SAFER

Safe Actions For Employee Returns

Table of Contents

SAFER Framework Summary

Background

This is an updated version of the *SAFER* Framework, last updated on June 8, 2020. It incorporates suggestions based on new information and guidance which have become available within the past year. This Framework focuses more heavily on return of an increasing number of workers to the traditional work environment, as well as addresses issues related to the future of work, and what organizations may have to consider if they maintain flexible or hybrid workplaces.

Major updates include:

☐ Fully vaccinated workers

- **As of May 17, 2021:** Version 3.1 includes guidance on relaxing mask and social distancing guidelines for fully vaccinated workers in accordance with new public health recommendations released by the CDC on May 13, 2021

☐ Physical considerations:

- Long-term implications of remote work and flexible work schedules
- Ventilation and filtration
- Outdoor space utilization for breaks or work
- Use of automation
- Updated guidance on mask usage

☐ Medical considerations:

- Workplace COVID-19 testing

☐ Employment, Legal & Human Resources considerations:

- Vaccine policies
- After-action review, organizational learning and policy changes to streamline crisis management going forward

The core objective of *SAFER* is establishing sustainable safe operations for employers and workers as they navigate what the world of work looks like as a result of the COVID-19 pandemic. Our short-term objectives are to:

- Aggregate and analyze current practice and guidance from the business and public health communities

- Develop and publish regularly updated data-driven guidance and recommendations for safe return to and continuation of work, both broadly and relative to specific risks, industries, or conditions as they emerge

- Provide employers the tools and solutions they need to take action in complicated and challenging times

- Investigate the topic areas and operations types representing the most pressing concerns for employers planning for return to work.

The below framework is suggested based on review of dozens of corporate and public health protocols, recommendations, and guidance resources (a full list of publicly-available material is provided at the end of this document). The framework represents a map of the key areas around which corporate and public policy leaders are taking action, as well as the operations types in play, and will be the basis from which *SAFER* will build its recommendations for a safe return to and continuation of work. This framework is open to modification based on the feedback of the *SAFER* Task Force, a consortium of Fortune 500 companies, leading safety organizations, and public health professionals and experts. A more detailed description and list of considerations related to each of these topic areas follows.
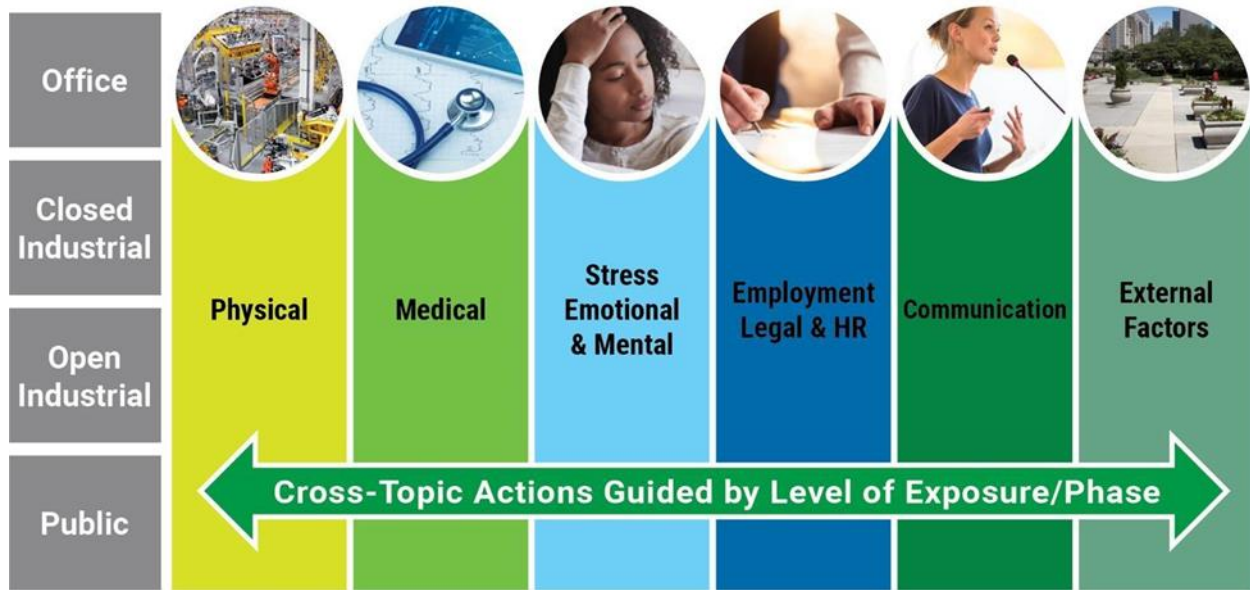
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SAFER Framework

Areas of Clarity and Challenge

It is important to note that not all topic areas for returning to a safe workplace within the framework are created equally. Some topic areas have clearer, more widely-accepted guidance available, while others are more complex in scope or require information or solutions that are more costly or challenging to implement. Although much of the guidance presented in this document has universal applicability, regional or local public policy may constrain wholesale implementation across all sites of an organization.

Examples of areas of clarity include guidance around employers implementing formal vaccine policies, risk of transmission through ventilation systems, and when to roll back control measures such as PPE and social distancing as workers get vaccinated and community-spread decreases. Examples of areas of challenge include infrastructure and capacity for regular testing and certain medical aspects related to the pandemic itself (e.g. vaccine hesitancy, herd immunity, etc.). Although the SAFER Framework does not yet address which topic areas are more established in terms of accepted guidance and which areas are still awaiting further clarity, the SAFER Task Force is expected to discuss and act on these issues as appropriate.

SAFER
Safe Actions For Employee Returns

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1.0 Physical Considerations

Preparing the physical workplace for return to work

A major consideration every organization should evaluate before issuing a return-to-work order are the practices they have adopted to promote a safe physical environment for workers. Employers should develop procedures for building maintenance and care, maintaining social distance, and mitigating risks for workers who need to perform work in public environments that are outside of the organization's control.

1.1 Buildings, Facilities and Operations

Although many employers have had to carry on essential work operations in their facilities despite shelter-in-place restrictions, these businesses and others will have workers returning to physical environments that need to be adequately prepared for infection control and social distancing practices. Employers should consider the following actions when preparing physical spaces for a return to work:

- ☐ Consider building **ventilation modifications** to prevent airborne spread of COVID-19, such as installing upper-room **UVGI** or HEPA filtration systems

- ☐ Consider modification of outdoor spaces with expanded seating and weather protection to allow for workers to utilize outdoor break areas or workspaces for meals or other gatherings

- ☐ Assess the layout of indoor workspaces including worker activity and movement and implement filtration and ventilation to ensure "clean" to "less clean" directional airflow

- ☐ Schedule a full sanitization of the facility and equipment prior to returning workers to work (consider there may be a required inspection audit or proof of full sanitization by local authorities before a facility may be allowed to re-open)

- ☐ Assess the space to determine the maximum capacity possible when occupants maintain the advised distance from each other (e.g., divide square footage by 36 for 6 feet social distancing occupancy capacity); then monitor the number of people occupying that space to ensure the maximum is not exceeded

- ☐ Consider posting temporary occupancy limits on common spaces (e.g., conference rooms, training rooms, elevators, etc.)

- ☐ To reduce touch points, install motion-detection sensors in place of switches where possible and consider the use of robotics to conduct basic cleaning

- ☐ Consider installing hands-free arm-pull or foot-operated door openers where possible and hold backs for fire doors that release with fire detection (e.g., magnetic) to reduce open/close needs

☐ Assess disposal of PPE and consider if touch-free, covered, PPE-only disposal units could limit risk of transmission

☐ Conduct a formal assessment for determining areas (e.g., rooms, gathering areas, areas dedicated to critical or essential workers, etc.) that can be closed off that are not needed to do business, and then close access to them

☐ Classify worker exposure to SARS-CoV-2 (i.e., **OSHA's Occupational Risk Pyramid**) in order to determine and implement control measures

☐ Develop site cleaning guides and frequency (e.g., hourly, twice per day) that specifically address heavy usage areas (e.g., restrooms, elevators, onsite gyms/exercise rooms, elevator buttons, door handles), cleaning chemical inventories, secondary containment training and labeling and training for proper disinfection techniques (e.g., disinfecting incoming equipment for service centers and shared tools/workstations/equipment)

☐ Inspect core building infrastructure including HVAC, water systems, and plumbing to appropriately flush the systems and install new filters, etc.

☐ Review building water management program and implement 'clean out' and 'start up' procedures in order to remove biological matter build up and mitigate any Legionella risk associated with a dormant system

☐ Conducting a risk assessment/analysis of all new processes, procedures, policies and products as a result of COVID-19 changes and inventory, procure and store Personal Protective Equipment (PPE) needed based on worker risk exposure

☐ Train and post signage for proper PPE usage, identification (e.g., face shield for grinding operations versus plastic barrier for screening), etc.

☐ Develop or modify process for procurement and storage of hazardous materials (e.g., hand sanitizer, cleaners, disinfectants) in accordance with relevant standards (e.g., National Fire Protection Association 30)

☐ Evaluate new work operations, worker circulation, and other social distancing plans to ensure feasibility by expected degrees of physical handicap/mobility challenges

☐ Develop and deploy site pre-check assessments and readiness audits prior to reintroducing workers

☐ Provide resources to temporary workers in terms of training and safety and health protections, including providing PPE (see **https://www.osha.gov/temp_workers**)

☐ Establish protocols for proper disposal of face masks, gloves, and other disposable PPE worn during work shifts

☐ Establish protocols for proper cleaning and disinfection of PPE if it is able to be reused

☐ Develop, implement and monitor a training program to ensure workers wear PPE properly

☐ Develop a plan for the safe restart of site assets and equipment including restart procedures, equipment maintenance audits, and preparation checks

1.2 Social Distancing

The potential risks for **unvaccinated individuals** inside of a workplace can be at least partially mitigated through **social distancing protocols.** Where not required by law, consider **lifting mask and social distances requirements for fully vaccinated workers**. If it is not possible to confirm individuals are vaccinated, or if it is otherwise required by law, employers should consider the following actions to promote and encourage social distancing in the workplace:

☐ Recommend conducting formal risk assessments for determining the most reliable social distancing recommendations (i.e., using the hierarchy to decide on controls), especially in high-risk or out of process activities

☐ Facilitate use of individual rather than collective transport to limit possible exposure

☐ Use visual cues and signage that encourage social distancing

☐ Designate separate entrances and exits for buildings and rooms, if possible, and provide directional signage for traffic flow along with social distancing reminders/cues (e.g., maintain six feet, one-way pedestrian traffic flow, floor markings)

☐ Arrange workspaces for appropriate physical distancing between desks/chairs/conference tables (e.g., use only alternate desks, remove chairs and tables)

☐ Document and display appropriate occupancy for rooms to allow for proper social distancing given specific square footage

☐ Continuously monitor space use and density for different floors and/or heavily trafficked rooms (e.g., conference rooms)

☐ Support policy, training, signage, etc. with enforcement of social distancing (e.g. verbal warning, corrective action, positive reinforcement of good suggestions and practices, etc.)

☐ Consider installing physical barriers like plastic sneeze guards between work spaces and reception areas that cannot conform to social distancing guidelines

☐ Designate increments of acceptable social distance on floors where lines might form (e.g., entrance to building, restrooms, etc.)

☐ Identify physical bottlenecks where social distancing is more difficult and implement plans for alleviating bottlenecks (e.g., restrooms, corridors, stairwells)

☐ Develop protocols for use of confined spaces like elevators (e.g., limit capacity to 2-3 people, guide workers on how to position themselves in elevators, etc.)

☐ Remove furniture in congregation-prone areas to discourage physical closeness (e.g., reception areas, waiting rooms, dining areas, etc.)

☐ Consider other factors for social distancing, such as staggered shift operations, staggered meetings using audio/visual tools for communicating and staggered break times

☐ Find alternate ways to clock in

☐ Establish when face masks need to be used or not (e.g., passing in the hallway versus having a conversation in the hallway) and consider policies for limiting interactions in hallways

☐ Implement guidance on face mask usage and fit

☐ Consider designating additional break rooms and lunchrooms to limit worker density and allow proper social distancing

☐ Consider using technologies to monitor and govern social distancing throughout a physical location

☐ Stress the importance of practicing social distancing while taking public transportation to and from work

1.3 Public Workspace Risk Management

In certain cases, workers may have to conduct work in a public environment or an environment outside the direct control of their organization. To mitigate risk to the worker, and to mitigate risk to the public, employers should consider the following actions:

☐ When possible, set an extended perimeter around a workspace to place adequate distance between the worker(s) and other individuals

☐ Ensure worker vehicles (owned by the employer) always have sufficient levels of necessary COVID-19-specific PPE (e.g., masks, gloves, etc.)

☐ Establish procedures for disinfecting shared fleet vehicles

☐ Provide training to all workers how to operate safely in public spaces or environments outside the direct control of the organization

☐ Advance communication with external sites to discuss and confirm that COVID-19 guidelines (e.g., social distancing, etc.) are being followed to the best of the external site's ability

☐ When possible, advance communication as to whether individuals at the site have recently been confirmed positive

☐ Provide a method for workers to request additional PPE

☐ Provide a method for workers to report unsafe behavior by fellow workers or exposure-related incidents (e.g. forced to be near an individual showing symptoms of an illness)

☐ Develop or determine policies where workers can refuse to work or what protocols are in place if an worker suspects a member of the public with whom they are required to interface shows symptoms of COVID-19 illness

☐ In lone worker scenarios, provide a direct line of communication with the company in case of sudden illness or emergency situations

☐ Implement policies to limit the number of workers needed to be present to carry out any tasks off of company-owned property

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Safe Actions For Employee Returns

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2.0 Medical Considerations

Protecting the health of workers before and after returning to the workplace

Prioritizing the physical health of workers as they return to the workplace is key to protecting their physical safety. Employers should develop procedures for monitoring and promoting the medical health of the workforce, ensuring appropriate social distancing, and encouraging overall good hygiene and infection control practices. For additional information visit the COVID-19 website of the Centers for Disease Control and Prevention at:
https://www.cdc.gov/coronavirus/2019-ncov/index.html

2.1 Testing

Workplace testing can identify workers with COVID-19 helping to prevent or reduce further transmission. With the expanded availability of rapid testing and at-home testing, it has become more feasible to implement **workplace-based viral and antigen testing**. Depending upon workplace type, organizations should consider the following actions when implementing testing policies:

☐ Determine whether testing at your organization would be beneficial based factors such as the type of workplace, how high risk the workplace is for COVID-19 transmission, level of community transmission, and whether any workers are at increased risk of severe illness

☐ Determine **potential actions** (Table 3) based on **community indicator level**

☐ Determine what **type of testing** is best suited to your organization's workspace(s)

☐ Provide written communication and/or webinars to inform workers how, when, and where testing will take place and how results will be communicated

2.2 Screening

For workers to return to a workplace, many organizations may institute screening procedures to clear workers, customers, and/or visitors for entry into a building or site. When testing is not an available option, such as with customers and visitors, temperature screening and self-assessments are the second best options for assessing risk based on some of the most common symptoms of COVID-19. Although these screening methods are not foolproof measures to detect COVID-19, organizations should consider the following actions:

☐ Provide written communication and/or webinars to inform workers how, when and where screenings will be conducted and what will happen should a worker have an elevated temperature or provide an unwanted answer on a screening questionnaire

☐ Engage safety committees in assisting with creating guidelines that follow CDC recommendations (e.g., fever threshold of 100.4 degrees Fahrenheit, self-isolation of suspected or confirmed cases)

☐ Ensure mechanisms are in place to track and understand completion and engagement metrics around screening communications and training

☐ Create guidelines for supervisors and managers in the event of a suspected case and ensure the worker has transportation and a place in which to shelter/self-isolate

☐ Establish a process, including talking points, for communicating to workers who have been in contact with a symptomatic worker (e.g., what steps occur as a result, self-quarantine, area closed for deep cleaning, etc.) and create a list of common FAQs to help anticipate the answers

☐ Communicate exposure information and screening results with third-party employers, such as staffing companies providing temporary workers, in a timely manner

☐ Refer to guidance to conduct needed public-health oriented measures (e.g., temperature checks) while also following Health Insurance Portability and Accountability Act (HIPAA) regulations for health data/information

☐ Develop self-screening procedures for a dispersed workforce that reports to job sites, but not a company central location, and a process to effectively manage the self-screening procedures

☐ Consider incorporating questions about symptoms along with temperature checks, and consider utilizing smartphone apps for workers to answer these questions prior to coming to work

☐ Implement signage and other hazard controls in entrance screening cueing areas (ensure that cue is protected from adjacent vehicle traffic)

☐ For employers who have visitors or customers, clearly define protocols for who will be screened and how. Define how workers will be protected if there are visitors and customers who will not be screened.

2.3 Tracking and Tracing

In the event that a worker registers a fever, tests positive for COVID-19, provides an unwanted answer on a self-assessment and/or exhibits symptoms related to COVID-19, employers need to be ready to respond and should consider the following actions to address medical concerns:

☐ Develop, communicate and train workers on entrance screening protocol including temperature checks and response protocol for suspected cases while following EEOC guidelines for HIPAA compliance

☐ Maximize use of technology that enables reliable temperature measurement and monitoring with minimal operator intervention or that work as a standalone hands-free self-service system

☐ Identify screeners and protocol for screener safety (e.g., appropriate PPE) and tracking of temperature checks or health assessments that identify best practices for efficient use of PPE.

☐ Develop COVID-19 medical reporting protocols for workers that develop symptoms

☐ Set up an isolation room and associated protocols including required equipment and procedures for entering/exiting and transportation guidelines

☐ Dispense PPE to symptomatic workers and direct them to isolate

☐ Document and track suspected positive cases for contact tracing and arrange transportation home for workers denied entry

☐ Develop protocol for reporting positive test results to appropriate public health authorities as needed

☐ Provide CDC-recommended self-isolation guidelines for workers who do not pass screening protocol, check-in with them regularly and develop protocol for post-quarantine return to work

☐ Develop, communicate and train all workers on protocols in the event of a colleague exhibiting symptoms

☐ Establish disposal procedures and necessary equipment for PPE that will no longer be utilized (e.g., spent face coverings, gloves, respirators)

2.4 Hygiene and Infection Control

Employers should strongly encourage their workers to practice good hygiene and infection control. They should also provide ample opportunity for workers to engage in proper hygiene practices. Specifically, employers should consider the following actions to promote workplace hygiene:

☐ Encourage workers to stay home if they feel sick and if an onset of symptoms develop while at work, report it immediately (communicate any changes to sick time policies, like previous requirements for a physician's note when out more than a certain number of days)

☐ Encourage frequent hand washing and make hand sanitizer available in several locations, especially near common touchpoints

☐ Train and post signage about proper hand hygiene techniques in washrooms and break rooms

☐ Provide adequate amounts and locations of tissues, no-touch trash cans, anti-bacterial soap and alcohol-based hand antiseptics

☐ Consider installing hands-free arm-pull or foot-operated door openers in restrooms and for other heavily trafficked doors

☐ Encourage proper respiratory etiquette including covering coughs and sneezes with either a tissue or coughing into a sleeve (encourage wearing a face covering if deemed necessary and appropriate)

☐ Discourage the shared use of objects to the extent possible (e.g., phones, computers, office equipment and supplies, kitchen equipment and supplies) and when not possible, disinfect before/after use

☐ Provide training and information on proper disinfection techniques for shared spaces and objects (when unavoidable)

☐ Consider extending cleaning services (or develop a cleaning checklist) to include shared company vehicles, where applicable

☐ Consider strategically placing branded visual signage as a straightforward approach to remind people how to reduce their risk (i.e., with a focus on high-risk areas)

☐ Explain the difference between **cleaning, disinfecting and sanitizing**

☐ Provide workers with disinfecting cleaning spray and cloth solutions to clean their own spaces such as desks, keyboards, phones, etc. on a regular basis

☐ Advise staff of how to treat items brought into the clean workplace (e.g., personal possessions, food items, laptops, PPE, etc.)

3.0 Stress, Emotional & Mental Health Considerations

Providing workers the support needed to return to work

The safety and physical health of workers is top of mind for organizations as they look to reopen workplaces and have workforces return. Another set of considerations for employers must be the **mental health and mental wellbeing of their workers**. Employers must consider how they intend to allay the concerns, anxieties and uncertainty that workers may feel about their lives, jobs and the future of the organization when returning to work. Mental health distress and mental health conditions may continue to impact workers' return to work and their ability to safely focus on the job at hand.

COVID-19 increases risk for workers experiencing mental health distress in several ways. Workers may have experienced high levels of stress associated with fears of themselves or family members being exposed to or infected by COVID-19. They may experience other mental health impacts stemming from stress caused by financial, employment, food, housing or child/family care instabilities. In general, trauma increases risk for development of mental health issues and substance use disorders.

Isolation is a particular risk factor. Extended social isolation increases risk for the development of mental health issues and substance use disorders, which can exacerbate pre-existing conditions, and increase the risk of depression, poor sleep quality, impaired cognitive functioning, as well as suicidal thoughts or relapse. Isolation is a well-documented risk factor for suicide, and connectedness is one of the best protective factors that helps to increase people's resilience and buffer them against their mental health crisis.

Employers can expect that stress and mental health effects of COVID-19 may be prolonged or delayed. Each person will experience the stress and trauma of the COVID-19 pandemic differently. Some may not show signs of or experience mental health distress for weeks or months. This means that employers should build both short- and long-term responses to these mental health considerations, and ensure mental health continues to be prioritized after the immediate return-to-the-workplace scenarios.

Below are several factors for employers to consider regarding worker emotional and mental health when drafting overall plans for returning to work and full operations. Having workers know their employers are supporting them through these difficult times can make a significant difference for their mental and physical health. Buy-in and engagement from leadership, management, human resources, communications and workers themselves is critical for success.

3.1 Leadership, Supervisors and a Culture of Mental Health Safety

Leadership, supervisors and other managers have an essential role in addressing mental health impacts from COVID-19. Leading by example and building a culture of mental safety are critical. Building mental, emotional and **psychological safety** into every process (communications, trainings, etc.) builds resilience in the workforce.

Though employers may be working with limited resources and a limited workforce, prioritizing **stress and mental health initiatives** has immediate and long-term positive impacts. Poor mental health and stressors at the workplace can be a contributory factor to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions, burnout, and financial impacts from increased absenteeism, negative impact on productivity and profits, as well as an increase in healthcare costs.

- ☐ Provide support and information about reducing social isolation while working remotely

- ☐ Provide support and information for workers anxious about leaving the relative safety of quarantine to return to the traditional work environment

- ☐ Provide training for leadership, supervisors, and workers on recognizing the signs of stress and other mental health emergencies and creating a culture of support and trust

  - ☐ Ensure leadership and supervisors understand and validate the stress and other mental health distress issues a worker may be experiencing

- ☐ Increase connecting with workers as they continue to work remotely, continue to work on-site, or return to working on-site. Location of work (remote versus on-site) will affect the modality of checking in; however, frequent check-ins are important.

  - ☐ Consider creating peer-led initiatives (e.g. slack channels, support groups). Provide training for peer leaders on moderator skills, handling sensitive topics, and more.

- ☐ Provide safe ways for co-workers to socialize upon return to the traditional work environment, such as outdoor activities

- ☐ Lead by example – demonstrate, encourage and support a work and home life balance while working remotely. Working from home or working remotely can challenge the balance of these structures; discuss with HR and supervisors how to be role models and support healthy habits while working from home

- ☐ Communicate tips and strategies for managing anxiety about returning to the traditional workspace after a period of remote work

- ☐ Train supervisors and other leaders on how to address "hot topics" such as:

  - ☐ A worker tested positive for COVID-19 and coworkers are anxious about their return to the workforce

☐ Strong reactions, fears and anxieties related to the COVID-19 pandemic (e.g. fears of contracting the virus, strong political opinions, opinions on re-opening, etc.)

☐ Strong reactions to COVID-19 vaccination (e.g., fear, misinformation, etc.)

3.2 Human Resources

Employers have a unique ability and responsibility to manage their relationship with benefit providers, such as Employee Assistance Programs (EAPs) and health insurance plans to ensure workers have access to the help and support they need. Human Resources teams and supervisors can help make this difference a reality.

When developing policies, consider a tiered approach. While members of the workforce may be experiencing mental health distress and not have a diagnosable mental health disorder, at least 20% of the working-age population has a diagnosed mental disorder and 5% of the population has a severe mental health disorder diagnosis. While it is not the responsibility of an employer or supervisor to diagnose mental health conditions, ensuring benefits and policies recognize that differing levels of care are needed is critical to ensure treatment.

3.2.1 Assess Internal Resources

☐ Evaluate if health benefits are adequate and conform to parity requirements under the law

☐ Assess if communication needs to be mailed or translated into different languages to be received and understood

☐ Evaluate if EAP resources are adequate; if not, address identified gaps either with EAP or with other resources (e.g. if your EAP does not offer virtual support options, identify some within the community or your organization's healthcare plan to share with workers)

☐ Communicate the "how" of navigating healthcare benefits and EAP services – for workers in distress or workers who have not used these benefits before, not knowing how to navigate resources is a barrier to accessing them

3.2.2 Connecting Workers to Mental Health Resources

Encourage EAPs and health insurance plans to be very active in promoting their telephone and online counseling services through various communications, campaigns, etc.

Consider establishing a peer advocates group that involves front line workers, union representatives, and others to foster communication and reduce stigma about seeking help for stress, emotional, and mental health concerns

Consider establishing a mental health taskforce with management representation from all functional areas. Provide training on how to spot the signs of mental health issues, approaches

for handling or starting a conversation with a worker who is exhibiting signs, and consider having an identifier worn or used by every member of the taskforce so workers can easily identify who they can speak with should they want to do so

Send reminders about EAPs and how to get ahold of medical benefits administrators

3.2.3 Communicate Your Resources

☐ Communicate frequently to reassure workers they can get help for any kind of problem, and promote a culture that normalizes seeking support

☐ Consider using mobile and digital tools to provide company resources to workers

☐ Repeatedly share all the resources provided by your benefits providers and local community programs

☐ Provide easy links to national support and resource hotlines, including but not limited to:

    ☐ **National Suicide Prevention Lifeline**

    ☐ **Childhelp National Child Abuse Hotline**

    ☐ **The National Domestic Violence Hotline**

    ☐ **Eldercare Locator**

    ☐ **National Sexual Assault Hotline**

    ☐ **Find a Health Center**

    ☐ **211.org (multilingual resource to connect to local crisis and emergency services)**

    ☐ **Aunt Bertha Resource Database (multilingual resource to connect to reduced-cost social services)**

    ☐ **SAMHSA National Helpline**

    ☐ **Crisis Text Line | Text HOME To 741741 for free 24/7 Crisis Counseling**

    ☐ **National Alliance on Mental Illness (NAMI): Find Support**

☐ Provide information about where to access self-screening assessments, for example:

    ☐ **Mental Health America Self Screening Tests**

3.2.4 Adjust and communicate appropriate HR policies and resources

☐ Allow for flexible policies as schools restart, daycares reopen and schedules become reestablished

☐ Ensure the EAP offers financial counseling and support to help workers manage financial stress

☐ Ensure the EAP offers counseling for substance misuse, fatigue, family stress and general mental health support; if counseling cannot be provided by the EAP, ensure policies allow for increased need for off-site counseling

☐ Allow for flexible policies as workers receive elective and routine medical care that may have been postponed due to the pandemic

☐ Allow for flexibility of workers to utilize paid time off to spend time with family or loved ones they were physically separated from during quarantine to help restore their connection with others, reduce stress, and regain a sense of normalcy

☐ Provide a confidential helpline or email address for workers to get help accessing personal resources and treatment privately

☐ Provide a confidential helpline for workers to raise job-related concerns anonymously

☐ Be ready to provide assistance or links to local/county/state/national resources on common worker concerns, such as applying for unemployment, food insecurity, childcare, etc.

☐ Provide support for counseling for workers who test positive or develop COVID-19 or lose a loved one due to COVID-19

3.3 Education and Awareness

An educated workforce can better protect themselves from the impacts of mental health and stress related to COVID-19. Consider building a robust formal and informal education and awareness plan that ensures workers are aware of these impacts, aware of workplace resources, and know they are supported. Communicating on these topics in small, easy to understand pieces of information is encouraged, as is sharing on multiple channels (e.g. posters, infographics, social media, brown bag lunch, email communications, communications from leadership, etc.).

☐ Provide workers with opportunities to practice practical ways of reducing stress, such as mindfulness training, deep breathing exercises, yoga, and other forms of self-care

☐ Educate all leadership, supervisors and workers on:

☐ Understanding the impacts of COVID-19 on stress, mental health and substance use

☐ Recognizing the signs of impairment, substance misuse or mental health distress

☐ How to engage in mental health first aid and suicide prevention efforts

☐ How to refer workers to other resources and support (internally and externally; see above list for suggested national resources to share)

☐ Provide formal and structured trainings as well as informal reputable resources workers can access on their own. Some examples of reliable and evidence-based free information can be found at:

  ☐ **Mental Health America**

  ☐ **National Alliance on Mental Illness**

  ☐ **Psych Hub**

  ☐ **How Right Now**, a campaign from CDC and CDC Foundation

  ☐ **Coping-19**, a campaign from CDC and the Ad Council

  ☐ **Resources for Managing Pandemic Stress & Anxiety**

  ☐ **Center for Workplace Mental Health**

  ☐ **Mental Health Action Day**

  ☐ Other local organizations and institutions that provide community-specific resources

☐ Other specific topics an employer may want to include over the next several months are:

  ☐ Mental health 101 – understanding mental health disorders and the brain

  ☐ Addressing the stigma surrounding mental health disorders

  ☐ The relationship between mental health and the increased risk for developing a co-occurring disorder, including physical health problems, substance use disorders and an increased risk of suicide

3.4 Other Considerations

For those working in essential or high-risk industries, workers may need elevated levels of support and services, both now and over the coming months. Other vulnerable populations (those with previously diagnosed mental health conditions or substance use disorders) may experience magnified or different impacts. COVID-19 impacts may also manifest as an increase in rates of substance use in the workforce. Remember that building mental, emotional and psychological safety into every process (communications, trainings, etc.) builds resilience in the workforce and that each worker will experience this differently.

4.0 Employment, Legal & Human Resources Considerations

Preparing the workforce to transition back to the workplace

A major consideration beyond the protocols to address the physical, medical, emotional and mental issues of reopening the workplace is the cumulative level of change that workers have experienced over weeks and months. Workers will undoubtedly have many questions and/or anxieties about transitioning back to a physical work environment, in terms of both their safety and health as well as disruption to the new lifestyle they have adjusted to while working remotely. Employers need to proactively identify potential problems and solutions. Cross-functional partnership at the leadership level will help ensure the workforce is physically and psychologically prepared to return.

4.1 Policies and Procedures

Because of the pandemic, organizations likely allowed for flexibility in some work policies, which may require further adjustment upon return to a physical workspace. Actions surrounding these types of policies and procedures include the following:

☐ Confirm work status (e.g. active, working extended hours, working from home, on leave or furlough, change in hours, change in pay)

☐ Determine essential roles and protocols around a phased re-introduction of workers

☐ Review employment actions based on business need (e.g., furlough/layoff, hour/pay change)

☐ Review workers' compensation procedures as related to COVID-19

☐ Assess worker travel policies, including who is eligible/required to travel, and ways to track if workers are visiting a region/city where there are outbreaks or risks of exposure

☐ Consider the implementation of reporting policies and mandatory 14-day quarantine for workers who travel for personal reasons (e.g. vacation) to high risk regions/countries

☐ Review work from home policies and provide instructions and tools for ergonomic home office setups

☐ Assess leave of absence and PTO policies

☐ Review infection detection and reporting procedures and methods for tracking

☐ Develop a plan to reintegrate workers who have recovered from COVID-19

- ☐ Navigate the concerns for higher risk populations and consider how to incorporate high-risk worker profiles (e.g. over 60 years old, known medical conditions that are at higher risk) following EEOC guidance on protected classes

- ☐ Recommend or require workers to wear personal face coverings at work (check with applicable local and state requirements)

- ☐ Review reasonable accommodation program guidelines

- ☐ Consider conducting an after-action review of organizational response to COVID-19 in order to better prepare for future high-impact disruptions to workflow and business operations

4.2 Management of Change

Most workers will likely expect there to be changes in policies, protocols, and even the physical workspace following the pandemic shutdown. The following actions may be considered to reduce anxiety about returning to work and ensure that workers know what to expect, and may still be relevant to essential workplaces that did not fully shut down during the pandemic:

- ☐ Maintain timely and frequent communication with workers about policy and design changes

- ☐ Cross-train workers to perform essential functions so the workplace can operate even if key workers are absent

- ☐ Solicit open feedback on challenges and take action, as appropriate, while communicating back to workers the rationale as to why or why not action was taken

- ☐ Convey in detail why certain protocol and design changes were adopted

- ☐ Provide virtual work support to encourage continued virtual collaboration

- ☐ Engage in virtual training to introduce workers to new protocols and patterns of behavior before they return to a physical workplace and ensure a method for acknowledgment that the training has been completed prior to returning to the workplace

- ☐ Inform and train workers in any new organizational roles and responsibilities that have been instituted as precautionary measures against reinfection

- ☐ Develop cross-training plans for potential fluctuation in the workforce (e.g., workers out for quarantine periods or due to leaves of absence) to ensure business continuity, and communicate appropriately to help workers understand their revised job responsibilities

- ☐ Develop a process to effectively track workers who may be out for an extended period, and their tentative return dates for continuity purposes

- ☐ Develop plans for crucial leadership continuity should leaders be impacted and out of office due to COVID-19.

☐ Create (or maintain) a web page for workers dedicated to COVID-19 (e.g., internal memos, pay codes, EAP/HR links, etc.) and keep it updated

☐ Notify workers when updates are made to a web page for communications on COVID-19, and highlight those changes

4.3 Vaccination Policies

Wide-spread vaccination is essential to expanding business operations. Lack of convenient access to the vaccine is one of the most frequently cited reasons by individuals across all demographics for not getting vaccinated. Employers can play a role in **encouraging workers to get vaccinated** as well as making vaccination **more accessible and convenient** in order to increase workplace safety and allow operations to return to pre-pandemic levels of capacity as quickly as possible. The **Spectrum of Employer Vaccine Approaches framework** summarizes different vaccine policy approaches, and provides guidance around how to determine which approaches may be best for your organization. The following actions and **policies** may be considered to expand vaccine access and compliance within the workforce:

☐ Provide **information on vaccination** including the benefits, effectiveness, and safety of vaccines, **scheduling and locations**, and types of vaccines available including vaccination timetables, and how to protect the safety of yourself and others once fully vaccinated

☐ Display or share positive **key messages** about vaccination in all languages primarily spoken in your workplace. Message posters in English and Spanish are available from the CDC in the **Essential Workers Vaccination Toolkit**

☐ Remove **financial barriers and time constraints** which prevent many workers from getting vaccinated by providing paid time off for vaccination and recovery

☐ Inform workers that vaccines are provided free of charge by the federal government regardless of health insurance or immigration status and give workers information that may help them avoid scams or unlawful out-of-pocket charges

☐ Remove logistical and convenience barriers to access by offering scheduling and transportation support, or by partnering with local providers and coordinating **on-site vaccination clinics**

☐ Remove trust barriers by facilitating **peer-to-peer conversations** with a focus on leveraging positive stories and acknowledging viewpoints and concerns of those not yet vaccinated while dispelling myths and misinformation

☐ Extend paid time off and other incentives to your entire workforce, including part-time, hourly, seasonal and temporary workers

☐ Consider **inviting** a local public health official, physician, or other expert speaker to share vaccine facts with your workers

☐ Proactively engage **employee resource groups** and other disproportionately impacted workforce networks to learn more about their unique questions, concerns and access needs

☐ Tailor your communications and identify trusted messengers for workforce populations that may have unique questions, concerns or access challenges, including **Black, Hispanic, Native American, Alaska Native** workers and workers who reside in **rural communities**

☐ Communicate what expectations are once a worker is considered fully vaccinated, what policies such as masking or social distancing will still be in place

☐ When considering implementing a vaccine mandate or soft mandate (e.g., allowing remote workers to return to the physical workplace once they are vaccinated), determine if and how you will verify whether a worker is **fully vaccinated**

☐ Where allowed by law, consider lifting mask and social distancing mandates for **fully vaccinated workers**

5.0 Communication Considerations

Ensuring effective and timely communication to facilitate return to work

Effective, timely and frequent communication is necessary to create the shared sense of safety and security among a workforce and ease the process of returning to work. In addition to including the details of the transition, a communications plan should anticipate worker concerns and questions. The right communication tactics can exhibit enhanced caring from leadership and help workers practice better awareness of their surroundings for social distancing and more. Below are several factors for organizations to consider when developing a comprehensive change management communications strategy.

5.1 General Communication Considerations

- ☐ Identify the role of leadership in communication engagement and consider how messaging should be approved and delivered to workers

- ☐ Establish or update feedback mechanisms for responding to return to work communications so that worker concerns are appropriately and quickly addressed

- ☐ Create company approved talking points that supervisors can use; develop set of FAQ so that supervisors and managers are consistent in messaging

- ☐ Leverage multiple communication channels to reach the audience including phone, app-based, video (e.g., Skype, Zoom), verbal, digital displays, speaker systems, flyers, posters, email and postal mail Internal page bullet style

5.2 Personnel and Policy Changes

Because of the pandemic, organizations likely allowed for flexibility in many work policies, all of which will have to be reassessed and potentially revised and reissued upon return to a physical workspace. To guard against subsequent waves of the virus, and to be better prepared for similar events, organizations will likely create new roles and responsibilities for individuals. The following are some recommended actions for communicating this information:

- ☐ Describe why certain groups (e.g., departments, divisions, locations) or individuals were chosen to return to the workplace, if using a phased approach

- ☐ Define "vulnerable populations," both for workers and family members of workers

- ☐ Explain the rationale behind the creation of new roles/positions within the organization for dealing with the impact of the COVID-19

☐ Outline the new responsibilities and emphasize existing responsibilities for existing roles/positions to ensure health and safety in the wake of the pandemic and how workers are expected to engage with the individuals who have assumed new roles

☐ Convey in detail why certain protocol and design changes were adopted (i.e., in response to risk assessment of new operations procedures)

☐ Explain the benefits of returning to a shared work environment (e.g., increased productivity and innovation, access to shared equipment and network, improved customer service, etc.)

☐ Clearly describe when and how and why organizational policies differ from public policies (e.g., region specific)

☐ Communicate to workers what remains the same in the organization (e.g., core values) and work to link messaging to established vision and mission statements

☐ Identify which policies and procedures need to be re-trained or re-iterated upon return to the traditional work environment

5.3 Instructions for Arrival

In order for workers to return to a workplace, many organizations may institute screening (through self-assessments, symptom checks and temperature checks) to clear workers for entry into a building or site, in addition to other new entrance policies. Communication should be explicit and clear so workers know what to expect when arriving back on site.

☐ Outline new entrance protocols for workers and visitors, including how, when and where screenings will take place (may need to be mailed to workers that do not have

☐ email addresses)

☐ Communicate to employers how medical privacy is maintained for any screening processes including communicating the process for workers who do not pass screening criteria and addressing possible stigma associated with not passing a screening protocol

☐ Consider using simple, branded, visual signage as a straightforward approach to remind people to reduce their risk and/or let visitors know what your organization is doing to help ensure the safety of workers and visitors

☐ Conduct demonstrations or training to introduce new behaviors to workers in anticipation of arrival back on site

☐ Provide and regularly remind workers of instructions for bringing work equipment back into the facility and sanitizing items

☐ Alert workers to changes in the work environment (e.g., availability of meeting rooms, occupancy restrictions, relocation of work stations, breakroom guidelines, etc. to allow for social distancing)

☐ Describe how the facility or site was prepared and will be maintained for arrival of workers (e.g., cleaning and disinfecting)

☐ Tailor communication strategy for public-facing workers and determine the best way to communicate new policies with them

6.0 External Considerations

Raising awareness of the outside influences that can impact operations

As employers work to develop comprehensive continuation and/or return to work plans, changes in environmental and societal conditions outside of one's organizational control will need to be continually considered. As part of their efforts to address COVID-19 precautions, employers should develop protocols that can be adjusted based on external needs and shifts in policy, medical guidance and overall levels of community risk. These must be flexible and should be relative to city, county, state, and federal guidelines and levels of risk (e.g. infection growth rate, population density), which may vary greatly in organizations with large footprints. By doing this, organizations can set themselves up for continued safe operations without needing to create new protocols in response to external influences.

6.1 Government Policies and Guidelines

An important consideration for return to work protocols is adhering to federal, state and local jurisdiction requirements for business operations and public interactions. The range of federal, state and local jurisdiction mandates are wide. Therefore, employers should consider the following actions to keep up with changes in government policies related to COVID-19

☐ Identify primary sources for government policy information (e.g., **CDC, NIOSH, OSHA, National Governors Association**, etc.) as well as sources for relevant state and local jurisdictions (e.g., county, township or city level ordinances)

☐ Check for updates weekly to government policy primary sources in a variety of areas (e.g., workplace, operations, public transportation, schools, child care, food services) and assign responsibility for monitoring updates to a specific team or worker

☐ Develop an organizational policy for change management that describes how updates and changes are evaluated and communicated

☐ Consider the use of technology to assist in tracking policy information and regulatory changes and ensuring policy alignment and compliance

☐ Communicate any changes to organizational policy as a result of government mandates clearly and concisely to affected workers before and after policy change implementation; explain how these organizational changes are related to overall company protocol

☐ Establish a system for tracking any required reporting data to government bodies, landlords or property management, and key corporate stakeholders

6.2 Community Risk

Because the COVID-19 pandemic does not affect all locations equally, it is vital for employers to consider the specific exposure risks for the communities into which workers are returning. Therefore, employers should consider the following actions to keep their return to work protocols appropriate and safe for the communities in which they are operating:

☐ Monitor the number of confirmed COVID-19 cases in the community to assess for potential interaction of workers with confirmed cases to determine exposure risk

☐ Share community risk analyses with workers and remind them of actions to take while out in the community

☐ Determine organizationally how community infection rates will impact self-assessment of exposure risk (e.g., very high, high, medium, low per **OSHA guidelines**) and put a plan in place for triggering any protocol changes based on local community spread

☐ Communicate any changes to organizational policy as a result of changes in community risk exposure clearly and concisely to affected workers before and after policy change

6.3 Framework for Levels of COVID-19 Response Protocols

To keep from creating new protocols from scratch in the face of changing external factors, employers should consider developing a phased or leveled approach to their return to work protocols. Although it is difficult to predict the state of the world in the future, employers who consider a leveled response will have a better chance at adapting to new restrictions efficiently with fewer pain points for their workers. Although the number of levels may vary for different organizations (e.g., full pandemic restrictions vs. limited pandemic restrictions vs. mission critical operations vs. new normal operations) the following aspects of the different levels should be considered.

☐ Identify who will determine the tolerable level of organization exposure risk for each level of operation and be prepared to shift levels based on risk exposure by performing a risk assessment

☐ Collaborate with insurance carrier to ensure that the organization's policy covers the types and levels of risk being assumed

☐ Involve public health or medical authorities to provide guidance on the determination of risk from a biological hazard perspective

☐ Clearly define the entrance and exit criteria that must be met to progress through each phase of reopening

☐ Keep in mind the employment, timekeeping, and HR policy considerations at each phase of reopening

☐ Consider health and safety protocols appropriate for each level of operation (e.g., PPE, cleaning protocols, vulnerable risk groups, social distancing, hygiene requirements, entrance screening, trace testing, critical workers who can't socially distance)

☐ Consider travel and meeting protocols appropriate for each level of operation (e.g., virtual vs. in-person meetings, mission-critical travel vs. opportunistic travel, site visitors, vendors, delivery drivers)

References

In addition to the publicly available sources listed below, the NSC *SAFER* research team reviewed over 30 COVID-19 response playbooks from organizations in power generation, utilities, construction, manufacturing, chemical, oil and gas, and transportation industries. Information will be continually updated as more resources and playbooks become available to the research team.

Allen, D. et al. (2020, April 20). Roadmap to pandemic resilience: Massive scale testing, tracing, and supported isolation (TTSI) as the path to pandemic resilience for a free society. Edmond J. Safra Center for Ethics at Harvard University. Retrieved from https://ethics.harvard.edu/files/center-for-ethics/files/roadmaptopandemicresilience_updated_4.20.20_0.pdf

American Industrial Hygiene Association. (2020, March 31). Recovering from COVID-19 building closures. Retrieved from https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Public-Resources/RecoveringFromCOVID-19BuildingClosures_GuidanceDocument.FINAL.pdf

Bille, E., & McClintock, E. (2020, March 12). Promoting workplace mental health in the age of COVID-19. The Society for Human Resource Management Blog. Retrieved from https://www.shrm.org/hr-today/news/all-things-work/pages/mental-illness-and-the-workplace.aspx

Bipartisan Policy Center. (2020, April 10). Nationwide survey: Child care in the time of coronavirus. Retrieved from https://bipartisanpolicy.org/blog/nationwide-survey-child-care-in-the-time-of-coronavirus

Centers for Disease Control and Prevention. (2021, April 16). Caring for someone sick at home or other non-healthcare settings. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html

Centers for Disease Control and Prevention. (2020). COVID Data Tracker. U.S. Department of Health and Human Services. Retrieved from https://covid.cdc.gov/covid-data-tracker/

Centers for Disease Control and Prevention. (2021, February 11). General business frequently asked questions. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

Centers for Disease Control and Prevention. (2020, December 3). Implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19 (interim guidance). U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html

Centers for Disease Control and Prevention. (2021, March 17). Interim guidance for SARS-CoV-2 testing in non-healthcare workplaces. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/testing-non-healthcare-workplaces.html

Centers for Disease Control and Prevention. (2021, May 13). Interim public health recommendations for fully vaccinated people. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Centers for Disease Control and Prevention. (2021, March 17). What to do if you are sick. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Centers for Disease Control and Prevention. (2021, February 6). Meat and poultry processing workers and employers: Interim guidance from CDC and the Occupational Safety and Health Administration (OSHA). U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/meat-poultry-processing-workers-employers.html

Centers for Disease Control and Prevention. (2021, February 18). Discontinuation of isolation for persons with COVID-19 not in healthcare settings (interim guidance). U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Centers for Disease Control and Prevention. (2021, March 8). Interim guidance for businesses and employers to plan and respond to coronavirus disease 2019 (COVID-19). U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

Centers for Disease Control and Prevention. (2020, November 17). Social distancing. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

Centers for Disease Control and Prevention. (2021, March 23). Ventilation in buildings. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

Centers for Disease Control and Prevention. (2021, April 9). Upper-Room Ultraviolet Germicidal Irradiation (UVGI). U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation/uvgi.html

Center for Workplace Mental Health (2021). American Psychiatric Association Foundation. https://workplacementalhealth.org/

Clark, S. (2020, April 13). Implementing a national return to work plan. U.S. Chamber of Commerce. Retrieved from https://www.uschamber.com/coronavirus/implementing-national-return-to-work-plan

Cushman & Wakefield. (2020, April 22). Recovery readiness: A how-to guide for reopening your workplace. Retrieved from https://www.cushmanwakefield.com/en/insights/covid-19/recovery-readiness-a-how-to-guide-for-reopening-your-workplace

Federal Emergency Management Agency. (2020, April 12). Coronavirus (COVID-19) pandemic: International reagent resource. U.S. Department of Homeland Security. Retrieved from https://www.fema.gov/news-release/2020/04/13/coronavirus-covid-19-pandemic-international-reagent-resource

Federal Emergency Management Agency. (2020, April 22). Coronavirus (COVID-19) pandemic: Addressing PPE needs in non-healthcare setting. U.S. Department of Homeland Security. Retrieved from https://www.fema.gov/news-release/2020/04/22/coronavirus-covid-19-pandemic-addressing-ppe-needs-non-healthcare-setting

Gates, B. (2020, April 23). The first modern pandemic: The scientific advances we need to stop COVID-19. Gates Notes. Retrieved from https://www.gatesnotes.com/Health/Pandemic-Innovation

Gershman, J. (2020, April 28). A guide to state coronavirus reopenings and lockdowns. The Wall Street Journal. Retrieved from https://www.wsj.com/articles/a-state-by-state-guide-to-coronavirus-lockdowns-11584749351

Health Action Alliance. (2021). Resources. Retrieved from https://www.healthaction.org/resources

J.J. Keller & Associates. (2020). Coronavirus and your workplace: Addressing sick leave, FMLA, pay, privacy, and actions you need to take. Retrieved from https://cdn.jjkeller.com/wcsstore/CVCatalogAssetStore/whitepapers/transport/Coronavirus_Your_Workplace_60747.pdf

Kirzinger, A., Kearney, A, Hamel, L., & Brodie, M. (2020, April 2). KFF health tracking poll – early April 2020: The impact of coronavirus on life in America. Kaiser Family Foundation. Retrieved from https://www.kff.org/health-reform/report/kff-health-tracking-poll-early-april-2020

National Alliance on Mental Illness. (2020, April 6). COVID-19 resource and information guide. Retrieved from https://nami.org/getattachment/Press-Media/Press-Releases/2020/COVID-19-and-Mental-Illness-NAMI-Releases-Importan/COVID-19-Updated-Guide-1.pdf?lang=en-US

Occupational Safety and Health Administration. (2020, March). Guidance on preparing workplaces for COVID-19. U.S. Department of Labor. Retrieved from https://www.osha.gov/Publications/OSHA3990.pdf

Occupational Safety and Health Administration. (2020, March). Protecting temporary workers. U.S. Department of Labor. Retrieved from https://www.osha.gov/temporaryworkers

Occupational Safety and Health Administration. (2020, March). Worker exposure risk to COVID-19. U.S. Department of Labor. Retrieved from https://www.osha.gov/sites/default/files/publications/OSHA3993.pdf

Occupational Safety and Health Administration. (2021, January 29). Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace. U.S. Department of Labor. Retrieved from https://www.osha.gov/coronavirus/safework

Retail Industry Leaders Association, & National Retail Federation. (2020). Open for business – a blueprint for shopping safe. Retrieved from https://rilastagemedia.blob.core.windows.net/rila-web/rila.web/media/media/pdfs/committee%20documents/coronavirus%20documents/open-for-business-a-blueprint-to-shopping-safe.pdf

Sneader, K., & Singhal, S. (2020, March). Beyond coronavirus: The path to the next normal. McKinsey & Company. Retrieved from https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/beyond-coronavirus-the-path-to-the-next-normal

The White House. (2020). Opening up America again. Retrieved from https://www.whitehouse.gov/openingamerica

The White House. (2021, February 26). Press briefing by White House COVID-19 Response Team and public health officials. Retrieved from https://www.whitehouse.gov/briefing-room/press-briefings/2021/02/26/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-8/

World Health Organization. (2020, March 18). Mental health and psychosocial considerations during the COVID-19 outbreak. Retrieved from https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2

World Health Organization. (2020, March 19). Getting your workplace ready for COVID-19: How COVID-19 spreads. Retrieved from https://apps.who.int/iris/handle/10665/331584