smell or taste (without congestion)	□Sore throat □Chills □Muscle pain □Headache □Congestion or runny nose □Fatigue

- 1. For a current list of symptoms see CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- 2. The temperature considered a fever during screening differs based on how temperature is taken. Any fever reported by an employee, even if no thermometer was used, should be considered as symptomatic



Appendix 2: Exclusion from and Return to Work Requirements

Scenario	Exclude from Work	Return to Work After
#1 No Symptoms	No	Not applicable
#2 COVID-19 symptoms	Yes	 ✓ Individual should be tested for COVID-19 ✓ If test is negative, return to work 24 hours after symptoms are no longer present. ✓ If test is positive, follow return to work guidance for scenario #3 ✓ If employee is not tested, return to work when fever free (without medication) and symptom free for 3 days.
#3 Positive COVID- 19 PCR test with symptoms	Yes	 ✓ 24 hours with no fever and no fever reducing medications and ✓ Improvement in symptoms AND ✓ 10 days since symptoms first appeared
#4 Positive COVID- 19 PCR test without symptoms	Yes	 ✓ 10 days after PCR was collected ✓ If symptoms develop during 10 days, follow return to work guidance for scenario #3
#5 Close contact of COVID with symptoms	Yes	 ✓ Individual should be tested for COVID-19 ✓ If test result is negative, return to work 14 days after last exposure to the person with COVID and symptoms have resolved. ✓ If test result is positive, follow return to work guidance for scenario #3.
#6 Close contact of COVID without symptoms	Yes	 ✓ 14 days after last exposure to the person with COVID-19 ✓ If symptoms develop during14 days, follow return to school guidance for scenario #5.



Appendix 3: Signage for Buildings

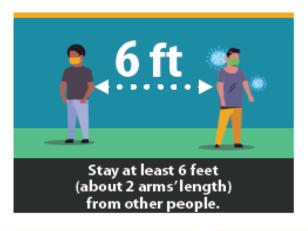
- I. Stop the Spread of Germs
 - a. English
 - b. Spanish
- II. Germs are all Around You
 - a. English
 - b. Spanish
- III. Wash Your Hands
 - a. English
 - b. Spanish
- IV. Wash Your Hands (Multilingual)
 - a. English
 - b. Spanish
- V. Hotline Poster
- VI. Hotline Palm Card (English & Spanish)





Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.























Detenga la propagación de gérmenes

Ayude a prevenir la transmisión de enfermedades respiratorias como el COVID-19.













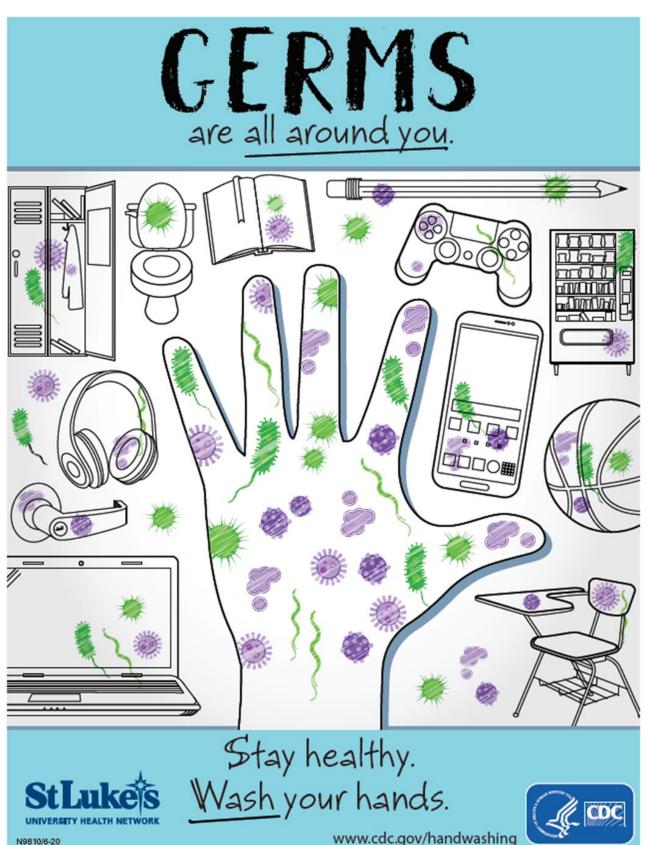














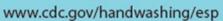
Los MICROBIOS

están por todos lados.





Mantente sano. Lávate las manos.

















SEQUE







Hotline for Coronavirus COVID 19 Inquiries

St. Luke's University Health Network has launched a coronavirus telephone and email hotline to respond to inquiries from patients and the public.

1-866-STLUKES (785-8537),
option 7
or
coronavirus@sluhn.org

The 24/7 hotline is led by St. Luke's nursing staff who can provide information and guidance based on the latest recommendations from the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health. The hotline is not a substitute for the advice of a physician or, when necessary, medical attention.



Hotline for Coronavirus (COVID-19) Inquiries

St. Luke's University Health Network has launched a Coronavirus (COVID-19) telephone and email hotline to respond to inquiries from patients and the public:

1-866-STLUKES (785-8537), option 7 or coronavirus@sluhn.org

The 24/7 hotline is led by St. Luke's nursing staff who can provide information and guidance based on the latest recommendations from the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health. The hotline is not a substitute for the advice of a physician or, when necessary, medical attention.



UNIVERSITY HEALTH NETWORK

N9670/3-20

Línea directa para consultas sobre Coronavirus (COVID-19)

St. Luke's University Health Network puso a disposición una línea directa telefónica y de correo electrónico para consultas sobre el Coronavirus (COVID-19) para responder a las preguntas de los pacientes y del público:

1-866-STLUKES (785-8537), opción 7 o coronavirus@sluhn.org

La línea directa está disponible las 24 horas, los siete días de la semana, y está dirigida por el personal de enfermería de St. Luke's, que puede proporcionar información y orientación en función de las últimas recomendaciones de los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC) y del Departamento de Salud de Pennsylvania (Pennsylvania Department of Health). La línea de atención telefónica no sustituye el consejo de un médico o, cuando es necesaria, la atención médica.



Covid-19 Exposure Non-Employed Personnel Questionnaire Are you currently experiencing symptoms of a fever with a temperature

 lame		Signatu		 Date
	permitted entry	knowledge and I must	rtify that the abov	e, you may not be ve information is accurate to social distancing policies
5.	Have you been notified that you were exposed to a positive COVID-19 patient and/or are part of an ongoing exposure? YESNo			
	If Yes, when:			
4.	Have you worl 14 days? YES	ked in a facility with a	a reported case	of COVID-19 in the last
	If Yes, when:			
3.	•	-19 in the last 14 day		suspected or confirmed
	If YES, List loo	cations and dates:		
2.	Have you trave	eled to any area of w NO	idespread COVI	ID-19 in the last 14 days?
	completing this	d avoid close contact v	nd the safest and	d most direct route to the rou can get further advice
	YES Places	NO	ataly for frontlean d	ireation If you are
	•	al to 100, sore throat	, cough, or sho	rtness of breath?