CORONAVIRUS AD HOC COMMITTEE

Monday, MAY 24, 2021

5:00 PM

ZOOM MEETING

The Honorable Gretchen Barron, Chair   **County Council District 7**

The Honorable Yvonne McBride   **County Council District 3**

The Honorable Paul Livingston   **County Council District 4**

The Honorable Joe Walker   **County Council District 6**

The Honorable Chakisse Newton   **County Council District 11**

RICHLAND COUNTY COUNCIL 2021

Bill Malinowski
District 1
2018-2022

Derrek Pugh
District 2
2020-2024

Yvonne McBride
District 3
2020-2024

Paul Livingston
District 4
2018-2022

Allison Terracio
District 5
2018-2022

Joe Walker III
District 6
2018-2022

Gretchen Barron
District 7
2020-2024

Overture Walker
District 8
2020-2024

Jesica Mackey
District 9
2020-2024

Cheryl English
District 10
2020-2024

Chakisse Newton
District 11
2018-2022

Map labels: White Rock, Dutch Fork, Ballentine, Irmo, Blythewood, St. Andrews, Dentsville, Arcadia Lakes, Forest Acres, Columbia, Horrell Hill, Hopkins, Gadsden, Eastover, Pontiac

RICHLAND COUNTY SOUTH CAROLINA

Coronavirus Ad Hoc Committee May 24, 2021 –5:00 PM Zoom Meeting

Yvonne McBride	Paul Livingston	Gretchen Barron, Chair	Joe Walker	Chakisse Newton
District 3	District 4	District 7	District 6	District 10

1. **Call to Order**

2. **Approval of Minutes: April 28, 2021** *{Pages 6-13}*

3. **Adoption of Agenda**

4. **Items for Action**

    a. **COVID-19 Memorial** *{Pages 14-15}*

    b. **Mask Ordnance/Safety Plan (as discussed during Council meeting)** *{Pages 16-27}*

    c. **In Person Council Meetings** *{Page 28}*

    d. **ERAP Update/Community Engagement FEMA Vaccine Site Update** *{Pages 29-30}*

    e. **Relief Funding Expense Plan Update** *{Pages 31-53}*

5. **Adjournment**

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Richland County
Coronavirus Ad Hoc Committee
April 28, 2021 – 5:00 PM
Zoom Meeting
2020 Hampton Street, Columbia, SC 29204

Yvonne McBride	Paul Livingston	Joe Walker	Gretchen Barron	Chakisse Newton
District 3	District 4	District 6	District 10	District 10

Committee Members Present: Gretchen Barron, Chair; Yvonne McBride, Paul Livingston, Joe Walker, and Chakisse Newton

Others Present: Bill Malinowski, Allison Terracio, Cheryl English, Jesica Mackey, Andrea Mathis, Michelle Onley, Kyle Holsclaw, Tamar Black, Ashiya Myers, Clayton Voignier, John Thompson, Lori Thomas, Randy Pruitt, Stacey Hamm, Ronaldo Myers, Mike King, Bill Davis, James Hayes, Geo Price, Dante Roberts, Dwight Hanna, Leonardo Brown, Michael Byrd and Michael Maloney

1. **Call to Order** – Ms. Barron called the meeting to order at approximately 5:00 PM.

2. **Approval of Minutes: February 25, 2021** – Ms. McBride moved, seconded by Mr. Livingston, to approve the minutes as distributed.

   In Favor: McBride, Livingston, Barron and Newton

   Not Present: J. Walker

   The motion in favor was unanimous.

3. **Adoption of Agenda** – Mr. Brown requested Item 7 "Federal Vaccination Site Update" be moved to the beginning of the agenda to accommodate Dr. Traxler's schedule.

   Ms. Newton inquired if it would be appropriate to discuss public participation and involvement under Item 5 "Resuming In-Person Council and Committee Meetings".

   Ms. Barron responded in the affirmative.

   Mr. Livingston moved, seconded by Ms. McBride, to adopt the agenda as amended.

   In Favor: McBride, Livingston, J. Walker, Barron, and Newton

   The vote in favor was unanimous.

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4. **Federal Vaccination Site Update** – Dr. Traxler noted she wanted to address several different topics. One of them being the federally supported State-run vaccine site at the Columbia Place Mall. They started on April 14th, and they have distributed approximately 5,000 vaccines. It open 7 AM – 7 PM seven days a week. Appointments are not required. There is no insurance or ID requirement, and it is free of charge. There is a drive-thru option or you may walk into the old Sears. It is an easy process, which usually takes 30 minutes. This location has been supported by FEMA, as well as State and local partners, including Richland County. Dr. Traxler thanked Mr. Brown and the Councilmembers that attended the kick-off event.

Currently they are administering the Pfizer vaccine. The vaccine requires two doses, three weeks apart. In approximately 7 – 8 weeks, the site will begin using the Janssen vaccine, which is distributed by Johnson & Johnson. Recently the CDC and the FDA put a pause on the use of the Janssen vaccine due to blood clots. There were reports 6-7 people with blood clots, with low platelet counts. After some investigation and made sure hospitals and providers knew how to treat it. You do not treat it with the normal blood thinning medicine Heparin. The CDC found 15 cases out of 7 million vaccines that experience blood clots. Of the 15 cases, 13-14 were found in women between the ages of 18-49. Therefore, this past Friday, the CDC's Advisory Committee on Immunization Practices, came together and determined they were going to lift the pause and recommended using the vaccine. They requested the FDA to include some warnings to ensure women know there is a slight risk of blood clots and there are other options (i.e. Pfizer or Moderna).

When the CDC issued a temporary pause to the use of the Janssen vaccine, DHEC gave their vaccine providers specific instructions on how to store the vaccine, so as to not waste the vaccine. After the CDC made their new recommendation, DHEC sent communication out to them so they could resume using the stored vaccine.

Mr. Malinowski inquired how they know the name placed on the vaccine card was correct, if no ID is required.

Dr. Traxler responded they are trusting people are self-identifying themselves correctly.

Ms. Newton inquired when the vaccine will switch from Pfizer to Janssen.

Dr. Traxler responded she will have to get back with the specific date. She noted they plan to do 6 weeks of the Pfizer vaccine and 2 weeks of the Janssen vaccine.

Ms. Barron thanked Dr. Traxler for her work and noted they are telling people "Don't wait to vaccinate."

4 **Emergency Rental Assistance Program** – Mr. Brown noted, as of yesterday, they have approved 75 applications. The breakdown is as follows: $217,073.41 – Landlord Rental Arrears; $165,981.20 – Future Landlord Rent; $28,146.92 – Utility Arrears; $10,865.00 – Tenant Rental Arrears; and $19,509.00 – Future Tenant Rent for a total of $441,575.53. He thanked everyone for supporting this effort, going through the approval, eligibility and quality assurance process to ensure these funds are approved and are meeting all the Federal regulations associated with the program.

Ms. Barron inquired about the pending applications due to the need for supplemental documents.

Mr. Brown responded, as applicants apply, they address the needs immediately.

Mr. King noted the eligibility specialists are working diligently to get the applications approved and are compliant with both Federal and Treasury requisites. They work one-on-one with the applicants. The largest issue they have is getting all the data. The applicant is allowed 21 days to provide the needed

data. The landlords have 10 business days to turn in their data. Currently, we are one of the few in the State that are issuing checks or approving payments. Recently the State of South Carolina announced their ERA Program. We are trying to build a coalition with the 7 counties who have received direct allocations to build a working email talk group to share ideas, recommendations, and lessons learned. This allows us to share data. He noted they have referred received questions to the website. Compared to other municipalities our website FAQs, policies and procedures are upfront.

Mr. Brown stated they actively take information, so in order to project they would have to have the information pooled to capture the data. He noted they take the information lie and process it rather than taking a pool of applications, and then begin to see what they need to do. This makes it a little more challenging to pull projected data.

Ms. Newton noted she understood them not processing in batches, and we are taking applications live. She inquired, when you look at all the people who have applied, the amount of rent and utilities funding requested, can you tell us what the total requests are.

Mr. Brown responded they could have Tetra Tech to do that based off the request alone, but not backed up with the actual data. He noted it may not mirror what the applicant is eligible to receive.

Ms. Newton stated she would like to see the information. A lot of times when there is a limit to what you can request, people request the max. At least that can show us an additional data point for what is being requested. She is hoping that we can expend as much funds as possible. She inquired as to what we are doing to see if any of these funds are available or Richland County Utility customers.

Mr. King responded they are working with Assistant County Administrator Thomas and the Utilities Department to track, through the billing department, the monies they are receiving from the ERA Program. He noted he believes they are putting information out on the utility bills, and they also have the information in their service department. When customers call, they have the information for the program. He noted Dominion and the City of Columbia are also helping promote the program through their billing and customer service departments.

Ms. Newton inquired if there were any additional outreach channels, communication vehicles, or partnerships to expand knowledge of this program. She noted people who are in crisis may not be going to usual places to get information.

Mr. King responded his team has been working with the Public Information Office and the Government and Community Services Department to aggressively get the word out. He noted this is the reason he has been contacting our county partners because they may have some ideas, recommendations and suggestions we have not thought of. He stated they are going to take advantage of getting the word out at any opportunity they can. They are going to add onto the media release for the State's ERA Program. The City of Columbia announced a Housing Relief Fund, so he initiated a meeting with the City and the Cooperative Ministry to ensure they are not duplicating their efforts, and they are not putting our residents in a hazardous situation where they are duplicating benefits.

Mr. King noted the City has not kicked off their program, but we were able to provide them assistance on operating this type of program. The City's maximum relief is $3,100 for either a mortgage, rental or utilities, but not a combination. Individuals might be approved by the City and still have a gap in funding that can be referred to the County's ERA Program. The Cooperative Ministry and their partners are assisting through their faith and corporate partnerships. There will also be a media blitz with the limited or non-English proficient citizens through the Spanish media channel. The Government and Community Services Department developed an email listing for 175 churches or faith-based institutions throughout the County. The emails are seeking partnerships and help in providing

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information that can be provided to their congregations, as well as their faith partners, to get the information out. They recently started working with Richland Two schools and training their social workers about the program and how to enter the information. A lot of time these social workers have contact with families that are in need in their school district.

Ms. Mackey inquired if staff was tracking where the applicants heard about this program. She noted this would help staff to know which advertising works best.

Mr. King responded they are not tracking it at this time, but he would run it by the programmers to see if that could be a part of the process.

Mr. Brown responded, at the time of the program's implementation, they were only putting questions on documents that were absolutely required so applicant did not feel overwhelmed.

Ms. McBride noted she was glad to see all of the efforts being done to make this program successful. She noted she wanted to see a more concerted effort, in terms of working with the faith-based communities and entities, to include the underserved areas, as well as the Magistrate office. Sometimes the churches are overworked, and given Coronavirus, there is limited staff. The faith-based area is where people go to look for assistance. Sometimes those faith-based entities need assistance in order to help the people. She noted she would like staff to further investigate how they can assist the faith-based entities.

Ms. Barron suggested staff might want to hold an information session hosted at these faith-based organizations. The faith-based entities and the church are the center of the community, and a resource people will go to in time of need.

Mr. King noted they have reached out to the Magistrate's office for this program because of the eviction issues people are facing.

5. **Resuming In Person Council and Committee Meetings** – Ms. Barron noted she discussed a few options with Mr. Brown. Depending on how the discussion goes tonight, we may be ready to take something to Council. She noted the County is opening up, the children are going back to school, and County staff is coming back. It is time to evaluate if it is time to return to Chambers or in-person meetings. She suggested a tentative date to resume in-person Council and Committee meetings on July 1st. She noted many people are interested in doing in-person meetings, but Chambers may not be conducive for Council to sit at the dais comfortably. It does limit the number of staff members present, as well as the number of citizens that can come in. While Council has been taking citizens' input the entire time during the pandemic. It just had be done in writing. She proposed resuming in-person meetings, but perhaps choosing alternative locations by looking at facilities the County owns or our millage agencies. For example R2I2, which is in Richland School District II. She noted she spoke with Dr. Davis, and they are willing to host us. In addition, she has spoken with the Richland I School Board Chair, Midlands Tech, Allen University, Richland County Recreation Commission, and Historic Columbia. This would give us the opportunity to be able to go into the community and not host them in the same district, but move around.

Mr. Brown noted he is interested in sending a unified message both to the employees, as well as the community members, who are looking at how we may be operating as an organization. As we plan on more broadly opening up access in July, he thinks it makes sense to send a consistent message. If we are saying the public can come in and move about, Administration and Council can come together. He noted he has no objections and would only need to know of any alterations Council may want provided in order to meet in person.

Ms. Terracio voiced her support for moving the Council meetings around the County to give the public

access to us in a different way. She noted we can take something that is an unusual circumstance and make it into something positive.

Ms. English noted she is in agreement with Ms. Terracio. She requested the Township Auditorium be added to the list of facilities to utilize.

Ms. Barron noted she overlooked the Township, which is on the list. With all the organizations she has reached out to, she did not give specific dates, but inquired if they were interested in hosting Council.

Mr. Livingston agreed to consider having meetings at different facilities, but there is a lot that goes into that. He inquired about how we tie that into resuming meetings in Council Chambers. This may be an item Council needs to take up at some point, but he is not sure it is directly related to resuming in-person meetings. He inquired if we are talking about having meetings in July at different locations. He believes that would be problematic to arrange and manage.

Ms. Barron responded they were thinking about resuming in-person meetings in July by working alongside Ms. Keefer, and other staff, to ensure a smooth transition. She hoped they would not move forward without having a concrete plan in place.

Ms. Mackey stated she was supportive of having in-person meetings in a safe way that works for Council and staff. She voiced her concern about having meetings in different locations. She noted consistency is usually best for the public, so they know they can go to one spot for every meeting. She also inquired about the costs. She does not think we should be paying to meet at any location. She would like to see more of a plan of what it would look like, and which locations would work best. She inquired if there will be protocols or standards in place if cases begin rising again.

Mr. Brown responded the protocols are something that can provide to Council to ensure they agree. His recommendation would be to follow local and federal agency guidelines. He noted COVID-19 has taught us that we need to be flexible on multiple points because sometimes the numbers are not in our favor.

Ms. Newton supports in-person meetings with standards and protocols that staff is going to propose. She wanted to ensure Councilmembers are able to maintain whatever level of appropriate social distancing and the protocol for how they set capacity, how they are going to communicate capacity, mask requirements, etc. She agreed with Mr. Brown's request for flexibility for standards and guidelines to ensure safety. She noted she is hearing a huge outcry and desire for citizens to participate in a more meaningful way, to have their voices heard and be able to make eye contact with Council.

Ms. McBride stated she concurs with much of what has been said, particularly with Ms. Mackey's concerns regarding the logistics of moving from one place to another, the consistency, and the cost. She noted she is a data-driven person, and when they have tried to outsource the meetings, they got less participation than when they held meetings in Chambers. She is supportive of having 1-2 meetings offsite, but they should make it possible for the citizens to come to Hampton Street to meet.

Ms. Newton inquired, via text message, as to what we can do better to allow the citizens to participate in meetings, and feel engaged, while we wait to come back to in-person meetings.

Ms. Barron inquired what else could they do. Currently, the constituents can submit comments, which are read into the record. She noted some of her constituents have submitted written comments, but would have preferred to be able to call in.

Ms. Mackey stated we need to evaluate the technology we currently have and if we are fully utilizing it. For example, we livestream on YouTube, but do they have someone answering questions as people live

chat during the meeting. She also suggested looking for new technology to help the citizens engage.

6. **COVID-19 Memorial** – Ms. Barron noted spoke with Mr. Brown, and we want to get come feedback about a COVID-19 memorial to acknowledge the loss of life during the last 16 months. She suggested a wreath laying at 2020 Hampton Street, with a short ceremony. Citizens can then visit the site for a week or two.

Ms. English stated we need to understand so many people did not just die, but died alone. This would be an opportunity to say their loved ones mattered. She believes this is an excellent idea.

Ms. Barron noted her oldest brother died of COVID-19, and it was an experience you do not want anyone to experience. We want people to know their loved ones mattered to us in Richland County.

Ms. Livingston moved, seconded by Ms. McBride, to request Administration to put together a proposal for a memorial for the COVID-19 victims and bring it forward to Council.

If Favor: McBride, Livingston, J. Walker and Barron

Present But Not Voting: Newton

The motion in favor was unanimous.

8. **Relief Funds** – Mr. Brown stated Council should have already received a document that communicated the breakdown of the American Rescue Plan. We are still waiting on the actual detailed guidance from the Treasury and the associated funding. Richland County has not received either, but this is consistent across the board. Some of the potential uses are in the document. He is looking forward to additional feedback from Council on some opportunities they would like staff to consider. Two of the things he mentioned to the committee chair was using the funds to address the technology needs. He thinks that will help us better engage with the citizens. Also, to address supplements to our First Responders who were on the frontline during the pandemic. He noted Operational Services staff were put in the position of being First Responders. They were dispatched anytime there was a request to disinfect, sanitize and clean areas where there were cases of COVID-19 exposure.

Ms. Barron encouraged Committee members to read the document, make recommendations to Mr. Brown, and be prepared to discuss this further at the next meeting.

9. **Review of the Face Mask Ordinance** – Ms. Barron stated the current mask ordinance is set to expire on June 5th. She noted Mr. Livingston, Mr. Brown, and herself met with members of the City of Columbia, Mayor Benjamin, City Manager Teresa Wilson, and other staff members to discuss how to move forward with the mask ordinance as the CDC is changing the guidelines of wearing masks and face coverings. She wanted to give the community an opportunity to discuss their thoughts on how to move forward before the June 5th deadline. At the meeting, they discussed suspending the mask ordinance and to allow the citizens to interpret the CDC guidelines. They also discussed amending the existing ordinance to reflect language that would embody the CDC guidelines. She noted moving forward the City of Columbia and Richland County could work in tandem with their language and verbiage to have a unified message.

Mr. Livingston noted another option was to allow the ordinance to expire.

Ms. Terracio inquired if the ordinance was re-approved would it be for less days.

Ms. Baron noted, if the committee wanted to explore fewer days, it could be put on the table for discussion.

Mr. Livingston noted the question was to determine if Council wanted to take action prior to June 5th.

Ms. Terracio inquired if committee members were questioning if it needs to be renewed.

Ms. Barron responded, part of the thinking is not that it will not be renewed, as much as it is what is for the good of the body. Does the body think they need to make modifications to the ordinance, and if that is the case, they can do that prior to June 5th?

Ms. Mackey inquired if the City's ordinance could be provided to the committee to compare the differences between the ordinances. That way when, and if the time comes, she would be prepared to make changes.

Ms. McBride noted COVID is very fluid, so we do not know which way it is going. It looks like it is going in the right direction, but her personal opinion is we should prepare to look at something after June 5th. She does not see us amending the ordinance in such a short period of time.

Mr. Livingston noted he had a brief conversation with the Mayor. The Mayor indicated they were thinking about the ordinance and whether they were going to do anything with it since it was expiring soon. The hope is that the City and County can be on the same page. This was brought to committee to have a brief conversation, and not necessarily take any immediate action.

Mr. J. Walker stated, for clarification, the CDC recently released new guidelines indicating that if outside, and appropriately distanced, masks were not warranted. He inquired why we would not incorporate updated guidance provided on the federal level. He inquired if that was the direction the City was heading, and why we would not immediately allow the liberties associated with the CDC guidelines, as it compares to our current ordinance.

Mr. Livingston noted that was part of the discussion.

Mr. J. Walker reiterated why they would not immediately incorporate the leniencies associated with removing restrictions on our constituents.

Ms. Barron responded some of the conversation they had today addressed those concerns, and what the CDC provided yesterday, and merging that language into a revised ordinance or how we should move forward.

Ms. McBride noted the CDC guidelines discuss those that have been fully vaccinated, family members, and numerous contingency items in terms of when to go without a mask. It was not a blanket free mask guideline.

Ms. Terracio noted she would support an amendment to the current ordinance to support new CDC guidelines.

Ms. Barron noted she plans to hold another meeting in the next week to allow them to make more concrete decisions.

Mr. Livingston directed staff to incorporate the CDC requirements into the current ordinance for consideration. At this point, the current ordinance is in conflict with the new CDC guidelines.

Ms. Barron stated she was in agreement.

Ms. McBride requested staff to identify areas where there are conflicts.

Mr. Brown responded in the affirmative. He noted they would date the document to indicate when the most up-to-date changes take place.

10. **<u>Adjournment</u>** – The meeting adjourned at approximately 6:30PM.

DRAFT PLAN and AGENDA

RICHLAND COUNTY COVID-19 MEMORIAL SERVICE

In response to a request from the Coronavirus Task Force, following are options for holding a public memorial service to remember Richland County residents who died as a result of COVID-19.

Program place, date and time: Outside, in front of 2020 Hampton St., Thursday, July 15th at 5:00pm

- Musical Selection – While attendees are gathering
- Opening Remarks – (i.e., Chair of Council or Chair of Coronavirus Committee)
- Invocation – Local faith leader
- Council Remarks – Councilmember(s)
- Reading of Resolution – Councilmember (i.e., Chair of Council)
- Community Remarks – Invitation to all Mayors within Richland County
- Resident whose had a family member pass from COVID-19
- Resident who has survived COVID-19
- Reading of a Memorial Plaque – Councilmember
- Wreath-laying Ceremony – Members of Council – Musical Selection
- Moment of Silence
- Closing Remarks – Councilmember
- Benediction – Local faith leader

MEMORIAL PLAQUE:

DRAFT WORDING:

Dedicated to Remember the COVID-19 Pandemic

- In memory of those who lost their lives
- In acknowledgement of the heartache experienced by grieving families
- In recognition of those who experienced economic hardships through the loss of jobs and shuttered businesses
- In understanding the pain of those who suffered significant losses to their education and friendships
- In heartfelt gratitude to doctors, nurses, emergency medical service crews and others on the front lines who put community members before themselves
- In the hope that our community will continue to recover, those we lost will be remembered and that we will remain connected through our shared grief during these challenging times

This plaque is dedicated to the residents of Richland County by the Richland County Council on Month, Day, 2021.

DEPARTMENTAL ASSISTANCE

- Operational Service – Set-up for outdoor event; installation of plaque (tentative)
- Public Information Office – General publicity; design program; document live event
- Clerk to Council – Securing and confirming speakers, other participants
- Administration – Print program, purchase wreath and plaque
- Others as needed

Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

The Centers for Disease Control and Prevention (CDC) has issued new guidance relating to recommended precautions for people who are fully vaccinated, which is applicable to activities outside of healthcare and a few other environments. OSHA is reviewing the recent CDC guidance and will update our materials on this website accordingly. Until those updates are complete, please refer to the CDC guidance for information on measures appropriate to protect fully vaccinated workers.

OSHA will update this guidance over time to reflect developments in science, best practices, and standards.

Guidance posted **January 29, 2021**

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- What Workers Need To Know about COVID-19 Protections in the Workplace
- The Roles of Employers and Workers in Responding to COVID-19
- Additional Detail on Key Measures for Limiting the Spread

Executive Summary

This guidance is intended to inform employers and workers in most workplace settings outside of healthcare to help them identify risks of being exposed to and/or contracting COVID-19 at work and to help them determine appropriate control measures to implement. Separate guidance is applicable to healthcare (CDC guidance) and emergency response (CDC guidance) settings. OSHA has additional industry-specific guidance. This guidance contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace.

COVID-19 is a highly infectious disease that is spread most commonly through respiratory droplets and particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. COVID-19 is highly transmissible and can be spread by people who have no symptoms. Particles containing the virus can travel more than 6 feet, especially indoors, and can be spread by individuals who do not know they are infected.

Face Coverings, either cloth face coverings or surgical masks, are simple barriers that help prevent respiratory droplets from your nose and mouth from reaching others. Face coverings protect those around you, in case you are infected but do not know it, and can also reduce your own exposure to infection in certain circumstances. Wearing a face covering is complementary to and not a replacement for physical distancing.

Employers should implement COVID-19 Prevention Programs in the workplace. The most effective programs engage workers and their union or other representatives in the program's development, and include the following key elements: conducting a hazard assessment; identifying a combination of measures that limit the spread of COVID-19 in the workplace; adopting measures to ensure that workers who are infected or

potentially infected are separated and sent home from the workplace; and implementing protections from retaliation for workers who raise COVID-19 related concerns.

The guidance below provides additional detail on key measures for limiting the spread of COVID-19, starting with separating and sending home infected or potentially infected people from the workplace, implementing physical distancing, installing barriers where physical distancing cannot be maintained, and suppressing the spread by using face coverings. It also provides guidance on use of personal protective equipment (PPE), when necessary, improving ventilation, providing supplies for good hygiene, and routine cleaning and disinfection.

OSHA will continue to update this guidance over time to reflect developments in science, best practices, and standards, and will keep track of changes for the sake of transparency. In addition, OSHA expects to continue to update guidance relevant to particular industries or workplace situations over time.

Purpose

The Occupational Safety and Health Administration (OSHA) has prepared this guidance for planning purposes. Employers and workers should use this guidance to help identify risks of being exposed to and of contracting COVID-19 in workplace settings and to determine any appropriate control measures to implement.

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of existing mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in recognizing and abating hazards likely to cause death or serious physical harm as part of their obligation to provide a safe and healthful workplace.

Pursuant to the Occupational Safety and Health Act ("the OSH Act" or "the Act"), employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.

About COVID-19

COVID-19 is a highly infectious disease that is spread from person to person through particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. COVID-19 may also be transmitted when people touch a contaminated object and then touch their eyes, nose or mouth, although that is less common. COVID-19 is highly transmissible and can be spread by people who have no symptoms and who do not know they are infected. Particles containing the virus can travel more than 6 feet, especially indoors. The CDC estimates that over fifty percent of the recent spread of the virus is from individuals with no symptoms at the time of spread.

More information on COVID-19 is available from the Centers for Disease Control and Prevention.

What Workers Need To Know about COVID-19 Protections in the Workplace

- The best way to protect yourself is to stay far enough away from other people so that you are not breathing in particles produced by an infected person – generally at least 6 feet (about 2 arm lengths), although this is not a guarantee, especially in enclosed spaces or those with poor ventilation.
- Practice good personal hygiene and wash your hands often. Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit. Monitor your health daily and be alert for COVID-19 symptoms (e.g., fever, cough, shortness of breath, or other symptoms of COVID-19).

- Face coverings are simple barriers to help prevent your respiratory droplets or aerosols from reaching others. Not all face coverings are the same; the CDC recommends that face coverings be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents.
- The main function of wearing a face covering is to protect those around you, in case you are infected but not showing symptoms. Studies show that face coverings reduce the spray of droplets when worn over the nose and mouth.
- Although not their primary value, studies also show that face coverings can reduce wearers' risk of infection in certain circumstances, depending upon the face covering.
- You should wear a face covering even if you do not feel sick. This is because people with COVID-19 who never develop symptoms (asymptomatic) and those who are not yet showing symptoms (pre-symptomatic) can still spread the virus to other people.
- It is especially important to wear a face covering when you are unable to stay at least 6 feet apart from others since COVID-19 spreads mainly among people who are in close contact with one another. But wearing a face covering does not eliminate the need for physical distancing or other control measures (e.g., handwashing).
- It is important to wear a face covering and remain physically distant from co-workers and customers even if you have been vaccinated because it is not known at this time how vaccination affects transmissibility.
- Many employers have established COVID-19 prevention programs that include a number of important steps to keep workers safe – including steps from telework to flexible schedules to personal protective equipment (PPE) and face coverings. Ask your employer about plans in your workplace.

The Roles of Employers and Workers in Responding to COVID-19

Under the OSH Act, employers are responsible for providing a safe and healthy workplace free from recognized hazards likely to cause death or serious physical harm.

Implementing a workplace **COVID-19 prevention program** is the most effective way to mitigate the spread of COVID-19 at work.

The most effective COVID-19 prevention programs engage workers and their representatives in the program's development and implementation at every step, and include the following elements:

1. *Assignment of a workplace coordinator* who will be responsible for COVID-19 issues on the employer's behalf.

2. *Identification of where and how workers might be exposed to COVID-19 at work.* This includes a thorough hazard assessment to identify potential workplace hazards related to COVID-19. This assessment will be most effective if it involves workers (and their representatives) because they are often the people most familiar with the conditions they face.

3. *Identification of a combination of measures that will limit the spread of COVID-19 in the workplace, in line with the principles of the hierarchy of controls.*This should include a combination of eliminating the hazard, engineering controls, workplace administrative policies, personal protective equipment (PPE), and other measures, prioritizing controls from most to least effective, to protect workers from COVID-19 hazards. Key examples (discussed in additional detail below) include:

   In addition to these general guidelines, more specific guidance is available for certain industries.

A. eliminating the hazard by separating and sending home infected or potentially infected people from the workplace;
B. implementing physical distancing in all communal work areas [includes remote work and telework];
C. installing barriers where physical distancing cannot be maintained;
D. suppressing the spread of the hazard using face coverings;
E. improving ventilation;
F. using applicable PPE to protect workers from exposure;
G. providing the supplies necessary for good hygiene practices; and
H. performing routine cleaning and disinfection.

4. **Consideration of protections for workers at higher risk for severe illness through supportive policies and practices.** Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. Workers with disabilities may be legally entitled to "reasonable accommodations" that protect them from the risk of contracting COVID-19. Where feasible, employers should consider reasonable modifications for workers identified as high-risk who can do some or all of their work at home (part or full-time), or in less densely-occupied, better-ventilated alternate facilities or offices.

5. **Establishment of a system for communicating effectively with workers and in a language they understand.** Ask workers to report to the employer, without fear of reprisal (see 12 below), COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace. Communicate to workers, in a language they can understand and in a manner accessible to individuals with disabilities, all policies and procedures implemented for responding to sick and exposed workers in the workplace. See below for additional elements involving educating and training workers of COVID-19 procedures.

   In addition, a best practice is to create and test two-way communication systems that workers can use to self-report if they are sick or have been exposed, and that employers can use to notify workers of exposures and closures, respectively.

6. **Educate and train workers on your COVID-19 policies and procedures using accessible formats and in a language they understand.** Communicate supportive workplace policies clearly, frequently, in plain language that workers understand (including non-English languages, and American Sign Language or other accessible communication methods, if applicable), and in a manner accessible to individuals with disabilities, and via multiple methods to employees, contractors, and any other individuals on site, as appropriate, to promote a safe and healthy workplace. Communications should include:
   - Basic facts about COVID-19, including how it is spread and the importance of physical distancing, use of face coverings, and hand hygiene. See About COVID-19 and What Workers Need to Know About COVID-19, above and see more on physical distancing, PPE, face coverings, and hygiene, respectively, below;
   - Workplace policies and procedures implemented to protect workers from COVID-19 hazards (the employer's COVID-19 prevention program); and
   - Some means of tracking which workers have been informed and when.

   In addition, ensure that workers understand their rights to a safe and healthful work environment, whom to contact with questions or concerns about workplace safety and health, and their right to raise workplace safety and health concerns free of retaliation. This information should also be provided in a language that workers understand. (See Implementing Protections from Retaliation, below.) Ensure supervisors are familiar with workplace flexibilities and other human resources policies and procedures.

7. ***Instruct workers who are infected or potentially infected to stay home and isolate or quarantine*** to prevent or reduce the risk of transmission of COVID-19. Ensure that absence policies are non-punitive. Policies that encourage workers to come to work sick or when they have been exposed to COVID-19 are disfavored. See below for additional guidance involving eliminating the hazard.

8. ***Minimize the negative impact of quarantine and isolation on workers.*** When possible, allow them to telework, or work in an area isolated from others. If those are not possible, allow workers to use paid sick leave, if available, or consider implementing paid leave policies to reduce risk for everyone at the workplace. The Families First Coronavirus Response Act provides certain employers 100% reimbursement through tax credits to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19 through March 31, 2021.

9. ***Isolating workers who show symptoms at work.*** Workers who appear to have symptoms upon arrival at work or who develop symptoms during their work shift should immediately be separated from other workers, customers, and visitors, sent home, and encouraged to seek medical attention. See below for additional elements involving screening and testing.

10. ***Performing enhanced cleaning and disinfection after people with suspected or confirmed COVID-19 have been in the facility***. If someone who has been in the facility is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations. This includes:
    .   **Closing areas** used by the potentially infected person for enhanced cleaning.
    a. **Opening outside doors and windows** to increase air circulation in the area.
    b. **Waiting as long as practical** before cleaning or disinfecting (24 hours is optimal).
    c. Cleaning and disinfecting **all immediate work areas and equipment used by the potentially infected person**, such as offices, bathrooms, shared tools and workplace items, tables or work surfaces, and shared electronic equipment like tablets, touch screens, keyboards, and remote controls.
    d. **Vacuuming the space if needed**. Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available. Wait until the room or space is unoccupied to vacuum.
    e. **Providing cleaning workers with disposable gloves**. Additional PPE (e.g., safety glasses, goggles, aprons) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
    f. After cleaning, **disinfecting the surface with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV-2**.
    g. **Following requirements** in OSHA standards 29 CFR 1910.1200 and 1910.132, 133, and 138 for hazard communication and PPE appropriate for exposure to cleaning chemicals.

    Once the area has been **appropriately disinfected**, it **can be opened for use**. **Workers without close contact** with the potentially infected person can return to the area immediately after disinfection.

    If it is **more than 7 days** since the infected person visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection, described below.

11. ***Providing guidance on screening and testing:*** Follow state or local guidance and priorities for screening and viral testing in workplaces. Testing in the workplace may be arranged through a company's occupational health provider or in consultation with the local or state health department. Employers should inform workers of employer testing requirements, if any, and availability of testing options. CDC has published strategies for consideration of incorporating viral testing for SARS-CoV-2, the virus that

causes COVID-19, into workplace COVID-19 preparedness, response, and control plans. (See below for more on the use of testing to determine when a worker may return to work after illness or exposure.)

Note: Performing screening or health checks is not a replacement for other protective measures such as face coverings and physical distancing. Asymptomatic individuals or individuals with mild non-specific symptoms may not realize they are infected and may not be detected during through screening.

12. ***Recording and reporting COVID-19 infections and deaths:*** Employers are responsible for recording work-related cases of COVID-19 illness on their Form 300 logs if the following requirements are met: (1) the case is a confirmed case of COVID-19; (2) the case is work-related (as defined by 29 CFR 1904.5); and (3) the case involves one or more relevant recording criteria (set forth in 29 CFR 1904.7) (e.g., medical treatment, days away from work). Employers must follow the requirements in 29 CFR 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA. More information is available on OSHA's website. Employers should also report outbreaks to health departments as required and support their contact tracing efforts.

    In addition, employers should be aware that reprisal or discrimination against an employee for speaking out about unsafe working conditions or reporting an infection or exposure to COVID-19 to an employer or OSHA would constitute a violation of Section 11(c) of the Act. In addition, 29 CFR 1904.35(b) also prohibits discrimination against an employee for reporting a work-related illness.

13. ***Implementing protections from retaliation and setting up an anonymous process for workers to voice concerns about COVID-19-related hazards:*** Section 11(c) of the OSH Act prohibits discharging or in any other way discriminating against an employee for engaging in various occupational safety and health activities. For example, employers may not discriminate against employees for raising a reasonable concern about infection control related to COVID-19 to the employer, the employer's agent, other employees, a government agency, or to the public, such as through print, online, social, or any other media; or against an employee for voluntarily providing and wearing their own personal protective equipment, such as a respirator, face shield, gloves, or surgical mask.

    In addition to notifying workers of their rights to a safe and healthful work environment, ensure that workers know whom to contact with questions or concerns about workplace safety and health, and that there are prohibitions against retaliation for raising workplace safety and health concerns or engaging in other protected occupational safety and health activities (see educating and training workers about COVID-19 policies and procedures, above); also consider using a hotline or other method for workers to voice concerns anonymously.

14. ***Making a COVID-19 vaccine or vaccination series available at no cost to all eligible employees***. Provide information and training on the benefits and safety of vaccinations.

15. ***Not distinguishing between workers who are vaccinated and those who are not:*** Workers who are vaccinated must continue to follow protective measures, such as wearing a face covering and remaining physically distant, because at this time, there is not evidence that COVID-19 vaccines prevent transmission of the virus from person-to-person. The CDC explains that experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change

recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

16. *Other applicable OSHA Standards:* All of OSHA's standards that apply to protecting workers from infection remain in place. These standards include: requirements for PPE (29 CFR 1910, Subpart I (e.g., 1910.132 and 133)), respiratory protection (29 CFR 1910.134), sanitation (29 CFR 1910.141), protection from bloodborne pathogens: (29 CFR 1910.1030), and OSHA's requirements for employee access to medical and exposure records (29 CFR 1910.1020). There is no OSHA standard specific to COVID-19; however, employers still are required under the General Duty Clause, Section 5(a)(1) of the OSH Act, to provide a safe and healthful workplace that is free from recognized hazards that can cause serious physical harm or death.

Additional Detail on Key Measures for Limiting the Spread

Eliminating the Hazard by Separating and Sending Home Infected or Potentially Infected People from the Workplace

One key element involves eliminating the hazard, which means isolating workers who are infected or potentially infected so they cannot infect other workers. Most employers will follow a symptom-based strategy for identifying and separating and sending home workers. However, there are certain circumstances where employers may consider a COVID-19 test-based strategy.

1. **Workers who have or likely have COVID-19 should be isolated until they meet CDC guidelines for exiting isolation:**
   a. If they think or know they had COVID-19 and had symptoms, they can return after:
      i. At least 10 days since symptoms first appeared **and**
      ii. At least 24 hours with no fever without fever-reducing medication **and**
      iii. Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).
   b. Some workers might need to stay home and isolate longer than 10 days, as recommended by their healthcare providers:

      i. A healthcare provider may recommend that a worker who had severe illness from COVID-19 (admitted to a hospital and needed oxygen) stay in isolation for up to 20 days after symptoms first appeared.
      ii. Workers who had COVID-19 or tested positive for COVID-19 **and** have a weakened immune system should consult with their healthcare providers for more information. Their doctors may work with infectious disease experts at the local health department to determine when they can be around others.

      Notes:

      ▪ Under the Americans with Disabilities Act, employers are permitted to require a doctor's note from workers to verify that they are healthy and able to return to work. But given potential delays in seeking treatment and demands on the healthcare system, requiring a COVID-19 test result or a healthcare provider's note for workers who are sick to validate their illness or return to work may cause significant delays affecting employers and workers alike.
      ▪ A worker who has recovered from symptoms after testing positive for COVID-19 may continue to test positive for three months or more without being contagious to others. For this reason, these workers should be tested only if they develop new symptoms of

possible COVID-19. If they have new symptoms, they should discuss getting tested again with their healthcare provider, especially if they have been in close contact with another person who has tested positive for COVID-19 in the last 14 days. CDC reports that instances of reinfection have so far been infrequent.

- CDC does NOT recommend that employers use antibody tests to determine which workers can work. Antibody tests check a blood sample for **past infection** with SARS-CoV-2, and are not very reliable. Viral tests check a respiratory sample (such as swabs of the inside of the nose) for **current infection** with SARS-CoV-2.

2. **Workers should quarantine if they have been exposed to COVID-19, which means**:

   a. They were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more within a 24-hour period, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated, or
   b. They provided care at home to someone who is sick with COVID-19, or
   c. They had direct physical contact with a person who has COVID-19 (hugged or kissed them), or
   d. They shared eating or drinking utensils with a person who has COVID-19, or
   e. Someone who has COVID-19 sneezed, coughed, or somehow got respiratory droplets on them.

Local public health authorities determine and establish the quarantine options for their jurisdictions. CDC guidance provides that individuals who have been exposed should:

- Stay home for 14 days after last contact with a person who has COVID-19,
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19, and
- To the extent possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

CDC also recognizes that local public health departments may consider other options for ending quarantine; for example, end quarantine after day 10 without testing, or after day 7 after receiving a negative test result (test must occur on day 5 or later). CDC continues to endorse quarantining for 14 days and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Therefore, after stopping a quarantine of less than 14 days, these individuals should:

- Watch for symptoms until 14 days after exposure;
- Immediately self-isolate and contact the local public health authority or their healthcare providers if symptoms appear; and
- Wear a face covering, stay at least 6 feet from others, wash hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

Employers may consider permitting critical infrastructure workers to continue to work in limited instances when it is necessary to preserve the function of critical infrastructure workplaces.

Implement Physical Distancing in All Communal Work Areas

The best way to protect individuals is to stay far enough away so as not to breathe in particles produced by an infected person – generally at least 6 feet, although this is not a guarantee of safety, especially in enclosed spaces or those with poor ventilation.

- Limit the number of people in one place at any given time:
  - Implement flexible worksites (e.g., telework).

- Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of workers in the workplace at the same time).
- Deliver services remotely (e.g., phone, video, or web).
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events, in accordance with state and local regulations and guidance on size limits for meetings).
- Increase physical space:
  - **Between workers at the worksite** to at least 6 feet. This may require modifying the workspace or slowing production lines.
  - **Between workers and customers** by adjusting business practices to reduce close contact with customers — for example, by moving the electronic payment terminal/credit card reader farther away from the cashier, or by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options.
- Alter workspaces to help workers and customers maintain physical distancing and physically separate workers by at least 6 feet from each other and from customers. Methods of physical distancing include signs, tape marks, decals, or other visual cues, placed 6 feet apart, to indicate where to stand.
- Shift primary stocking activities to off-peak or after hours, to reduce contact with customers.
- Offer vulnerable workers duties that minimize their contact with customers and other workers (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Other measures that may reduce close contact:
  - Close or limit access to common areas where workers are likely to congregate and interact.
  - Prohibit handshaking or other forms of physical contact.
  - Ensure that all businesses and employers sharing the same workspace follow this guidance.
- When work tasks do not allow for adequate physical distancing, employers should check for additional industry-specific guidance.

Installing Barriers Where Physical Distancing Cannot Be Maintained

At fixed workstations where workers are not able to remain at least 6 feet away from other people, transparent shields or other solid barriers (e.g., plexiglass, flexible strip curtains) should be installed to separate workers from other people.

- The barriers should block face-to-face pathways between individuals in order to prevent direct transmission of respiratory droplets. The posture (sitting or standing) of users should be considered when designing and installing barriers.
- Where an opening in the barrier is necessary to permit the transfer of items, the opening should be as small as possible.
- Barriers do not replace the need for physical distancing – 6 feet of separation should be maintained between individuals whenever possible.

Suppressing the Spread of the Hazard Using Face Coverings

Provide all workers with face coverings (i.e., cloth face coverings, surgical masks), unless their work task requires a respirator. Employers should provide face coverings to the workers at no cost. Employers must discuss the possibility of "reasonable accommodation" for any workers who are unable to wear or have difficulty wearing certain types of face coverings due to a disability. In workplaces with employees who are deaf or have hearing deficits, employers should consider acquiring masks with clear coverings over the mouth for all workers to facilitate lip-reading.

Face coverings should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face.

Require any other individuals at the workplace (e.g., visitors, customers, non-employees) to wear a face covering unless they are under the age of 2 or are actively consuming food or beverages on site.

- Wearing a face covering that covers the nose and mouth is a measure to contain the wearer's respiratory droplets and helps protect others. It may also protect the wearer.
- Wearing a face covering does not eliminate the need for physical distancing of at least 6 feet apart.
- For operations where the face covering worn by workers can become wet and soiled, provide workers with replacements daily or more frequently. Face shields may be provided for use with face coverings to protect them from getting wet and soiled, but they do not provide protection by themselves.
- Workers in a setting where face coverings may increase the risk of heat-related illness indoors or outdoors or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with an occupational safety and health professional to determine the appropriate face covering/respirator for their setting.

Improving Ventilation

The CDC has released important guidance about ways to improve ventilation and prevent the spread of COVID-19 in buildings. Below are a number of strategies to do so. Some of these recommendations are based on ASHRAE Guidance for Building Operations During the COVID-19 Pandemic. Review these ASHRAE guidelines for further information on ventilation recommendations.

- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase ventilation rates when possible.
- When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to occupants in the building.
- Use fans to increase the effectiveness of open windows. To safely achieve this, fan placement is important. Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person over another. One helpful strategy is to use a window fan, placed safely and securely in a window, to exhaust room air to the outdoors. This will help draw fresh air into the room via other open windows and doors without generating strong room air currents.
- Disable demand-controlled ventilation (DCV).
- Reduce or eliminate recirculation, for example by opening minimum outdoor air dampers. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the MERV-13 (the grade of filter recommended by ASHRAE) or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
- Ensure restroom exhaust fans are functional and operating at full capacity.
- Inspect and maintain local exhaust ventilation in areas such as kitchens and cooking areas.
- Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher-risk areas such as a nurse's office or areas frequently inhabited by persons with higher likelihood of COVID-19 and/or increased risk of getting COVID-19).

- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher-risk areas).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited. Upper-room UVGI systems can be used to provide air cleaning within occupied spaces, and in-duct UVGI systems can help enhance air cleaning inside central ventilation systems.
- If ventilation cannot be increased, reduce occupancy level in the building. This increases the effective dilution ventilation per person.

Use Personal Protective Equipment When Necessary

When the measures described above cannot be implemented or do not protect workers fully, OSHA standards require employers to provide PPE to supplement other controls.

- Determine what PPE is necessary to protect workers.
- Provide all PPE, if necessary, including respirators (N95 filtering facepiece respirators or better, including elastomeric respirators, without exhalation valves or vents), face shields, protective gowns and gloves, to the workers at no cost.
- Make sure to provide PPE in accordance with relevant OSHA standards and other industry-specific guidance. Respirators, if necessary, must be provided and used in compliance with 29 CFR 1910.134 (e.g., medical determination, fit testing, training on its correct use), including certain provisions for voluntary use when workers supply their own respirators, and other PPE must be provided and used in accordance with the applicable standards in 29 CFR 1910, Subpart I (e.g., 1910.132 and 133). See additional information on PPE flexibilities and prioritization in the Personal Protective Equipment Considerations section within the Interim Guidance for U.S. Workers and Employers of Workers with Potential Occupational Exposures to SARS-CoV-2.
- There are times when PPE is not required under OSHA standards or other industry-specific guidance, but some workers may have a legal right to PPE as a "reasonable accommodation" under the Americans with Disabilities Act, or other workers may want to use it if they are still concerned about their personal safety (e.g., if a family member is at higher-risk for severe illness, wearing a face shield in addition to a face covering as an added layer of protection). Encourage and support voluntary use of PPE in these circumstances.

Provide the supplies necessary for good hygiene practices

Ensure that workers, customers, and visitors have supplies to clean their hands frequently and cover their coughs and sneezes:

- Provide tissues and no-touch trash cans.
- Provide soap and warm or tepid water in the workplace in fixed worksites. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% ethanol or 70% isopropanol. Ensure that adequate supplies are maintained, and follow safe handling and storage requirements for sanitizer supplies and similar flammable liquids.
- Place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.
- Provide workers with time to wash their hands often with soap and water (for at least 20 seconds) or to use hand sanitizer. Inform workers that if their hands are visibly dirty, soap and water is preferable to hand sanitizer. Key times for workers to clean their hands include:
    - Before and after work shifts
    - Before and after work breaks
    - After blowing their nose, coughing, or sneezing

- - o After using the restroom
    - o Before and after eating or preparing food
    - o After putting on, touching, or removing PPE or face coverings
    - o After coming into contact with surfaces touched by other people
  - Place posters that encourage hand hygiene and physical distancing to help stop the spread of COVID-19 at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
  - Promote personal health monitoring and good personal hygiene, including hand washing and good respiratory etiquette.
  - Supplies necessary for good hygiene should be provided to the workers at no cost.

Perform routine cleaning and disinfection

- - Follow the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
    - o If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
    - o For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
  - Do not share objects or tools between workers, but if shared tools are required, ensure appropriate cleaning and disinfection is performed between uses.
  - Provide disposable disinfecting wipes so that workers can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, electronic payment terminals, other work tools and equipment) before each use.
  - Store and use disinfectants in a responsible and appropriate manner according to the label.
  - Do not mix bleach or other cleaning and disinfection products together. This can create toxic vapors.
  - Advise workers always to wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

DRAFT PLAN

RICHLAND COUNTY IN-PERSON COUNCIL MEETINGS

In response to a request from the Coronavirus Task Force, following are options for holding in-person Council meetings in the Council Chamber.

Date of 1st in-person Council meeting: Tuesday, July 13th

CDC Guidelines will be followed (flexibility required as guidance subject to change with short notice)

- Mask (Face Covering) required in Council Chambers:
  - CDC Factors to consider for meetings
    - Enclosed space
    - Number of attendees
    - Physical (Social) Distancing Limitations
    - Length of time of meeting
    - Mixture of vaccinated and unvaccinated attendees
- All attendees required to complete temperature screening check.
- All attendees who are not members of the same household or workgroup are asked to sit in the audience gallery and distance themselves from others.
- All surfaces will be sanitized before the Council meets with a cleaning and disinfectant product that is designed to protect for 24 hours after application.
- Protective, temporary, shields will be placed on the Council dais, presenter podiums, and staff work tables within the Chambers.
  - Provides a face covering for individuals who are speaking frequently
- Hand Sanitizer will also be available in the Chambers
- After all meeting have been concluded in the Council Chambers, the Chambers will be deep cleaned using an electro-static treatment application.

DEPARTMENTAL ASSISTANCE

- Operational Service – Cleaning and Sanitization
- Public Information Office – General publicity
- Clerk to Council – Include protocol information as part of public notice
- Administration – Provide resource support for all parties
- Others as needed

| Richland County ERAP – RC SCP Approved Payments To Date as of 05/21/2021 AM		
LANDLORD/UTILITIES		
Rental Arrears	Future Rent	Utility Arrears
$1,072,000.39	$811,507.46	$218,897.17
TENANTS		
Rental Arrears	Future Rent	Utility Arrears
$91,022.83	$71,834.00	$0.00
Applications Approved by SCP To Date: 388		
Total Funds Approved To Date: 05/21/2021 AM		
$2,265,261.85		

Richland County Cases Breakdown by Category

Current Date	5/16/2021
Project Start Date	4/5/2021
Total Case Count	2147

Applications Breakdown by Zip

Top 10 Zips	Count
29210	416
29203	366
29223	328
29229	208
29209	182
29204	120
29205	74
29061	68
29206	63
29063	59

Applications Submitted by Zip
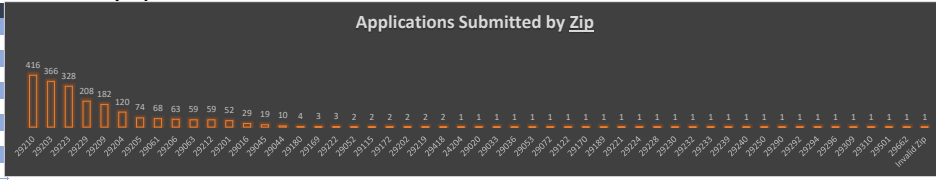
**Cases coming from 50 zip codes in total. 26 Zips only have 1 case
**Zip record not in the right format/digits/blank considered "Invalid Zip" , Zip in 9 digits take first 5 digits as Zip record

Approved Applications Breakdown by Zip

Approved Applications Zips	Count
29210	53
29223	52
29229	35
29203	34
29209	18
29063	12
29206	11
29212	11
29204	9
29061	8
29205	7
29016	6
29201	5
29045	3
29044	1
29222	1
29232	1
Grand Total	267

Approved Applications Submitted by Zip
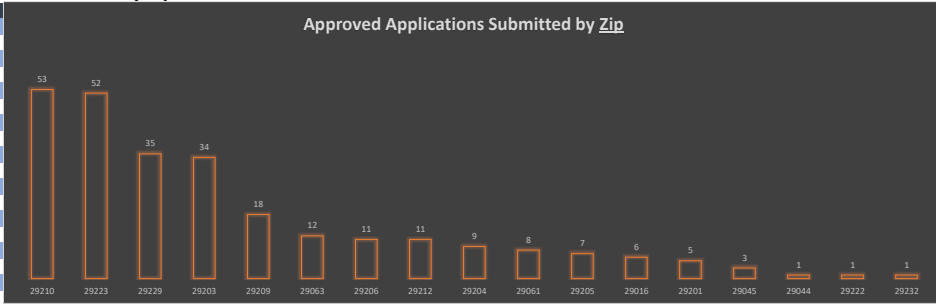
Approved Applications Breakdown by Household AMI Ratio

Household AMI level	Count	%
50% or less	224	83.90%
50% to 80%	43	16.10%
Over 80%	0	0.00%
Grand Total	267	

Approved Applications Breakdown by Household AMI Ratio
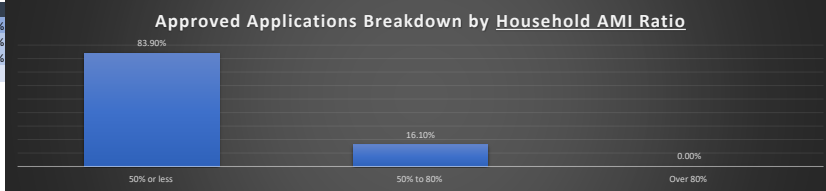
Applications Breakdown by Race

Race	Count	%
Black or African American	1764	82.2%
White	129	6.0%
No Race Recorded	101	4.7%
Multi-Racial	85	4.0%
Refuse to Answer	53	2.5%
American Indian or Alaska Native	9	0.4%
Asian	5	0.2%
Pacific Islander	1	0.0%
Total Case Count	2147	

Applications Submitted by Race
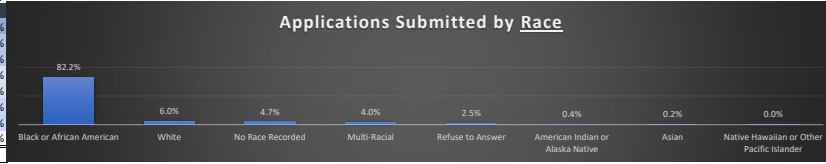
Applications Breakdown by Age

Age Group	Count	%
18-30	571	26.6%
31-40	650	30.3%
41-50	423	19.7%
51-60	250	11.6%
61-70	104	4.8%
71-80	24	1.1%
81-90	2	0.1%
No age Recorded	123	5.7%
Total Case Count	2147	

Applications Submitted by Age Overview

Applications Submitted by Age Group
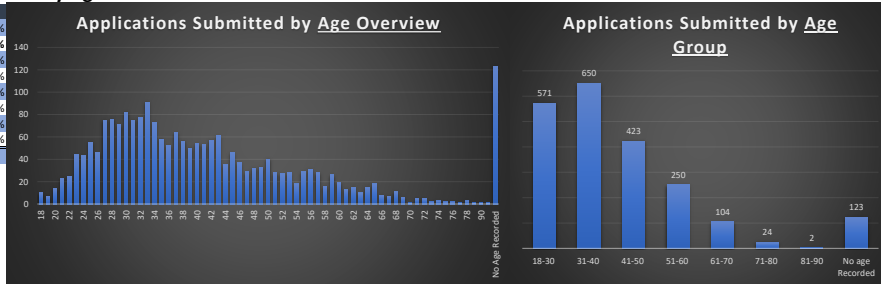
**All ages under 18 years old considered "No Age Recorded"

Applications Breakdown by Ethnicity

Ethnicity	Count	%
Non-Hispanic or Latino	1807	84.2%
No Ethnicity Recorded	198	9.2%
Refuse to Answer	78	3.6%
Hispanic or Latino	64	3.0%
Total Case Count	2147	

Applications Submitted by Ethnicity
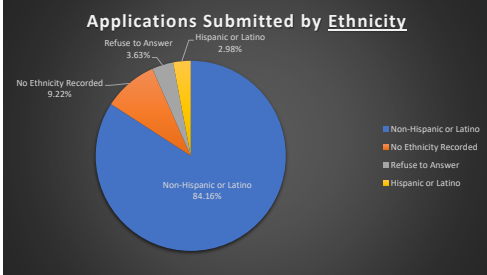
Applications Breakdown by Gender

Gender	Count	%
Female	1517	70.7%
Male	547	25.5%
No Gender Recorded	78	3.6%
Gender Non-Conforming	4	0.2%
Trans Male (Female to Male)	1	0.0%
Total Case Count	2147	

Applications Submitted by Gender
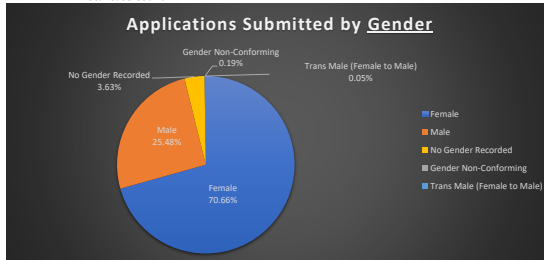
Please note - data presented in this report has been exported directly from Neighborly for all submitted cases. Some cases have not yet been reviewed
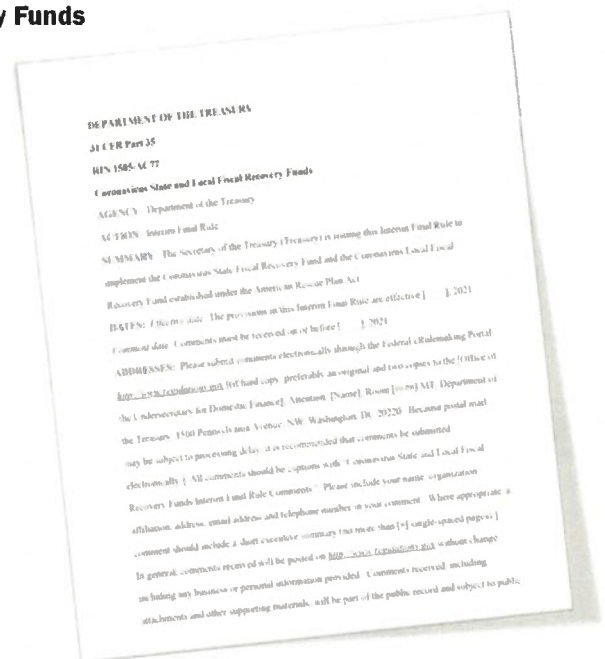
NACo NATIONAL MEMBERSHIP CALL:

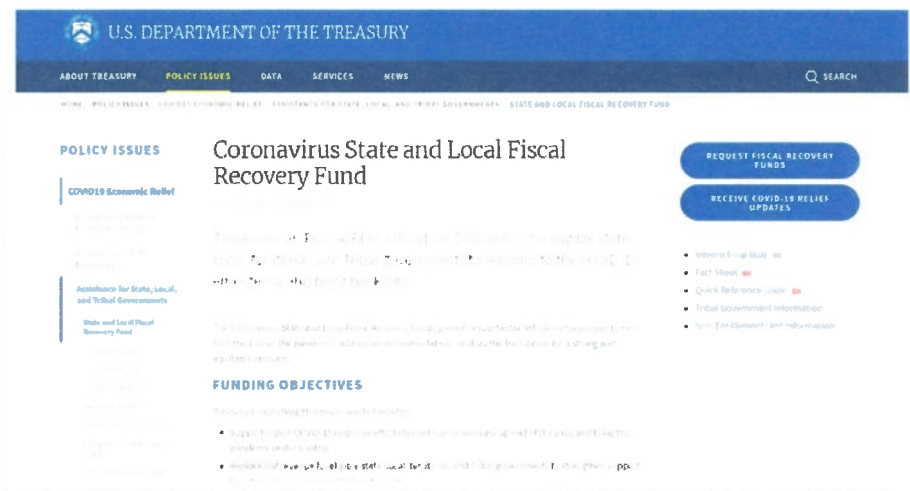## PRELIMINARY REVIEW OF TREASURY'S FISCAL RECOVERY FUND GUIDANCE

MAY 11, 202

TABLE OF CONTENTS

U.S. TREASURY: "MUST READ" RESOURCES

- Interim final rule
- Fact sheet
- FAQs
- Quick reference guide
- County Recovery Fund allocations

DECODING *THE LANGUAGE* OF THE GUIDANCE

Throughout the Interim Final Rule, along with FAQs and fact sheets, U.S. Treasury uses various ==key words== that are important to understand in determining the eligible use of funds.

Please be sure to read pages 130-150 of the Interim Final Rule.

INTERIM FINAL RULE VS. FAQs

- **Shall =** Mandatory reporting, use and compliance

- **May =** Allows local/county discretion

- **Encourage / Should =** Treasury preference only **(NOT REQUIRED)**

- **Proportional & Consistent**

DEFINITIONS (PG. 130)

- Covered benefits

- Covered period

- Eligible workers

- General revenue

- Pension fund

COMMON QUESTIONS ON RECOVERY FUNDS

HOW CAN COUNTIES USE RECOVERY FUNDS?	

• Capital improvements
   — Public health
   — Jail upgrades/replacement
   — Stormwater improvements
• Roads and bridges
• Property tax relief
• Non-federal match
• Special purpose districts
• Compliance and audit costs
	• Interest bearing accounts *(unclear)*
	• Pension funds
	• Rainy day funds
	• Revenue loss
	   — Entity-wide vs. per revenue stream
	• Payroll support
	• Debt service payments
	• State Maintenance of Effort with County Funding

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KEY DATES RELATED TO THE RECOVERY FUND

- **January 27, 2020:** Declaration of the public health crisis

- **March 3, 2021:** Beginning of the Recovery Fund "covered period"

- **July 9, 2021:** Deadline to comment on U.S. Treasury's *Interim Final Rule* on Recovery Fund

- **August 31, 2021:** Deadline to submit first Interim Report to U.S. Treasury

- **August 31, 2021:** Deadline to submit first *Recovery Plan Performance Report* to U.S. Treasury
  - **Applies to COUNTIES ABOVE 250,000 POPULATION ONLY**

- **October 31, 2021:** Deadline to submit first *Quarterly Project and Expenditure Report*

  - **Applies to ALL COUNTIES**

- **December 31, 2024:** Recovery Funds must be obligated (**NOT incurred**)

- **December 31, 2026:** Recovery Funds must be spent & all work/performance must be completed

HOW TO CERTIFY FOR RECOVERY FUNDS

U.S. Treasury released certification guidance and opened the portal for counties to request Recovery Funds

Prior to requesting Recovery Funds, **counties should complete the following steps immediately:**

1. Ensure your county has a DUNS number

2. Ensure your county has an active SAM registration

3. Gather payment information:
   - Entity Identification Number (EIN), name and contact information
   - Name and title of an authorized representative of the county (I.e. chief elected official)
   - Financial institution information (e.g., routing and account number, financial institution name and contact information)

HOW TO CERTIFY FOR RECOVERY FUNDS

U.S. Treasury **opened the portal** for counties to request Recovery Funds.
To receive Recovery Funds, **a county must request funds through this portal.**

CLICK HERE

**To access the portal and
request Recovery Funds
from the U.S. Treasury,
click here.**

**If you are having issues
with the new U.S. Treasury portal, email
covidrelieffitsupport@treasury.gov.**

HOW TO CERTIFY FOR RECOVERY FUNDS

U.S. Treasury is using the ID.me platform for counties to request Recovery Funds

- **ID.me is a trusted technology partner** to multiple government agencies – **your information is secure**

- **Site provides secure digital identity verification to government agencies** to ensure you are the correct individual requesting Recovery Funds

- **You are required to provide the following information** to receive Recovery Funds:

  - Social Security Number

  - Driver's license/passport number

  - Facial recognition Your information will not be shared

ILLUSTRATION ONLY OF *SAMPLE* ALLOWABLE USES OF RECOVERY FUNDS, PER NEW U.S. TREASURY GUIDANCE

Support Public Health Response
Fund COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff

Address Negative Economic Impacts
Respond to economic harms to workers, families, small businesses, impacted industries, and the public sector

Replace Public Sector Revenue Loss
Use funds to provide government services to the extent of the reduction in revenue experienced due to the pandemic

Premium Pay for Essential Workers
Offer additional support to those who have and will bear the greatest health risks because of their service in critical infrastructure sectors

Water and Sewer Infrastructure
Make necessary investments to improve access to clean drinking water and invest in wastewater and stormwater infrastructure

Broadband Infrastructure
Make necessary investments to provide unserved or underserved locations with new or expanded broadband access

SUPPORT PUBLIC HEALTH RESPONSE

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1 **COVID-19 MITIGATION & CONTAINMENT**

- A broad range of services and programming that are needed to contain COVID-19

2 **MEDICAL EXPENSES**

- Provide care and services to address COVID-19 public health needs, risks presented by new variants and long-term effects of the virus

3 **BEHAVIORAL HEALTHCARE**

- New or enhanced state and local government services that may be needed to meet mental health, substance use and other behavioral health needs

4 **PUBLIC HEALTH & SAFETY STAFF**

- Responding to the public health and negative economic impacts COVID-19 and requires additional human resources

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ADDRESS NEGATIVE ECONOMIC IMPACTS

1   **WORKERS & FAMILIES**
- Assistance to unemployed workers and job training
- Food, housing, cash and other assistance to households (proportionate)
- Survivor's benefits for family members of COVID-19 victims

2   **SMALL BUSINESS**
- Loans and grants to mitigate financial hardship
- Loans, grants and in-kind assistance to implement COVID-19 prevention or mitigation tactics
- Technical assistance

3   **PUBLIC SECTOR**
- Rehire staff
- Replenish state unemployment insurance funds
- Administer economic relief programs

4   **IMPACTED INDUSTRIES**
- Tourism, travel and hospitality
- Other similarly affected sectors

PROVIDE EQUITY-FOCUSED SERVICES

1 **ADDRESSING HEALTH DISPARITIES**

- Community health workers and public benefits navigators
- Remediation of lead paint and other lead hazards
- Community violence intervention programs

2 **HOUSING & NEIGHBORHOODS**

- Services to support individuals experiencing homelessness
- Affordable housing development
- Housing vouchers, residential counseling, navigation assistance

3 **EDUCATIONAL DISPARITIES**

- New or expanded early learning services
- Expanded resources for high-poverty school districts
- Educational services like tutoring and afterschool programs

4 **PROMOTING HEALTHY CHILDHOOD ENVIRONMENTS**

- New and expanded high quality childcare
- Home visiting programs for families with young children
- Services for child welfare-involved families and foster youth

REPLACE **LOST REVENUE**

Recovery Funds may be used to provide **government services** to the extend of reduction in revenue experienced due to COVID-19:

- **Definition of general revenue:** Based on Census Bureau's definition and includes revenue from taxes, current charges, miscellaneous general revenue, intergovernmental transfers between state and local governments

  - **Excludes** refunds and other correction transactions proceeds from issuance of debt or the sale of investments, agency or private trust transactions and revenue generated by utilities, intergovernmental transfers from the federal government (federal transfers made to a state/locality)

- Recipients should calculate revenue on an **entity-wide basis**

- Recipients **cannot** use pre-pandemic projections as a basis to estimate the reduction in revenue

- Recipients can use funds to support governments services, which include, **but are not limited to:**

  - Maintenance of **infrastructure or pay-go spending for building new infrastructure, including roads**

  - Modernization of **cybersecurity,** including hardware, software and protection of critical infrastructure

  - Health services

  - Environment remediation

  - School or educational services

  - Police, first responders and other public safety services

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REPLACE LOST REVENUE

U.S. Treasury's guidance **establishes new methodology to calculate lost revenue.**

Recipients have two options to calculate lost revenue:

- Recipients will compute the extent of reduction in revenue by comparing actual revenue to a counterfactual trend representing what could have plausibly been expected to occur in the absence of the pandemic

- Analysis of this expected trend begins with the last full fiscal year prior to the public health emergency (I.e. prior to January 27, 2020) and projects forward at either:

    a) Recipient's average **annual revenue growth over the three full fiscal years prior to the public health emergency,** or

    b) **4.1%, the national average** state and local revenue growth rate from 2015-18 (the latest available data).

REPLACE LOST REVENUE

Additional guidance related to calculating "lost revenue":

- Recipients should calculate the extent of the reduction in revenue as of four points in time: **December 31, 2020; December 31, 2021; December 31, 2022; and December 31, 2023.**

- **To calculate the extent of the reduction in revenue at each of these dates, recipients should follow a four-step process:**

    1. Identify revenues collected in the most recent full fiscal year prior to the public health emergency (i.e., last full fiscal year before January 27, 2020), called the base year revenue
    2. Estimate counterfactual revenue
    3. Identify actual revenue, which equals revenues collected over the past
    4. The extent of the reduction in revenue is equal to counterfactual revenue less actual revenue. If actual revenue exceeds counterfactual revenue, the extent of the reduction in revenue is set to zero for that calculation date

PREMIUM PAY FOR ESSENTIAL EMPLOYEES

Fiscal Recovery Funds payments may be used by recipients to provide premium pay ($13/per hour) to ==eligible workers== performing essential work during the COVID-19 public health emergency or to provide grants to third-party employers with eligible workers performing essential work.

Essential employees are defined as:

- ==**Any work performed by an employee of the state, local or tribal government**==

- Staff at nursing homes, hospitals, and home care settings

- Workers at farms, food production facilities, grocery stores, and restaurants

- Janitors and sanitation workers

- Truck drivers, transit staff, and warehouse workers

- Public health and safety staff

- Childcare workers, educators, and other school staff

- Social service and human services staff

Essential work is defined as:

- Work involving regular in-person interactions or regular physical handling of items that were also handled by others

- A worker would **NOT** be engaged in essential work and, accordingly may not receive premium pay, for telework performed from a residence

Other provisions related to premium pay:

- Premium pay **can be retroactive**

- Recipients have discretion to designate additional sectors

- Additional reporting requirements in certain cases (*grants to third-party employers*)

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WATER, SEWER & BROADBAND INFRASTRUCTURE

To assist in meeting the critical need for investments and improvements to existing infrastructure in water, sewer and broadband, counties can invest Fiscal Recovery Funds into these sectors:

WATER & SEWER INFRASTRUCTURE

- Improvements to infrastructure, such as building or upgrading facilities and transmission, distribution and storage systems *(additional guidance to be released at later date)*

- Eligible uses aligned to Environmental Protection Agency (EPA) project categories in the:
  - Clean Water State Revolving Fund (CWSRF)
  - Drinking Water State Revolving Fund (DWSRF)

BROADBAND INFRASTRUCTURE

- Targets to support households and businesses that *do not* deliver 25 Mbps download/3 Mbps upload

- Fund projects that deliver reliable services – **minimum 100 Mbps download/100 Mbps upload speed** unless impracticable due to geography, topography, or excessive costs

- Complement broadband investments made through the Capital Projects Funds authorized under ARPA

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DEFINING <mark>INELIGIBLE</mark> EXPENSES

1 **PENSION FUNDS**

- Funding cannot be used for deposits into defined benefit pension funds...However, Treasury defines a "deposit" as an extraordinary contribution to a pension fund for the purpose of reducing an accrued, unfunded liability
- <mark>**Recipients may use funds for routine payroll contributions to pensions of employees whose wages and salaries are an eligible use**</mark>

reasury's Interim Final Rule identifies several other ineligible uses, including funding debt service, legal ettlements or judgments, and deposits to rainy day funds or financial reserves. Further, general ifrastructure spending is not covered as an eligible use outside of water, sewer, and broadband nvestments or above the amount allocated under the revenue loss provision. While the program offers road flexibility to recipients to address local conditions, these restrictions will help ensure that funds re used to augment existing activities and address pressing needs.

2 **OTHER RESTRICTIONS**

- Funding debt service, legal settlements or judgements
- Deposits to rainy day funds or financial reserves
- **Non-federal match requirement (i.e. EDA & Medicaid)** *& be sure to reach the latest FEMA guidance*
    - The President's directive allows FEMA to pay 100% federal funding for the costs of activities that have previously been determined eligible, from the beginning of the pandemic in January 2020 to Sept. 30, 2021.

NET REDUCTION IN TAX REVENUE
3 **(LIMITED TO STATE & TERRITORIES)**

- If a state or territory has a reduction in net tax revenue, they must demonstrate how they paid for the tax cuts from source other than the Recovery Fund

REPORTING REQUIREMENTS

Recovery Fund recipients will be required to submit an interim report, quarterly report, quarterly project and expenditure reports and annual recovery plan:

- **Interim reports:** Counties will be required to submit one interim report, which will include the county's expenditures by category at the summary level. The interim report will cover spending from the date the county receives Recovery Funds to July 31, 2021. **Interim reports are due by August 31, 2021.**

- **Quarterly project and expenditure reports:** Counties will be required to submit quarterly project and expenditure reports, which will include financial data, information on contracts and subawards over $50,000 and other information regarding utilization of funds. These reports will be similar to CARES Act Coronavirus Relief Fund. The first report will cover spending from the date the county receives Recovery Funds to September 30, 2021. **First report is due by October 31, 2021.**

- **Recovery plan performance reports:** Counties will be required to submit an annual recovery plan performance report, which will include descriptions of projects funded and information on performance indicators and objectives of each award. Initial recovery plan will cover activity from the date the county receives Recovery Funds to July 31, 2021. **Local governments with less than 250,000 residents are not required to develop Recovery Plan Performance Report.** **Recovery plan is due by August 31, 2021.**

NACo RESOURCES & MEMBER SUPPORT

2021 NACo ANNUAL HYBRID CONFERENCE

GAYLORD NATIONAL RESORT & CONVENTION CENTER, PRINCE GEORGE'S COUNTY, MD | JULY 9-12

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