

PLAN TO PROVIDE SERVICES DURING A HEALTH EMERGENCY

Bertie, Halifax, Hertford, Martin, and Northampton Counties

If you leave home, know your Ws!



WEAR
a cloth face
covering.



WAIT
6 feet apart. Avoid
close contact.



WASH
your hands often or
use hand sanitizer.

@NCDHHS

#StayStrongNC

Serving Northeastern North Carolina Since 1962
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Plan to Provide Services During A Health Emergency

PURPOSE:

A plan to identify, communicate, train, implement, monitor and measure effectiveness of protocols for providing services during a health emergency; The HOW, WHEN, WHERE of CADA's Plan to deliver services.

CADA's GOALS are:

GOAL 1. Provide services to assist families during the emergency and on-going through case management, if applicable;

GOAL 2. Provide a safe work environment for staff and clients;

GOAL 3. Provide a system to complete and document work so program goals are met in accordance with requirements

OVERVIEW

- 1. CADA is committed to protecting the safety/health of employee, clients and the community.**
- 2. CADA's offices/centers will be closed except for appointments-no walk-ins. When this changes, CADA will notify the public and staff via press/media/email's, phone calls, etc.**
- 3. CADA is accepting online applications and will follow-up with self-referrals and other referrals to determine need and what assistance may be provided.**
- 4. CADA has drop boxes located outside of offices/centers for the receipt of documentation/applications etc.,**
- 5. CADA will complete the process to document need and provide assistance virtually-phone and internet/fax or via the drop box or arranged pick-up/mail of needed documents;**

6. CADA will use the process attached in “Questionnaire to Schedule an On-Site Appointment” when a face-to face appointment is needed;
7. CADA will use the process in Questionnaire On-Site Appointment on day of appointment to protect staff and client.
8. CADA will refer applicants electronically to all in-house CADA programs that might be able to assist and to other community resources.
9. CADA will establish a process to continue virtually/ telephonically to work with applicants who need case management.

EXPECTATIONS FOR STAFF:

CADA's Plan for Providing Services during the Health Emergency was developed with the following expectations for all staff

1. Staff when applicable will work from home. Teleworking and working from home are currently being used and will continue to be options for some positions. Some positions may be on a rotating schedule, both telework and report to an office/center. CADA is increasing virtual learning and communication tools to facilitate teleworking and improve flow of work.
2. Staff will self-screen to ensure that they do not report to work with a temperature, 99.6 or higher or other symptoms of COVID-19. The expectation is that staff will take their temperature and ask themselves the CDC questions on the attached questionnaire before reporting to work and will notify supervisor if there are health concerns that prevent reporting to work.
3. CADA staff will follow and model best practices to safeguard themselves, their families, co-workers, and clients-the 3 W's.
4. Any staff member who reports to work with a temperature of 99.6 or higher will be sent home;
5. Any staff member who refuses to have temperature screened will be sent home and may face disciplinary action;

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6. **CADA will continue to pay staff** as long as staff member is working from home or assigned work site or has a qualifying event for FFCRA, or uses sick, annual, or personal leave.
7. **Staff will communicate with supervisors and complete work log to demonstrate work is being completed.**

MESSAGING

CADA will provide information about the plan for providing services to the CADA Board, Staff, applicants, funders, and the community.

In-house communication for Board and Staff may be via:

1. **E-mails**
2. **Mail**
3. **Telephonic meetings;**
4. **In-Person meetings while physical distancing**
5. **Scheduled electronic/virtual discussions and trainings Information**
6. **Postings at CADA facilities and on the CADA website**
7. **Copies of press releases, other communications with partners, applicants and community, and reports to funders**

External communication for applicants and families we serve and the community may be provided by:

1. **Press Releases**
2. **E-mails**
3. **Website**
4. **Communication with Partners**
5. **Telephonically**
6. **Postings at CADA's facilities**
7. **Mail**
8. **Flyers**
9. **Social media apps that have been established to communicate within some programs such as Head Start**

External Communications with funders/grantors may be via:

- 1. E-mails**
- 2. Telephonic and virtual conferences**
- 3. Faxes**
- 4. Reports**
- 5. USPS Mail and express mail services**

Workplace Safety

CADA will follow the CDC guidelines for Workplace Safety

CADA Offices and Facilities

CADA Will:

- 1. Clean/sanitize offices/facilities/centers/vehicles/equipment daily according to CDC recommendations and best practices as required by funding sources;**
- 2. Establish traffic patterns in office to facilitate safe, physical distancing;**
- 3. Establish plastic, transparent barriers to protect staff and applicants during interviews;**
- 4. Ask applicants who have scheduled an appointment the CDC recommended questions about exposure to COVID-19 before entry into the building;**
- 5. Screen the temperature of staff, applicants/visitors/vendors at designated entries to buildings and deny entrance when temperature is 99.6 or higher;**
- 6. Require all who enter building to use hand sanitizer that meets CDC guidelines at the entrance of each center;**
- 7. Require staff and visitors/applicants to wear masks unless they cannot for a medical reason;**
- 8. Provide masks and gloves for staff and visitor/applicants; and**
- 9. Limit the number of people in an office or facility at any given time by scheduling appointments and rotating staff.**

Off-Site Work Locations for Housing Programs

CADA Will follow the CDC guidance and the information provided by Grantors such as DEQ-Department of Environmental Quality as explained in the following protocol:

Note these requirements are incorporated into the CADA's Plan to Return to Work and are incorporated into the training staff will receive and will be continuously updated as needed and additional training provided during monthly safety meetings. Staff is required to sign a form acknowledging that they have received and been trained on the protocols.

- 1. Require CADA staff that inspect or work on homes to wear/use the PPE equipment that CADA has provided for staff; this equipment will meet the specifications required by funding sources;**
- 2. Complete a questionnaire including CDC recommended questions with homeowners/residents to determine their exposure to COVID-19 before site visit;**
- 3. Ask resident/homeowners if they agree at this time to have work completed on their homes;**
- 4. Ask the homeowner if they agree to wear a mask when you are at their home and if they have a mask to wear. Inform residents that CADA will provide masks if needed for all household residents;**

- 5. Require residents/homeowners to sign a statement that they agree to have work on their homes at this time. And to wear a mask while CADA staff or workers are in their home;**
- 6. Require staff to have temperature screened and to complete their individual health questionnaire before going to homes-questionnaire will be filed in homeowner's file;**
- 7. Require staff to practice safe-distancing, wear masks and other protective equipment as needed;**
- 8. Require housing staff working off-site to immediately leave a housing unit if they have any concerns about the health of the residents;**
- 9. Clean and disinfect frequently (daily) used tools and equipment and between uses if shared. This includes shared surfaces such as door handles, vehicles, machine controls, laptops, etc. This includes other elements of the jobsite where possible. Employees should regularly do the same in their assigned work areas. Employees are reminded to only share equipment when there is no other option.**
- 10. Clean shared spaces such as desks, vehicles, and break rooms at least once per day and more often if needed.**

NOTE: CADA does have maintenance staff who have been trained to clean the facilities daily and use approved sanitizing materials. It is the employee's responsibility to clean during the day if the need should arise.

- 11. Wear gloves and collect trash frequently at the work site including used PPE equipment; put into an approved plastic disposable bag/container and deposit into the CADA dumpsters daily.**

12. Note that Personal Protective Equipment and Alternate Work Practice Controls include the following:

Wear the proper PPE - CADA will provide:

- **N95 or KN95 Disposable Masks (or N99, N100, R95, R99, R100, P95, P99, P100)**
(NOTE: these are the only Weatherization approved disposable masks – do not use other masks!)
- **Latex or Nitrile Disposable Gloves**
- **Hand Sanitizer (at least 60% Alcohol)**

13. Complete the attached COVID Worksite Safety Checklist and How to Do a Job Hazard Analysis for each unit prior to beginning work to ensure that Job Safety Analysis has been completed and document in client file for each job. Note any concerns and determine how they will be addressed before work begins. The Job Hazard Analysis and plan are to be shared with all contractors that will be working on the unit. Contractor is to sign plan. Document signed plan in client's file.

14. Effective June 24, 2020 use the attached homeowner's form for WAP programs instead of the CADA housing form to secure homeowner's signature. The form is attached.

15. Drive separate vehicles if going the same house unless you can practice safe distancing and 3W's while traveling to and from Work sites;

16. Post in vehicles and at worksites the National Home Builders Association Basic Infection Prevention Measures (attached) and the COVID-19 symptoms poster (attached);

CADA Requirements for Contractors and Their Staff When Working on CADA Contracted Homes

- 1. Note: CADA is requiring all Contractors and their staff to follow the CDC's recommendations and the guidance from the National Home Builders Association when performing any CADA contracted work;**
- 2. This requirement is to be sent to all contractors on CADA's approved list of contractors;**
- 3. Contractors must sign that they have received the requirements and will follow the CADA Requirements;**
- 4. The Work-Site Safety Protocol for the Prevention of the Spread of COVID-19 includes the following:**
 - For all employees including owner/supervisors that will visit worksite, check temperature each day and administer the CDC check list before employees travel to CADA worksites;**
 - Do not allow staff who have a temperature of 99.6 or above or who exhibit symptoms or who have been exposed to COVID-19 to travel to or work on any CADA Contracted homes;**
 - Provide approved PPE equipment for staff and require that it is worn when on worksite and is properly disposed of according to CDC guidelines daily. If contractor has difficulty acquiring the required PPE, they are to discuss with the CADA WAP Coordinator for WAP or the coordinator for other housing programs before beginning work including initial visits, performance of ETC's, cost estimates, etc.**
 - Require staff to practice the 3 W's;**
 - Require staff to leave the worksite immediately if they become ill;**
 - Post in vehicles and facilities CDC guidelines, COVID-19 Symptoms Poster, and the National Home Builders Prevention Poster;**

- **Require contractors to document that they have trained their staff on the required protocols via safety meetings;**
- **Require contractors to pass these requirements to their subcontractors and on-site suppliers**

NOTE: Copy of form/procedure for contractors is attached.

UPDATES:

CADA will monitor CDC guidance and guidance from the State of NC and funding sources and will amend plan as needed and communicate changes to staff, Board, applicants, and community as needed.

PROCEDURE ATTACHMENTS and FORMS:

Documents to facilitate service delivery, documentation, reporting are attached.

GUIDANCE AND PROCEDURES FOR STAFF

Purpose: To provide staff with information, guidance, procedures, and expectations for following best practices for their safety, safety of their families, clients/applicants/ and the community. This information and expectations are for all staff members.

All CADA employees will:

- 1. Self-isolate for 14 days if they have been exposed to someone who has confirmed COVID-19 or who thinks that they have COVID-19 or have symptoms of COVID-19;**
- 2. Stay home if they are sick or exhibiting signs of COVID-19;**
- 3. Use the health questionnaire for themselves before reporting to on-site work;**
- 4. Have temperature screened upon arriving at work; a separate policy will be developed for on-site temperature screenings.**
- 5. Follow the 3 W's-Wear, Wait, Wash;**
- 6. Be provided facemasks; These are to be worn when you enter your place of work each morning. They may be removed if you are in an office/space by yourself.**
- 7. Wear your masks If you leave your office to go into another employee's space;**
- 8. Wear your mask during the workday when you are out of the office facility- if during the day you leave your office/center facility for any reason and will be returning.**

- 9. Remember how to remove and put-on mask so as not to contaminate - always use hands that have been washed/sanitized - store mask so that it is not contaminating surfaces - wash hands after removing mask.**
- 10. Not linger in common spaces or other employee's offices/space;**
- 11. Practice safe distancing of 6 feet at all times;**
- 12. Use your assigned phones/computers/equipment;**
- 13. Use disposable plastic gloves and clean equipment often that is used by more than one person;**
- 14. Leave doors open to offices/common spaces to cut down on contact surfaces used by others;**
- 15. Use designated "safe stations" for face-to face meetings with clients; these stations will have protective clear, plastic shields and allow for 6 ft. of physical distancing;**
- 16. Clean safe stations after each use and before meeting with another client at that station;**
- 17. Use disposable gloves to handle documents provided by clients; have a tray or device to reach to clients for them to provide documents; clean tray after each use;**
- 18. Provide each client with a new pen/pencil if signatures are needed; the pen/pencil will become the client's;**
- 19. Follow established traffic patterns**

STAFF SELF – SERVICE KIOSK

PURPOSE: to provide procedures for staff to enter a CADA facility at a designated staff entrance when applicable.

- 1. Staff will present at designated staff door; in Rich Square, this will be the back entrance with the buzzer; in Windsor this will be the back door also.**
- 2. Staff must wear a mask or face covering;**
- 3. Staff must wait 6 feet or more from another person;**
- 4. Staff will, when applicable, such as at the Rich Square Office press the buzzer at the designated door;**
- 5. Designated screener will screen temperature;**
- 6. If temperature is acceptable, staff may enter the building, immediately sanitize their hands, gloves will also be available and proceed to assigned work station.**
- 7. If Temperature is 99.6 or above, employee will wait in car for 15 minutes and then have temperature re-screened.**

POLICY AND PROCEDURES FOR SCREENING CADA EMPLOYEES

Purpose: Establish a policy and procedures to ensure that CADA Employees follow best practices for preventing COVID-19 and protecting themselves, their families, CADA's clients and the community.

In preparation of the Policies and Procedures, the following questions were asked:

1. Who will be temperature screened?

All CADA employees will be temperature screened when they report to a CADA office or center-no exceptions.

It is required and understood that all staff will self-monitor before reporting to work and will stay home if they have a temperature, have other symptoms, or have been exposed to Covid-19. Staff should follow this requirement of self-screening to avoid being sent home and to protect their privacy.

2. Who will do the screening?

Designated CADA Staff will be assigned and trained as screeners.

3. What safety requirements will be used and monitored?

Screeners will use PPE-gloves and masks.

4. Which type of thermometer will be used?

Hand-held thermometers will be used.

5. Where/how will we conduct and record screenings?

Note the process in # 6, #7 and #8 below.

6. The screening process.

a. Designated screeners will be identified and trained to use the thermometers;

b. Staff will be notified that they:

- **Must** wait outside the designated entrance door-**the back door with the buzzer-** until other staff members have moved through the screening; if you are the only staff person at the designated entrance, **ring the buzzer** (if applicable).
- **Must** wear a mask when entering the building at the designated entrance;
- **Must** immediately sanitize hands and may put on gloves;

- **Wait** 6 ft. or more from others at the entrance until your temperature is screened;
- Have **temperature screened at the designated entrance** to the building by a designated screener;
- If your temperature is lower than 99.6, you may proceed to enter the building and report to your work station.
- **If your temperature is 99.6 or higher** you must wait in your car for 15 minutes and then return to the entrance to have your temperature retested. You will be given a notice that states “Your temperature was 99.6 or higher. **You are to wait in your car for 15 minutes, complete a screening questionnaire, and then return to entrance to be retested.**” Providing the instruction through the written notice is to protect your privacy.
- **If your temperature when rescreened is still 99.6, or higher, or if any of the questions on the screening questionnaire are answered yes**, you will be given an envelope that states **Instructions for Returning Home**. The memo in this envelope explains that you are to return home and follow the procedures in the memo; the information in the envelope will explain the process and who you should talk with if you have a question: you are being sent home to work from home or telework. This method of notification is to protect your privacy. **With proper documentation, you will continue to be paid during this period.** Please note: **Section 13. CADA’s Established Return to work Policies and Procedures for Covid-19.**

If your fever or symptoms continue, you are encouraged to have a test for COVID-19.

- After the re-test, If your **temperature is lower than 99.6**, you may proceed to enter the building and report to your work station.

7. How will CADA record your temperature and protect your privacy?

- All employees are being tested;
- Only the temperatures of those who have a temperature at or above 99.6 will be recorded and kept confidentially;
- Only the questionnaires of those who answered yes to one or more of the questions will be saved and kept confidentially.
- You will be handed information in writing to protect your privacy.

8. How will CADA Document the process?

- CADA will use a checklist each day to check off employees who enter an office or center and indicate that they have been screened before they entered the facility.
- Only the temperatures of employees who have a fever at 99.6 or higher than 99.6 will be recorded and filed in a confidential file that is separate from personnel file.

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- Only the questionnaires of employees who answer yes, to one or more questions will be filed and maintained in a confidential medical file that is separate from personnel file.

9. **How will you learn about the screening process?**

- **All employees will receive a copy** of this screening process electronically and by hard copy if requested;
- **Telephonic or virtual meetings will be scheduled** with all staff to explain and discuss the process due to current health emergency.
- **Staff will receive notice of meetings via e-mail and phone calls** from supervisor who will record date and time talked with employee; reminder e-mails will be sent;
- **CADA will post written notice** of availability of policy and procedures and date of trainings at entrances to the offices and centers and in staff break rooms.
- **New employees** will receive training on policy and procedure at onboarding.
- **All employees will be required to acknowledge that have received this policy/procedure and have participated in training on the policy.** Staff members may e-mail a signed Staff Certification form to the Human Resource Assistant (Kielee Highsmith, khighsmith@nc-cada.org) or use the attached form to confirm that they have received the Plan for Providing Services, have read the Plan and have participated in training. The attached form can be signed, placed in an envelope, addressed to Human Resource Assistant (Kielee Highsmith) and deposited in one of the CADA drop boxes.

10. **CADA will pay employees for their waiting and screening time if they need to be rescreened and must wait in their cars for 15 minutes.**

11. **Employees who refuse to have their temperature tested or to complete the on-site questionnaire**, will be sent home and will be subject to disciplinary actions.

12. **A CADA Human Resource staff member will phone you within 3 days** to check on your condition and to determine if you have met the requirements to return to work and are able to certify that you have met those requirements. If you had a positive COVID-19 test, CADA will follow CDC guidance, and will assist the local health departments to perform tracing to determine who may have been exposed and to notify those employees. Information must and will be provided confidentially without providing name of employee who has tested positive.

13. **CADA's established return to work procedures include the following: Employees sent home with a fever or exposure to someone**

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who has tested positive for COVID-19 should not return to work until the following criteria are met:

- a) The employee certifies by presenting the signed and dated attached form that the employee is fever-free and has been completely symptom free (no coughs, no chills, no symptoms consistent with COVID-19) for at least three consecutive (3) days; AND

At least fourteen (14) days have passed since the latter of, the onset of symptoms that led to the employee being sent home, or a positive COVID-19 test.

Or

- b) If, the employee has a negative test for COVID-19 after being tested due to exposure to someone who has tested positive, CADA will still require that employee to telework for 14 days since there is the possibility of a false negative test result;

Or

- c) If an employee was sent home due to a fever, had a negative test for COVID-19, and a medical provider submits documentation that any lingering symptoms, if applicable, are not the result of a contagious illness, CADA will allow that employee to return to work.

14. What does CADA mean when it states in this policy that you will be paid:

- a. If you can telework or work from home, you will be paid as if you were working at your assigned work site;
- b. If you have a FFCRA qualifying event, CADA will pay you in accordance with the requirements of the program;
- c. If you cannot telework or work from home and do not have a FFCRA qualifying event, you may use your sick, personal leave, or annual leave for COVID-19 related reasons.

15.CADA will continue to monitor the CDC website for updates and changes to best practices and will notify all employees when changes/updates are added to the policies.

16. This Plan to Provide Services During a Health Emergency will be provided to all new employees at onboarding.

NOTE: PROCEDURES BELOW:

- 1 For staff member who has a temperature of 99.6 or above at first screening:
The following notice is to be given to the employee prior to the employee entering the office/center:

You have registered a temperature of 99.6 or above :

- Please return to your car to wait for 15 minutes;
- Complete the screening questionnaire while waiting;
- After 15 minutes, return to the entrance door with your completed questionnaire and have your temperature re-screened.

2. For staff member who has had temperature of 99.6 or above screened twice.

Your temperature has been screened twice and you have registered a temperature of 99.6 or higher; and/or you checked “yes” to one or more questions on the questionnaire.

- You are to return home and follow CDC recommendations. CADA recommends a test for COVID-19.
- A CADA Human Resource staff member will phone you within 3 days to check on your condition and to determine if you have met the requirements to return to work and are able to certify that have met those requirements. If you had a positive COVID-19 test, CADA will follow CDC guidance, and will assist the local health departments in tracing to determine who may have been exposed and to notify those employees. Information must and will be provided confidentially without providing name of any employee who has tested positive.
- Please Note: CADA’s established return to work procedures include the following: Employees sent home with a fever or exposure to someone who has tested positive for COVID-19 should not return to work until the following criteria are met:
 - a. The employee certifies in writing that the employee is fever-free and has been completely symptom free (no coughs, no chills, no symptoms consistent with COVID-19) for at least three consecutive (3) days; AND At least fourteen (14) days have passed since the latter of the onset of symptoms that led to the employee being sent home or a positive COVID-19 test.

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- b. If, the employee has a negative test for COVID-19 after being tested due to exposure to someone who has tested positive, CADA will still require that employee to telework for 14 days since there is the possibility of a false negative test result;**

Or

- c. If an employee was sent home due to a fever, had a negative test for COVID-19, and a medical provider submits documentation that the employee may return to work and that any lingering symptoms, if applicable, are not the result of a contagious illness, CADA will allow that employee to return to work.**

PROCEDURE WHEN AN EMPLOYEE HAS BEEN EXPOSED TO COVID-19

PURPOSE: To provide guidance to staff and prevent community spread Of COVID-19 among employees.

REMINDER: CADA has previously informed staff of their responsibility to follow the best practices for preventing the spread of COVID-19 at work and in the community. CADA's expectation that staff follow the best practices has not changed.

Employee Procedures

Steps Employees must take when notified that they have been in contact with someone who has tested positive for COVID-19:

1. There are 2 dates that need to be determined:
 - a. First, determine the date of your last contact with person who has tested positive for COVID-19. It is important to know this date to determine a timeline for steps that you must follow;
 - b. Second, determine if you were in contact with the person who has tested positive, anytime during the 7 days prior to the last contact with the person who tested positive.
2. Notify your supervisor and provide dates of contacts with person who has tested positive;
3. Schedule a Covid-19 test;
4. Self-isolate at home and telework;
5. Provide test results to CADA Human Resources or the Executive Director;
6. **If test result is positive** for COVID-19 CADA will keep your identity confidential to the greatest extent possible and require you to:
 - provide a list of employees that you have had contact with since you were first exposed # a. above and you or they did not practice safe distancing or wear a mask when in contact of less than 6 ft.;
 - Quarantine at home for 14 days from the date last exposed # b. above and follow doctor's orders;
 - Telework if your symptoms allow; the priority is for you to recuperate;
 - Provide a note from your doctor stating that you can return to work.
7. **If test result is negative** for Covid-19, CADA will again keep your identity confidential to the greatest extent possible and require you to:

- Quarantine at home for 14 days from date of last exposure #b. above; CADA is requiring this period of quarantine as a best practice in case your test results were a “false negative”. During this quarantine period, you are to monitor yourself for symptoms;
 - Continue to telework until the 14 days from exposure are over; or
 - Notify your supervisor If you should develop symptoms or have another test during the fourteen-day quarantine period;
8. Communicate with your supervisor during the quarantine period regardless of whether you tested positive or not so the supervisor will know whether you are able to work. Please remember you will be paid during this time and we must document your time.

Supervisors Procedures and Responsibilities:

1. Notify Human Resources when an employee reports that they have been exposed and provide the date of last exposure;
2. Plan Telework for the employee;
3. Communicate with the employee to determine if the employee is working and document time for payroll;
4. Communicate with Human Resources if there are issues with the staff member working or returning to work;
5. Maintain confidentiality of all information to the maximum extent possible.

CADA’s Responsibilities and Procedures

1. Protect the confidentiality of all employees to the greatest extent possible with the understanding that some CADA staff such as direct supervisors, department directors, and Human Resources staff will need to know absence and circumstances to assist you during the quarantine, to assist other employees that may have been exposed, and to ensure agency services continue; remember it is CADA established policy to maintain all health information in a separate confidential file.
2. Require staff to use best practices to prevent the spread of Covid-19;
3. If an employee has been in contact with someone who has tested positive for COVID-19:
 - Require the employee to self-isolate;
 - Ask the employee to be tested for COVID-19; CADA’s medical insurance covers the cost of the test;
 - Work with any employee who tests positive to trace contacts at work that they may have been in contact within the past 2 weeks according to CDC recommendations; we will ask any employee who

- has tested positive which co-workers they have been in close contact with within the past two weeks. (The CDC defines “close contact” as “a person that has been within six feet of the infected employee for a prolonged period of time.”)
- Contact those identified employees as soon as possible and require them, if at work, to return home as quickly as they safely can and to work from home-if at home, to continue to work from home; CADA will try to alert the coworkers by phone. If a coworker cannot be reached by phone, we will leave a message asking the employee to call the CADA Human Resources office and will email identified employees with “important action required” in the subject heading. Please respond to the e-mail or phone call as soon as received.

The e-mailed Message will be: “Someone in our workplace has tested positive for Covid-19, and they have identified you as a close contact according to the CDC definition. CADA is here to support you. If you are at work, please prepare to leave as quickly as you can. Once you get home — or if you are already working from home — find a place to self-isolate until _____ (14 days from the last day you were in contact with the employee who tested positive), monitor yourself for any symptoms, and talk to your doctors. How can we support you in doing this?”

- Inform identified staff that they should talk with their doctor or the local health department to determine if they should schedule a COVID-19 test and report the results to Human Resources.
- Follow-up: if CADA was able to reach you by phone to inform you that according to CDC guidelines you have been in contact with someone who has tested positive for COVID-19. CADA will follow-up with you through an e-mail. If you do not respond to your e-mail from CADA, then CADA will send correspondence via US mail.
- Will alert others in the workplace that an employee has tested positive and encourage employees to be calm and follow recommended CDC practices.

The message: “An employee tested positive on a certain date and is now self-isolating. The close contacts have been informed and were asked to leave the workplace and self-isolate. If you have not already been informed you were a close contact, then you are not one. If you have questions about Covid-19 or your situation, please call your doctor and look at the CDC website. CADA is here to support everyone during this difficult time, and we all send our best wishes to the people affected.”

- Keep all employees updated.

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PROCEDURES FOR SCHEDULING ON-SITE APPOINTMENTS

Appointment Screening Questionnaire

PURPOSE of Questionnaire:

To determine if it is safe for an applicant to schedule an on-site appointment or if a different service delivery method should be used.

Directions to be followed by staff member who needs to schedule an appointment:

1. **Complete electronically and save for documentation.**
2. **Assure client/applicant that answers to questions will not impact his/her ability to receive services or the services that are received, but will determine how CADA delivers services.**
3. **Document the answers to all questions on the questionnaire.**
4. **Complete form on-line when applicable and save.**
5. **Note name, date and time of scheduled Appointment and Send to staff member identified to manage center schedule for on-site appointment.**

Name _____ Date _____
 Contact Information: Phone _____ Email _____

Why type of appointment is needed? What are your needs?

1. **Have you had contact with anyone with a confirmed COVID-19 case in the past 14 days?** Yes _____ No _____

If answer is yes, discuss need and design a plan for assisting.

Plan:

If answer is no continue to question 2

2. **Have you been around anyone in the past 14 days who thinks that they have COVID-19?** Yes _____ No _____

If answer is yes, discuss need and design a plan for assisting.

Plan:

If answer is no continue to question 3.

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3. Do you have any of the following symptoms?

- * Fever: Yes ___ No ___
- * Chills: Yes ___ No ___
- * Coughing: Yes ___ No ___
- * Shortness of Breath: Yes ___ No ___
- * Difficult Breathing: Yes ___ No ___
- * Headaches: Yes ___ No ___
- * Body aches: Yes ___ No ___
- * Loss of taste or smell: Yes ___ No ___

If answer to any question is yes, discuss need and design a plan for assisting.

Plan:

If the answers to all questions are no and need cannot be resolved electronically or through other tools such as the drop box, inform them that an appointment has been scheduled for them:

- **With Name of staff:** _____
- **Date and time:** _____
- **Location:** _____

Ask them to repeat the information for the appointment to you so you can verify.

Remind them to bring any information that may be needed for application.

PROVIDE: Information/Instructions for day of Appointment:

- 1.** You are to come to the office located at _____, park in the parking lot at ___; call phone number _____ to let you know they have arrived, and wait in car until you instruct them to enter the building at a specific entrance door.
- 2.** **Your temperature will be screened by a hand-held thermometer while you are still in the car and before you enter the building.** Do you agree to have your temperature screened with a handheld device? Yes ___ No ___
If answer is no, inform the applicant that another service delivery method will need to be used and you will contact at a date _____ and time _____ to discuss.
- 3.** You will be asked specific questions about contacts and symptoms of COVID-19 exposure and symptoms. You will sign the questionnaire when your appointment begins.
- 4.** You will be directed to enter the building where you will:
 - **Sanitize your hands;** hands sanitizer will be provided;
 - **Put on the gloves** that are provided;

- Face Mask is required or will be provided; Is there a medical reason that you cannot wear a mask?

Explain if yes _____

Is explanation acceptable, continue with appointment; if explanation is not acceptable, then inform that services will need to be provided another way and schedule a follow-up date and time to discuss. What are acceptable explanations;

- a. Portable Oxygen use;
 - b. Use of inhaler;
 - c. Diagnosed COPD or respiratory problems
- Pick up a pen to use to sign any documents
 - Proceed to your appointment maintain 6 ft. of physical distancing

5. Only one person will be allowed into the building unless you are disabled and require assistance. Do you require assistance? Yes _____, No _____
If yes, who will be assisting you? _____ They will also be screened for temperature and must complete the same questionnaire and procedures that you do.

Ask if they have any questions and document their questions.

Re inform of appointment date and time and to remain in car.

Notify central scheduler of name, date, and time of appointment

INSTRUCTIONS FOR ON-SITE QUESTIONNAIRE AND APPOINTMENTS

PURPOSE:

To provide instructions for the Temperature screening and administering the On-Site Questionnaire and proceeding with the On-Site Appointment.

Note: Staff in each department will schedule appointments according to the schedule established in each center/office. Each center/office will keep a master schedule of appointments to ensure that safe physical distance is allowed and “safe stations” are available. **Each staff member who has on-site appointments will have own clipboard to use to prevent cross-contamination.**

When clients arrive on-site:

1. Instruct client to park in designated parking area such as front parking lot in Rich Square; Have client call you when in parking lot and to remain in car and you will come to the car. Meet client in parking lot. Wear mask and gloves. **Take hand-help thermometer and questionnaire on clipboard to the car with you. Ask client to roll down the car window. If bad weather, ask another staff member to accompany you with a large umbrella. That staff member will also wear a mask and gloves.**
2. **Explain** to the client that you are **Taking Temperature** with hand-held device; record temperature on **On-site Questionnaire**.
 - **If temperature is 99.6 or higher**, advise client that you will need to reschedule the appointment and will contact them to schedule an appointment;
 - **If temperature is below 99.6** proceed with the questionnaire.
3. **Administer** the **On-Site Questionnaire** while in the parking lot and talking through the window to the Client: ask the client the questions on the form and document all answers;
 - **If the answers to all questions on questionnaire are NO, direct the client:**
 - a. to enter the building and follow the posted signs;
 - b. to use the hand sanitizer first;
 - c. and then second, to put on gloves;
 - d. Third-to put on a a mask;
 - e. Fourth. Pick up a pen to use; and
 - f. then to proceed to the safe station remembering to stay 6 feet from others;
 - **If any of the questions are answered with a Yes**, inform the client that you will need to reschedule the appointment.
4. **Ask Client once at safe station to sign form and make a copy of form for them.**
5. **Proceed with Appointment; and**

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6. **Direct the Client to exit the building through identified exits and to keep gloves and mask on until out of the building.**

Sanitize “safe station”; note correct way to sanitize explained in another procedure

ON-SITE QUESTIONNAIRE

You have presented to a CADA office/center today for assistance. CADA offices/centers comply with the NC Department of Health and Human Services and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the SARS-COV 2 virus. We, however, cannot and do not make any guarantees. Our staff members are symptom-free and to the best of their knowledge, have not been exposed to the virus.

Since our offices/centers are places of public accommodation, other persons seeking assistance could be infected, with or without their knowledge. In order to reduce the risk of spreading SARS-Cov-2, we have asked you several screening questions below.

For the safety of our staff, other applicants, and yourself, please be truthful in your answers

I certify that after reading the above, my questions have been answered and I understand the risk with proceeding with my appointment at this time

Signature_____ Print Name_____ Date_____

Your Temperature was screened today prior to your appointment; your temperature is _____.

Have you felt hot or feverish recently (14-21 days)? Yes___ No___

Are you having shortness of breath or other difficulties breathing? Yes___ No___

Do you have a cough? Yes___ No___

Any other flu-like symptoms, such as gastrointestinal upset, headache, fatigue? Yes___ No___

Have you experienced recent loss of taste or smell? Yes___ NO___

Have you been in contact with any confirmed COVID-19 positive Patients
within the past 21 days? Yes___ No___

Staff Screener

Date

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Message for applicant/visitor who registers a temperature of 99.6 or above at first screening:

Your temperature screen indicates you have a temperature. Please remain in your car. A staff member will return to your car in 15 minutes to re-screen your temperature.

Message for applicants and visitors who have a temperature of 99.6 or above at the second temperature screening or have been exposed to someone who has tested positive:

Your temperature screen indicates that you have a temperature/or your answers to the screening questions indicate that you may have symptoms or may have been exposed to COVID-19. CADA will contact you by phone to determine if there is another way we can finalize your application or if we need to schedule another appointment.

SELF – SERVICE KIOSK FOR VISITORS AND APPLICANTS

Purpose:

To identify materials, set-up/location, and process for using self-service Kiosk for hand sanitizer, gloves, masks; assign staff responsibility for maintaining KIOSK.

- 1. A self-service Kiosk will be set up inside the entrance at each office.**
- 2. When an applicant completes the Temperature Screening and Questionnaire successfully, they are to be directed to the Self-Service Kiosk to complete the 5 identified steps before proceeding to the appointment.**
- 3. The following materials will be available at the Self-Service Kiosk- only one mask and pair of gloves will be placed on the Kiosk at a time to prevent contamination. If for some acceptable reason more than one person is in an appointment group, then additional mask and gloves will be on the Kiosk:**
 - First Station: Hand sanitizer**
 - Second Station: Gloves**
 - Third Station: Masks**
 - Pens**
- 4. Signage will be posted:**
 - Use Hand Sanitizer**
 - Put on Gloves**
 - Put on Mask**
 - Pick up Pen**
 - Proceed to Appointment with safe distancing**

FORMS:

Choanoke Area Development Association of NC, Inc.

Staff Certification of Receipt of Copy of

The Plan for Providing Services During a Health Emergency

and

Training on the Implementation of the Plan

Directions:

All CADA employees are required to certify that they have received a copy of the Plan for Providing Services During a Health Emergency, have read the Plan, and have participated in training on the implementation of the Plan. Employees must sign and return this form to the Human Resource Assistant (Kielee Highsmith) via drop box or by email to Ms. Highsmith @ khighsmith@nc-cada.org. Form will also be sent electronically to employees.

I do hereby certify that I have received a Copy of the Plan to Provide Services during a Health Emergency, have had an opportunity to read and study the Plan, and have participated in training on the Plan.

Name: _____ DATE: _____

Signature: _____

Choanoke Area Development Association of NC, Inc.

Staff Certification to Return to Work

Following A COVID-19 Related Incident

Directions:

This form is to be completed and submitted to Human Resources when an employee has met the requirements to return to work.

I, _____ (print name) the undersigned employee do hereby certify that I have met the requirements to return to work.

_____ I am fever-free and have been completely symptom free (no coughs, no chills, no symptoms consistent with COVID-19) for at least three (3) consecutive days;

and at least fourteen (14) days have passed since the onset of symptoms or the date that I was sent home or was in contact with someone who had tested positive for COVID-19:

or 14 days have passed since I had a positive COVID-19 test.

OR

_____ I have documentation from a medical provider confirming that I can return to work, that I had a negative test for COVID-19, and that any lingering symptoms, if applicable, are not the result of a contagious illness. I will present the documentation with this form.

Signature of Employee

Date

For Human Resources Use: Date received:

Employee approved to return to work: yes _____ no _____

Human Resources signature _____

Choanoke Area Development Association of NC, Inc.

Requirements for Contractors Working on

CADA Contracted Houses

Purpose-

It is the responsibility of all who provide services and come in-contact with residents in the performance of their jobs to follow best practices to prevent the community spread of COVID-19. CADA is dedicated to preventing the continuous spread of the virus and has developed this plan and form. The purpose of this form is:

- 1. To explain the safety/prevention protocols that Contractors and their staff must follow to prevent the spread of COVID-19 when working on a CADA Contracted house; and**
- 2. To document that a contractor has received and acknowledged the Safety/Prevention Protocols listed below and has by signature below agreed to follow the best practices as defined by the CDC, the National Home Builders Association, funding sources such as NC DEQ and CADA.**

Contractor's signature below hereby acknowledges that the Contractor has received and reviewed these requirements and his/her responsibility to implement and document the following:

- Provide safety training including training to prevent the spread of COVID-19.**
- Review the CADA work write-up/work order and complete a job hazard analysis to identify potential risks before beginning work; discuss with CADA staff;**
- For all employees including owner/supervisors that will visit worksite, check temperature each day and administer the**

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CDC check list/questionnaire (attached) before employees travel to CADA worksites;

- **Do not allow staff who have a temperature above 99.6 or who exhibit symptoms or who have been exposed to COVID-19 within the previous 14 days to travel to or work on any CADA Contracted homes;**
- **Provide approved PPE equipment for staff and require that it is worn when on worksite and is properly disposed of according to CDC guidelines daily. If contractor has difficulty acquiring the required PPE, they are to discuss with the CADA WAP Coordinator for WAP or the coordinator for other housing programs before beginning work including initial visits, performance of ETC's, cost estimates, etc.**
- **Require staff to practice the 3 W's; have approved hand sanitizer at worksite.**
- **Require staff to leave the worksite immediately if they become ill;**
- **Remind Homeowner and household members to wear masks and practice safe distancing; If homeowners state do not have masks or face coverings, immediately call CADA;**
- **Post in vehicles and facilities CDC guidelines, COVID-19 Symptoms Poster, and the National Home Builders Prevention Poster; these are attached;**

- **Pass these requirements on to your subcontractors and to on-site suppliers and document their compliance;**

I hereby acknowledge receipt and understand of the requirements.

For Contractor:

Signature

Date

For CADA:

Signature

Date

ADDENDUMS:

Addendum I
Families First Coronavirus Response Act Guidance and Forms

Posters



The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at $\frac{2}{3}$ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---|---|
| 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; | 5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or |
| 2. has been advised by a health care provider to self-quarantine related to COVID-19; | 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
| 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; | |
| 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | |

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



WH1422 REV 03/20

Families First Coronavirus Response Act (FFCRA)

- (1) Paid Sick Leave for Qualifying Reasons Related to COVID-19
- (2) Paid Expanded Family & Medical Leave (for reason #5 -caring for his or her child whose school or place of care is closed due to COVID -19 reasons)

April 1, 2020 - December 31, 2020

Procedures

FFCRA Leave Request Form Completed by employee and submitted to Supervisor

Leave Request approved by _____

Designation Notice sent to employee & Supervisor

Supervisor responsible for editing timesheet to reflect approved leave

Request For Paid Leave Under
The Families First Coronavirus Response Act (FFCRA)
April 1, 2020 - December 31, 2020

Employee Name _____

Employee ID # _____

Employee's Job Title _____

Regular Work Schedule _____

Please check the Qualifying Reason for Your Request

Qualifying Reasons for Leave Related to COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- _____ (1) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- _____ (2) has been advised by a health care provider to self-quarantine related to COVID-19
- _____ (3) is experiencing COVID-19 symptoms and is seeking a medical diagnosis
- _____ (4) is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
- _____ (5) is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons
- _____ (6) is experiencing any other substantially-similar condition specified by the US Department of Health and Human Services.

For # 4 Please list the relationship of the individual you are caring for: _____

For # 5 How many of your children are you caring for: _____
Please list the ages of your children you are caring for: _____

Amount of Leave Needed

Please list each date and the number of hours requested for FFCRA

Date

Day

Number of Hours

Certification of Employee

I certify that the information I provided above is true and correct.

Signature of Employee _____ Date _____

Approval

We have reviewed your request for FFCRA Leave and information you have provided:

_____ Your FFCRA Leave Request is approved.

_____ Additional Information if needed.

Signature _____ Date _____

Signature _____ Date _____

Addendum II

COVID Worksite Safety Checklist

COVID Worksite Safety Checklist

Weatherization Assistance Program

Do NOT shake hands • Maintain Social Distancing • Sanitize Surfaces • Wear PPE • Use Hand Sanitizer!

COVID-19 Screening Questions	
1. Do you or anyone in the household have or had any symptoms of COVID-19 including fever, cough, difficulty breathing or severe respiratory illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or anyone in the household been in an area with ongoing spread of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you or anyone in the household at high risk? (refer to back for more information) <i>65+ years old; underlying health conditions</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If client answered YES to any questions above, defer unit for a least 30 days	
<input type="checkbox"/> Unit deferred due to screening or client request	Date to follow up
Homeowner is okay with crew working inside the dwelling? <i>If not, complete exterior work now and postpone interior work to date deemed safe.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner has signed the Permission Release form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social distancing of 6 ft. (2 meters) is possible in the dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Safety Analysis (JSA) completed and in client file? <i>Must include COVID-10 related risks and mitigation protocols</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Followed proper protocols for use of, disposal, and maintenance of PPE to prevent cross-contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Protocols for document handling were followed? <i>(The virus is estimated to remain active on paper 4-5 days; on cardboard up to 24 hours; on plastic 2-3 days)</i> 1) You can ask client to wear disposable gloves (that you give them) to sign documents; or 2) Use of gloves/hand sanitizer; wash hands between files/documents; documents for client signature placed in plastic Ziploc bag; bag wiped down with sanitary wipe; cut slit for signature area; have client sign using own pen; wipe bag down again; repeat as needed; limit human to paper touches & sanitize between touches & humans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tools/equipment used in dwelling and on jobsite sanitized following completion to prevent cross contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All crew members sanitized hands prior to starting work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washed hands thoroughly Prior to entering vehicles and leaving jobsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State or local government shelter in place order issued:	
Date issued:	
Date of Estimated End:	
Actual End Date:	
<input type="checkbox"/> By client request or other reason, final inspection deferred	
<input type="checkbox"/> Halt work to in-progress units; notify clients via phone/letter; when lifted, contact clients and resume in-progress work	
Date deferral expected to expire:	
Date inspection completed:	
Comments:	
Employee Signature	Date

Addendum III

How To Do A Job Hazard Analysis

How To Do A Job Hazard Analysis

May 2020

Injuries occur every day in the workplace. Sometimes they happen because employees are not trained in the proper job procedure. Sometimes hazards are hidden in the job itself. You can help prevent injuries in your workplace by doing a job hazard analysis. It will assist you in identifying those “hidden” hazards and enable you to conduct Weatherization work at the dwelling safely.

Step 1 Program Manager or Crew Leader, etc. Review Job Hazard Analysis with field staff.

Step 2 Involve the Employees. Ask for input from field staff on Safety Meeting topics and address any recent safety issues and solutions.

Step 3 Complete the Job Hazard Analysis (attached).

1. Discuss potential work hazards such as inadequate lighting, noise, tripping hazards, pests, etc. While these conditions may not be a direct element of the job, they may create a hazard during some particular task of the job.
2. As you observe each task, look for hazards or potential hazards and list them in the second column. Repeat this processes until you are satisfied all hazards have been identified. Keep in mind, some tasks will not have hazards, while others may have several.
3. Eliminating hazards identified in the second column may include; combining tasks, changing the sequence, a different tool for the job, ventilation, substitution, isolation, guarding, etc. Continue involving the employee as they may have some ideas or recommendations. If administrative changes are not possible in eliminating the hazard, then determine what personal protective equipment (PPE) would be required. Record this solution in the third column.

Step 4 Make Changes. Use your analysis to initiate the physical changes required to eliminate any hazards to the workplace, tools, equipment, etc., or procedural changes.

Review and update the JHA whenever needed, new equipment is purchased, or when there has been an injury or “near miss”. When completing an incident/accident report, use the job hazard analysis to determine whether further changes are needed or if the employee failed to follow job procedures.

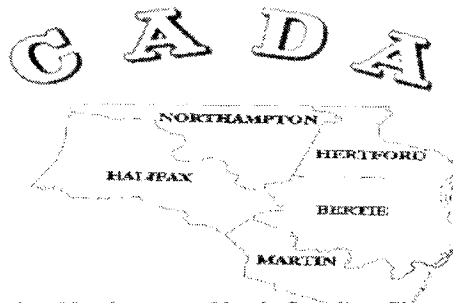
JOB HAZARD ANALYSIS

Job	Location	Date
Completed By		

[illegible]

Addendum IV

**Homeowner's Form for WAP Programs
Acknowledgement of Risk
And
Authorization to Perform Work**



Serving Northeastern North Carolina Since 1962
Choanoke Area Development Association of NC, Inc.
Post Office Box 530, Rich Square, North Carolina 27869
Telephone: 252.539.4155, Fax: 252.539.2048
www.nc-cada.org

ACKNOWLEDGEMENT OF RISK AND AUTHORIZATION TO PERFORM WORK

The Choanoke Area Development Association of NC, Inc. (CADA) is committed to the health and safety of the community and its staff.

I understand the risk and I authorize the CADA Weatherization Department to perform work in my residence.

I agree to maintain at least 6 feet of social distance from the CADA staff, contractors, and any other necessary personnel while services are being implemented and construction is taking place. I understand that CADA will provide me and the members of my household with masks if requested during the work.

I agree to allow CADA staff and contractors the use of exterior water sources for hand washing and interior sinks for hand washing during construction.

It has been explained to me that all reasonable precautions will be made by CADA's staff, contractors, and any other necessary personnel while services are being implemented and construction is taking place.

I accept and understand that these actions may increase my exposure to COVID-19 even with safety precautions used and social distancing and all other CDC recommended practices such as frequent hand washing. I accept that neither the CADA nor its contractors are liable for any future infections or illnesses.

Printed Name

Signature

Date

Printed Name

Witness

Date




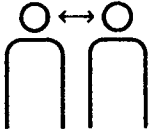






Addendum V

National Home Builders Association

COVID – 19 Basic Infection Prevention Measures

National Home Builders Association
COVID-19 Basic Infection Prevention Measures

COVID-19, caused by a new coronavirus, is a respiratory illness that can spread from person to person. The following infection prevention measures may help prevent transmission on construction job sites.

	Stay home if you are sick. DO NOT WORK.
	Wash hands frequently or provide alcohol-based hand rubs containing at least 60% alcohol.
	Cover coughs and sneezes.
	Practice social distancing — try to maintain SIX feet between each worker.
	Wear face covering (cloth, bandana, etc.) <u>or</u> mask over nose and mouth to prevent spread of virus.
	Reduce the size of any group at any one time to 10 people or fewer or LIMIT all in-person meetings.
	Minimize ride-sharing. While in vehicle, employees must ensure adequate ventilation.
	Avoid sharing tools with co-workers, if possible.
	Clean and disinfect frequently used tools, equipment, and frequently touched surfaces (door handles, handrails, machinery controls, cell phones, tablets) on a regular basis.
	If N95 respirator masks are not available, minimize dust and airborne contaminants by using engineering and work practice controls.

Addendum VI

COVID – 19 Symptoms Poster

COVID-19 Symptoms



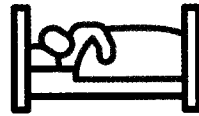
Fever



Cough



Difficulty
Breathing



Severe
Respiratory
Illness

@NCDHHS

Slow the Spread

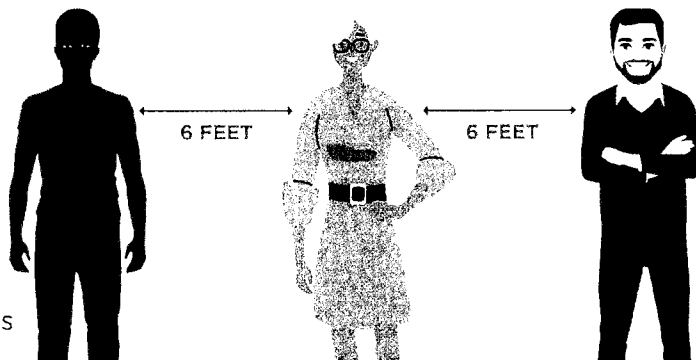
@NCDHHS • #COVID19NC

Keep Healthy Distances

Social Distancing is avoiding crowds of 10+ people

Why? To help limit spread of contagious diseases like COVID-19

Have to go out? Stay 6+ feet away from others



Slow the Spread

@NCDHHS • #COVID19NC

Are You High Risk?

People at higher risk of getting very sick from COVID-19 include those:

- Who live in a nursing home or long-term care facility
- 65+ years old
- With underlying health conditions such as chronic lung disease or moderate to severe asthma
- With heart disease with complications
- With compromised immune system
- With severe obesity – body mass index (BMI) of 40 or higher
- With other underlying medical conditions, (ie. diabetes, renal failure or liver disease)

***Take actions
to reduce
your risk of
getting sick.***



Addendum VII

Cleaning and Disinfecting

Safe Station Interview Areas

Cleaning and Disinfecting Safe Station Interview Areas

The “safe interview station” is to be cleaned after each use. Paper towels, spray cleaner, and spray disinfectant will be provided. The staff member should follow these instructions.

- 1 Wear disposable gloves to clean and disinfect
- 2 Clean surfaces and objects with spray cleaner
- 3 Wipe clean with paper towels
- 4 Then use disinfectant
- 5 Dispose of paper towels
- 6 Dispose of used gloves