LEAGUE GUIDELINES FOR CITY AND TOWN REOPENINGS (COVID-19)

PURPOSE

The purpose of this document is to provide best practices and strategies to cities and towns that are planning to reopen public buildings and property during the COVID-19 public health emergency. This document provides an overview of issues to consider when reopening city and town buildings and suggestions to mitigate the transmission of COVID-19 among employees and the public based on guidance from federal and state authorities.

This document is not intended to provide legal advice and only suggests procedures that should be considered when reopening municipal buildings to protect public health. This document does not address liability concerns or discuss federal legislation involving distribution of federal funds or the administration of employee benefits such as the new federal sick leave policies. Please review this document carefully and seek input from employees with expertise in individual departments. It is recommended that any new policy be reviewed by your attorney prior to implementation.

COVID-19[1]

Symptoms of COVID-19 infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include cough and shortness of breath or difficulty breathing. Some people infected with the virus have reported experiencing other non-respiratory symptoms such as fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.[2] According to the Centers for Disease Control and Prevention (CDC), symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

The virus is thought to spread mainly from person-to-person, including:
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

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[1] Source: Guidance on Preparing Workplaces for COVID-19 published by U.S. Department of Labor. https://www.osha.gov/Publications/OSHA3990.pdf

[2] https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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GOVERNING LAW

Federal Guidance

On April 16, 2020, the President announced the "Opening Up America Again" plan.[3] It offers non-binding guidance to state governors and local officials to make individual determinations about relaxing return-to-work and non-essential business closure orders depending on several critical factors, described in three phases of reopening.

Phase One

Phase One is recommended to be implemented when three "gating" factors are met.

First, there needs to be a downward trajectory of influenza-like illnesses and COVID-like syndromic cases reported in the area within a 14-day period.

Second, there needs to be a downward trajectory of documented cases and positive tests as a percentage of total tests within a 14-day period (with a flat or increasing volume of tests).

Third, the area hospitals need to be in a position to treat all patients without crisis care and have a robust testing program in place for at-risk healthcare workers.

During Phase One, employers are recommended to follow five steps:
1. Continue to encourage remote work and telework whenever possible and feasible with business operations.
2. If possible, return to work in phases.
3. Close common areas where personnel are likely to congregate and interact or enforce strict social distancing protocols.
4. Minimize non-essential business travel and adhere to CDC guidelines regarding isolation following travel.[4]
5. Strongly consider special accommodations for workers who are members of a vulnerable population. For purposes of this guidance, these include elderly individuals and those with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those who are immunocompromised by disease or drug therapy.

Phase Two

Phase Two is recommended to be implemented in areas where there is no evidence of a rebound in COVID-19 cases, and that satisfy the Phase One gating criteria for a second 14-day period.

During Phase Two, employers are recommended to follow four steps:
1. Continue to encourage remote work and telework whenever possible and feasible with business operations.

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[3] https://www.whitehouse.gov/openingamerica/#criteria
[4] https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

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2. Continue to close common areas where personnel are likely to congregate and interact or enforce moderate social distancing protocols.
3. Businesses can resume non-essential business travel.
4. Continue to consider special accommodations for workers who are members of a vulnerable population. Encourage remote work and telework whenever possible and feasible with business operations.

<u>Phase Three</u>

States and regions that have no evidence of a rebound of COVID-19 cases, and satisfy the gating criteria a third time, are ready to enter Phase Three.

During this phase, the guidance is simple: employers can resume unrestricted staffing of worksites.

The Governor has indicated Arizona is in Phase I based on the federal gating criteria.[5]

State Law

The Governor has issued multiple executive orders relating to the pandemic.[6] On March 11, 2020, the Governor issued a **Declaration of Public Health Emergency[7]** due to the necessity to prepare for, prevent, respond to, and mitigate the spread of COVID-19.

Additionally, **Executive Order 2020-12** prohibits a county, city, or town from making or issuing any order, rule, or regulation that restricts any person from performing an essential function. Any order restricting persons from leaving home issued by county, city, or town shall be consistent with advice from the Department of Health Services (DHS) and coordinated with the State prior to issuance. An essential function is defined as one specifically identified as such or a function that promotes the public health, safety, and welfare of the State or assists others in fulfilling such functions and includes categories of essential functions that may be added to the list at the Governor's discretion on the website.[8] Employers may encourage, allow, or require telework to conduct essential operations as long as there is no interruption in essential services or operations. All state and local agencies shall update their list of essential services to conform with this Order.

Further, **Executive Order 2020-36**, issued on May 12, 2020, specified that Executive Orders 2020-18, EO 2020-24, and EO 2020-33 are expired and rescinded. Provisions of all other orders issued remain in effect unless guidance is or has been provided by DHS on how to safely reopen or operate while mitigating COVID-19 or the orders expire, are amended, or rescinded. Vulnerable individuals are advised to continue limiting time away from residence, all individuals in public areas should maximize physical distancing, and any business open to the public or as an employer shall develop, establish, and implement policies based on CDC guidance, Occupational Safety and

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[5] https://azgovernor.gov/governor/news/2020/05/governor-ducey-announces-next-phase-arizona-recovery; https://ktar.com/story/3150324/ducey-to-end-arizona-stay-at-home-order-friday-enter-phase-1-of-reopening/
[6] For a full list, please visit https://azgovernor.gov/executive-orders
[7] https://azgovernor.gov/sites/default/files/declaraton_0.pdf
[8] https://azgovernor.gov/governor/news/2020/04/additional-guidance-essential-services

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Health Administration (OSHA), and DHS guidance to limit and mitigate spread of COVID-19. The Order does not prevent a person from engaging in constitutionally protected activities and reiterates that no county, city, or town may make or issue an order, rule, or regulation that *conflicts with or is in addition to* the policy of this Order, including to any function or service designated as Essential Services in EO 2020-12. Law enforcement and regulatory agencies are instructed to educate an individual and provide an opportunity to comply prior to any enforcement action being taken against the individual.

INITIAL CONSIDERATIONS

COVID-19 is unlike any public health emergency experienced in recent times and has disrupted the economy, daily routines, and even changed how we engage in personal interactions. During this time of uncertainty, federal and state guidance is frequently updated and must be monitored daily. Additionally, it is recommended that a person (e.g. manager) or team be designated to oversee and direct the reopening process to respond rapidly to the changing circumstances. At a minimum, communication should be established between the designated person/team and communication specialists. This may also be a good time to update or create a Continuity of Operations plan.

PLANNING FOR REOPENING

Step One: Evaluate the federal gating criteria and state health data[9] to determine the recommended stage of reopening. Reopening in Phase I or II may require additional safeguards than reopening in Phase III. These considerations should be addressed prior to reopening public buildings.

Step Two: Develop a Response and Preparedness Plan

Formulate a risk assessment to identify COVID-19 related issues and challenges specific to each department. A risk assessment is a systematic process for gathering, assessing, and documenting information to assign a level of risk. It provides the basis for taking action to manage and reduce the negative consequences of acute public health risks. For the purposes of this document, a risk assessment refers to the risk of potential exposure to COVID-19.

A risk assessment should be developed by addressing the following questions:
- What is the level of exposure from COVID-19 to employees or members of the public when accessing city or town property? The level of exposure may differ between departments and should be based on potential exposure and review of employees whose responsibilities require direct interaction with the public.
- How can the city or town implement control measures to mitigate transmission of COVID-19? What is the likelihood of success and what is the feasibility of implementing these measures? Are there any unintended consequences from these measures?
- What steps will be taken to monitor the risk posed by COVID-19? Who will be designated to monitor federal and state guidance?

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[9] https://azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/covid-19/dashboards/index.php

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- What is the communication plan to ensure that all departments and the public understand and support the control measures?

These questions will be addressed in-depth in the following sections.

A. Determining Potential COVID-19 Exposure to Employees

1. Evaluate the department-specific health concerns that reopening will pose. The city or town should consider which employees are most needed on-site and whether others can continue to work remotely, especially if reopening during Phase I or II.

2. What is the level of risk associated with various sites and tasks performed at those sites? Are there individual risk factors (e.g. chronic health conditions)? Consider measures for employees based on potential for exposure to COVID-19:[10]
   a. High potential for exposure: employees working with individuals that have contracted or likely exposed to COVID-19 such as first responders;
   b. Medium potential for exposure: employees engaging with the public including public transportation workers and those handling mail and packages; and
   c. Low potential for exposure: employees not interacting with the public or those with COVID-19.

3. Employers should also consider OSHA standards[11] and administrative practices to reduce or mitigate risks of exposure.
   a. What engineering controls[12] can be implemented to fully protect employees? (e.g. physical barriers between the employee and the public, local exhaust ventilation to remove airborne emissions, etc.); What is the cost of implementation of these controls?
   b. What types of changes can be made to the layout of the workspace to minimize face-to-face contact and maintain physical distancing?
   c. If employees must interact with the public, what type of personal protective equipment may be necessary for their specific job duty to eliminate or reduce their exposure to a hazard?[13]
   d. Contact your county health department and determine if there are additional resources and obligations in your jurisdiction.

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[10] See Protecting Yourself from COVID-19 in the Workplace (v2) found at https://tools.niehs.nih.gov/wetp/covid19worker/; see also https://www.osha.gov/SLTC/covid-19/hazardrecognition.html

[11] https://www.osha.gov/Publications/OSHA3990.pdf; see also Arizona State Plan https://www.osha.gov/stateplans/az; Hazard Identification and Assessment https://www.osha.gov/shpguidelines/hazard-Identification.html

[12] Engineering controls protect workers by removing hazardous conditions or by placing a barrier between the worker and the hazard. https://www.cdc.gov/niosh/topics/hierarchy/default.html

[13] https://www.cdc.gov/niosh/topics/hierarchy/default.html

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B. Control Measures to Mitigate Transmission of COVID-19

Suggested Practices Based on Federal and State Guidance
There are numerous best practices to consider, including federal and state guidelines, OSHA guidance, CDC guidelines,[14] and industry-specific publications. These measures should be reviewed and updated as guidance evolves.

Executive Order 2020-36 requires businesses and entities that physically operate in Arizona and serve the public or are employers to develop, establish, and implement policies based on guidance from the CDC, Department of Labor, OSHA and DHS to limit and mitigate the spread of COVID-19. Eight of the policies from the Executive Order are listed below along with suggested practices from the CDC's Interim Guidance for Businesses and Employers Responding to COVID-19, May 2020[15] to assist in development and implementation of the Order.

1. **Promoting healthy hygiene practices[16]**
    a. Increase the frequency of cleaning commonly touched surfaces.
    b. Provide tissues and no-touch trash cans.
    c. Provide soap and water and encourage employees to wash their hands for at least 20 seconds, especially before and after work shifts and breaks, after blowing their nose, coughing or sneezing, after using the restroom, before eating or preparing food, and after putting on, touching, or removing cloth face coverings. Allow additional breaks to allow time for disinfecting equipment and hand washing.
    d. If soap and water is not readily available, use alcohol-based sanitizer that is at least 60% alcohol. If possible, install touchless hand sanitizer stations in multiple locations.
    e. Instruct employees to avoid touching their eyes, nose, and mouth with unwashed hands.
    f. Discourage handshaking and encourage other non-contact methods of greeting.

2. **Intensifying cleaning, disinfection, and ventilation practices[17]**
    a. Practice routine cleaning (removal of dirt and germs on surfaces) and disinfection (using chemicals to kill germs) of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs with products that meet EPA's criteria for use against COVID-19.[18] Ensure that disinfectant and cleaning supplies are available to all employees.

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[14] https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf
[15] https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
[16] https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html;
https://www.cdc.gov/handwashing/index.html
[17] See also Guidance for Building Operations During the COVID-19 Pandemic
https://www.ashrae.org/file%20library/technical%20resources/ashrae%20journal/2020journaldocuments/72-74_ieq_schoen.pdf
[18] https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

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ii. Cleaning: Use detergent or soap to remove dirt and dust, open windows or use other ways to increase ventilation, and if spraying, put detergent on a sponge or rag so less goes into the air.

ii. Disinfecting: Follow instructions on the product label exactly, including "contact time," and use gloves and eye protection.

b. Discourage employees from using other employees' phones, desks, offices, or other work tools and equipment. Clean and disinfect them before and after use.

c. Disinfect all payment portals, pens, and styluses after each use.

d. Disinfect all high-contact surfaces frequently.

e. Review and follow the CDC's Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.[19]

f. Increase air exchange in buildings and ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.

g. Improve central air filtration and check filters to ensure they are within service life and appropriately installed.

h. Keep systems running longer hours to enhance air exchanges in the building space.

3. Monitoring for sickness

a. Employees who have symptoms or are caregivers of a sick family member should notify their supervisor and follow CDC recommended precautions.[20]

b. Ensure policies are flexible, consistent with public health guidance, and review and administer sick leave policies, including new federal leave policies relating to COVID-19.

c. If employees have symptoms upon arrival at work or develop symptoms during the day should immediately be separated from other employees and the public and sent home. Develop a procedure for the safe transport of an employee who becomes sick while at work.

i. If testing or screening measures (e.g. temperature checks) are implemented, these measures should be applied to all employees consistently to prevent any inference of discrimination.[21] Other considerations include whether time spent undergoing screenings or waiting to be screened is compensable time under wage and hour laws, and who will conduct the screening (municipal personnel or outside vendor). Screening areas should comply with physical distancing and require special cleaning and disinfection protocols.

d. Sick employees should follow CDC recommended protocol.[22]

e. Establish a process to determine which employees may have been exposed to COVID-19 and inform employees of their possible exposure without violating

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[19] https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html
[20] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html
[21] https://www.eeoc.gov/wysk/what-you-should-know-about-ada-rehabilitation-act-and-coronavirus
[22] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

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confidentiality pursuant to the Americans with Disabilities Act (ADA).[23] Instruct potentially exposed employees to stay home for 14 days and telework if possible.[24]

    f. If an employee is sick at work, the city or town should isolate surfaces and equipment until a thorough cleaning and disinfection are performed.[25]

4. Ensuring physical distancing

    a. Establish protocols for employees to safely enter/exit the workplace.

    b. Employees should remain at least 6 feet apart, even if wearing a face covering.[26]

    c. Review the physical layout of the workspace. Consider whether workstations need to be rearranged to avoid face-to-face contact between employees in shared spaces or to separate desks to provide six feet of distance. Remove chairs or reconfigure spaces where people tend to congregate.

    d. Install and use protective shields.

    e. Manage foot traffic to avoid in-person contact in hallways (e.g. create single-direction circulation areas such as hallways).

    f. Identify other areas where employees often stand together and develop appropriate physical distancing protocols.

    g. Hold in-person meetings in areas that can accommodate physical distancing or allow some members of the meeting to participate remotely.

    h. Develop guidelines for use of common areas. Suggestions include closing common areas completely, allowing use based on established schedules, or instructing employees to wait at a safe distance if a person is occupying a small space (e.g. using a microwave in a breakroom or waiting to use a copier).

    i. Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed six feet apart, to indicate where to stand when physical barriers are not possible.

    j. Use remote technology when possible (e.g. phone, video, or web).

    k. Reduce contact with the public by providing drive-through service, online services, curbside pickup, and delivery options, where feasible.

    l. Move electronic payment terminals/credit card readers farther away from the cashier, if possible, to increase the distance between the customer and cashier.

    m. Shift activities by employees requiring exposure to public areas to off-peak or after hours, when possible, to reduce contact with the public (e.g. posting notices prior to the office opening).

    n. Consider discouraging public transportation, ridesharing, or taxis, if feasible for employees.[27]

    o. In small lobby areas or other small spaces, limit the number of individuals who are transacting business in the space.

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[23] Emergency Preparedness and Response https://www.ada.gov/emerg_prep.html; see also Pandemic Preparedness in the Workplace and the Americans with Disabilities Act https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act#secB

[24] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html

[25] https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

[26] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

[27] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

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p. Consider extending hours of operation to accommodate the reduced capacity of individuals in the space, especially on days with deadlines (e.g. campaign finance reporting, utility payments, etc.).

5. **Providing necessary protective equipment**
   a. Determine whether cloth face coverings, N95 masks, gloves, or other equipment will be required for all employees or those with a higher potential for exposure. For N95 masks, ensure the city or town has an adequate supply to provide to employees at higher risk of exposure.[28]

6. **Allowing for and encouraging teleworking[29] where feasible**
   a. Support and encourage telework options, especially for vulnerable workers,[30] to minimize their contact with the public and other employees.
   b. Employees who report exposure to COVID-19 should stay home for 14 days and telework, if possible.
   c. Ensure that the city or town has the information technology and infrastructure needed to support multiple employees who may be able to work from home.
   d. Develop a process to review requests to telework from employees with a high-risk for severe illness from COVID-19.

7. **Providing plans, where possible, to return to work in phases**
   a. Continue to allow telecommuting and consider staggered shifts or work days that gradually bring staff on-site in waves until full capacity is reached or establish staggered work schedules to reduce the number of employees on-site at one given time.

8. **Limiting the congregation of groups to no more than 10 persons when feasible and in relation to the size of the location**
   a. Enact restrictions on gatherings in common areas or conference rooms.
   b. Council meetings: Continue to use remote conferencing, if feasible, adhering to state law and guidance.[31] If the city or town decides to resume in-person meetings with the public, consider implementing the following protocols:
      i. Continue to broadcast or use remote conferencing for vulnerable individuals and to reduce the number of individuals attending in person.
      ii. Space seating for attendees who are not in the same party to at least 6 feet apart.
      iii. Limit seating to alternate rows.
      iv. Ensure the space is well-ventilated.
      v. Post signage at entrances advising those with symptoms of illness not to enter and how to access services remotely.

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[28] https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
[29] Additional guidance: https://www.natlawreview.com/article/teleworking-and-covid-19-outbreak; https://www.cisa.gov/sites/default/files/publications/Telework_Guide_with_NSA_and_DHS_CISA.pdf
[30] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html
[31] https://www.azag.gov/sites/default/files/2020-03/Covid-OML_202003131526.pdf

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<ol type="i" start="6">
<li value="6">Provide adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60% alcohol, disinfecting wipes, tissues, and no-touch trash cans.
<li value="7">Restrict common areas where members of the public are likely to congregate and interact.
<li value="8">Post health messages to educate the public about respiratory etiquette.[32]
<li value="9">Develop a protocol for sanitizing the areas where a public member may address the council and how a person's name and residence will be collected (e.g. sign-in sheets require pens that would require disinfection after a single use, so multiple pens may need to be available with separate baskets for clean and used pens).
<li value="10">Discourage sharing of materials and provide disposable copies of documents, etc.
<li value="11">Provide sufficient staff to monitor the public's interactions and assist with any new protocols.
<li value="12">Implement a cleaning and disinfection protocol following the meeting.

These policies should be implemented for all employees in all types of public spaces. An assessment of each type of space and service must be considered when determining the reopening of libraries, and senior/recreational centers, and a myriad of other spaces that offer municipal services. It is suggested that a risk assessment occur for each of these spaces to identify if the services provided in these municipal spaces are low, medium, or high risk based on the ability of the public to adhere to healthy hygiene practices; the ability of employees to frequently clean and disinfect the areas (including the supplies required); whether activities can occur with physical distancing policies; and if a program or activity can resume without a large gathering of individuals. By reviewing the activity conducted on each type of municipal property the city or town should be able to assign a risk level and determine the appropriate resources necessary to safely reopen based on the Governor's Order and the federal gating criteria.

Training

While not part of the Governor's Executive Order, it is important that employees clearly understand how to report concerns and are trained on the use and adherence of any municipal COVID-19 health and safety policies, including the consequences for noncompliance, before returning to the workplace.

Addressing Employee Concerns regarding COVID-19

As cities and towns prepare to reopen, employees may have concerns about how they will be protected from COVID-19 transmission in the workplace. It is important to communicate the reopening plan and schedule training about new protocols to demonstrate the deliberation that has taken place prior to their return. If an employee expresses concern about returning to the workplace, additional suggestions include:

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[32] https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html

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- Initiating a dialogue to determine the reason(s) why the employee is afraid to return.
- If the employee has disability that places him/her in a high-risk category under CDC guidelines, the employer should determine if an accommodation is needed.[33]
- Possible accommodation may include personal protective equipment, relocating the employee's workspace to minimize interaction with others, telework, or a leave of absence.
- If the employee is healthy but believes the workplace is unsafe, explain the steps the employer is taking to minimize the risk of transmission, e.g. social distancing, sanitization practices, prohibiting sharing of office equipment, etc.
- If the employee identifies specific safety concerns, listen to them carefully and determine if additional precautions should be taken.
- Under OSHA, an employee can refuse to return to work if there is a safety hazard in the workplace that may cause imminent physical injury or death.[34] This may apply if an employee is being forced to work under conditions that create a high risk of exposure to coronavirus.
- If an employee has a generalized fear that is not connected to a disability or specific safety hazard, the employer must consider whether to allow telework or a leave of absence (despite the fact that there is no legal requirement to do so) or require the employee to report to work. Employers should formulate a consistent approach for addressing this scenario.

Step Three: Monitoring Policies and Federal and State Guidance

COVID-19 guidance is updated daily, and it is recommended that an individual or team be assigned to monitor compliance with federal and state guidance that may impact municipal operations.

Step Four: Adopting a Communications Plan

A COVID-19 communication plan should focus on compliance with hygiene and sanitation protocols and how to access public services under new policies. When communicating with employees, it is important to maintain regular communication in order to provide reassurance to employees and transmit valuable information to facilitate municipal operations. There are additional resources and articles that may be adapted to create a municipal communications plan.[35]

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[33] https://www.eeoc.gov/wysk/what-you-should-know-about-ada-rehabilitation-act-and-coronavirus

[34] https://www.osha.gov/laws-regs/oshact/section5-duties; https://www.osha.gov/workers/

[35] Beyond COVID-19: Employer Communications Guidance for What's Next https://www.smartbrief.com/original/2020/04/beyond-covid-19-employer-communications-guidance-whats-next; see also How to Create a Communications Plan for Reopening https://www.prnewsonline.com/reopening-communications-coronavirus/; and 10 Best Practices for Communication Management of COVID-19 https://unfold.pr.co/186940-10-best-practices-for-communication-management-of-covid-19

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Additionally, it is highly recommended that signage be utilized to notify employees and the public about policies that are implemented to control the spread of COVID-19. OSHA and CDC have created signs that can be posted in the workplace to remind employees and the public about health and safety protocols. These or workplace-specific versions should be printed and displayed prominently throughout the workplace.[36]

CONCLUSION

This document is provided as a guide to assist Arizona municipalities with the numerous decision-making points involved when reopening public buildings and other public spaces. Due to the continually changing circumstances this document is not exhaustive but can be used as a starting point for cities and towns to make informed decisions about reopening municipal buildings during the COVID-19 public health emergency.

ADDITIONAL RESOURCES

World Health Organization Rapid Risk Assessment of Acute Public Health Events
https://apps.who.int/iris/bitstream/handle/10665/70810/WHO_HSE_GAR_ARO_2012.1_eng.pdf

CISA Risk Management for Novel Coronavirus (COVID-19)
https://www.cisa.gov/sites/default/files/publications/20_0306_cisa_insights_risk_management_for_novel_coronavirus.pdf

OSHA Guidance on Preparing Workplaces for COVID-19
https://www.osha.gov/Publications/OSHA3990.pdf

NIH Responder & Community Resilience: https://tools.niehs.nih.gov/wetp/index.cfm?id=2528

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[36]OSHA: https://www.osha.gov/Publications/OSHA3994.pdf; CDC: https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html

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