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A Virginia Small Business Owner's Compliance Checklist for the Virginia Occupational Safety and Health Program's Emergency Temporary Standards

Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
UNLESS OTHERWISE NOTED THE FOLLOWING PROVISIONS ARE APPLICABLE TO <u>ALL</u> EMPLOYERS	<input type="checkbox"/>	<input type="checkbox"/>	
1. Have you classified each job task according to the hazards employees are potentially exposed to the SARS-CoV-2 virus or COVID-19 disease?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you determined whether particular tasks and/or duties present very high, high, medium, or lower risk levels of exposure? (Review 16VAC25-220-10(E) and note that tasks that are similar in nature and expose employees to the same hazard may be grouped for classification purposes.)	<input type="checkbox"/>	<input type="checkbox"/>	

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Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
3. Have you informed employees of the methods of and encouraged employees to self- monitor for signs and symptoms of COVID-19 if employees suspect possible exposure or are experiencing signs of an oncoming illness?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you developed and implemented policies and procedures for employees to report when they are experiencing symptoms consistent with COVID-19, and no alternative diagnosis has been made (e.g., tested positive for influenza). (Note - such employees shall be designated by the employer as “suspected to be infected with SARS-CoV-2 virus.”)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ensured that employees or other persons known or suspected to be infected with SARS-CoV-2 virus not report to or remain at the work site or engage in work at a customer or client location until cleared for return to work?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ensured that, to the extent feasible, sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you discussed with subcontractors and companies that provide contract or temporary employees about the importance of employees or other persons who are known or suspected to be infected with the SARS-CoV-2 virus of staying home?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you mandated that subcontractors contract or temporary employees known or suspected to be infected with the SARS-CoV-2 virus not report to or be allowed to remain at the work site until cleared for return to work?	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
9. Have you established a system to receive reports of positive SARS-CoV-2 tests by employees, subcontractors, contract employees, and temporary employees present at the place of employment within the previous 14 days from the date of positive test?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you established a system whereby you notify your employees who may have been exposed, within 24 hours of discovery of the employees possible exposure, while keeping confidential the identity of the known to be infected with SARS-CoV-2 virus person in accordance with the requirements of the Americans with Disabilities Act (ADA) and other applicable federal and Virginia laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you established a system whereby you notify other employers whose employees were present at the work site during the same time period who may have been exposed, within 24 hours of discovery of the employees possible exposure, while keeping confidential the identity of the known to be infected with SARS-CoV-2 virus person in accordance with the requirements of the Americans with Disabilities Act (ADA) and other applicable federal and Virginia laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you established a system whereby you notify the building or facility owner when an employee has been exposed, within 24 hours of discovery of the employees possible exposure, while keeping confidential the identity of the known to be infected with SARS-CoV-2 virus person in accordance with the requirements of the Americans with Disabilities Act (ADA) and other applicable federal and Virginia laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
13. Have you ensured that employees have access to the employee's own SARS-CoV-2 virus and COVID-19 disease related exposure and medical records?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have you developed and implemented policies and procedures for employees known or suspected to be infected with the SARS-CoV-2 virus to return to work using either a symptom-based or test-based strategy, depending on local healthcare and testing circumstances? (Review 16VAC25-220-40 C(1)(a)-(b) and note that while an employer may rely on other reasonable options, a policy that involves consultation with appropriate healthcare professionals concerning when an employee has satisfied the symptoms based strategy requirements will constitute compliance with the requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have you developed and implemented policies and procedures for known to be infected with SARS-CoV-2 asymptomatic employees to return to work using either a time-based or test-based strategy depending on local healthcare and testing circumstances. (Note - while an employer may rely on other reasonable options, a policy that involves consultation with appropriate healthcare professionals concerning when an employee has satisfied the time based strategy requirements will constitute compliance with the requirements of this section) (Review 16VAC25-220-40 C(2)(a)-(b) for time- and test-based strategies)	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards	Yes No	Comments (e.g., actions needed to become compliant)
16. Have you ensured that employees observe physical distancing while on the job and during paid breaks on the employer's property, including policies and procedures that use verbal announcements, signage, or visual cues to promote physical distancing; decrease worksite density by limiting non-employee access to the place of employment or restrict access to only certain workplace areas to reduce the risk of exposure. (Note that an employer's compliance with occupancy limits contained in any applicable Virginia executive order or order of public health emergency will constitute compliance with the requirements in this section)?	<input type="checkbox"/> <input type="checkbox"/>	
17. Have you ensured that access to common areas, breakrooms, or lunchrooms are closed or controlled?	<input type="checkbox"/> <input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
<p>18. If the nature of an employer's work or the work area does not allow employees to consume meals in the employee's workspace while observing physical distancing, have you designated, reconfigured, or alternated usage of spaces where employees congregate, including lunch and break rooms, locker rooms, time clocks, etc., with controlled access, provided the following conditions are met: (1) at the entrance of the designated common area or room you have clearly posting the policy limiting the occupancy of the space, and requirements for physical distancing, hand washing and hand sanitizing, and cleaning and disinfecting of shared surfaces; (2) you have limited occupancy of the designated common area or room so that occupants can maintain physical distancing from each other; and (3) you enforce the occupancy limit; (4) you require employees to clean and disinfect the immediate area in which they were located prior to leaving, or the employer may provide for cleaning and disinfecting of the common area or room at regular intervals throughout the day, and between shifts of employees using the same common area or room (i.e., where an employee or groups of employees have a designated lunch period and the common area or room can be cleaned in between occupancies); (5) where feasible, you make hand washing facilities and hand sanitizer available to employees.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. If multiple employees are occupying a vehicle for work purposes, have you ensured compliance with respiratory protection and personal protective equipment standards applicable to your particular industry?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
20. If the nature of an employee's work or the work area does not allow the employee to observe physical distancing requirements, have you ensured compliance with respiratory protection and personal protective equipment standards applicable to your industry?	<input type="checkbox"/>	<input type="checkbox"/>	
21. If your employees interact with customers, the general public, contractors, or other persons, have you provided said employees with (and mandated they immediately use) supplies to clean and disinfectant surfaces contacted during the interaction where there is the potential for exposure to the SARS-CoV-2 virus by themselves or other employees?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Have you ensured that, in addition to all the requirements herein, you are complying with the VOSH hazard communication standard applicable to your industry for cleaning and disinfecting materials and hand sanitizers?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Have you ensured that, in addition to all the requirements herein, you are complying with the VOSH sanitation standards applicable to your industry?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Have you ensured that areas in the place of employment where known or suspected to be infected with the SARS-CoV-2 virus employees or other persons accessed or worked are cleaned and disinfected prior to allowing other employees access to the area? (Note – where feasible, a period of 24 hours should be observed prior to cleaning and disinfecting. This requirement shall not apply if the areas in question have been unoccupied for seven or more days.)	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
25. Are all shared tools, equipment, workspaces, and vehicles cleaned and disinfected prior to transfer from one employee to another?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Have you made cleaning and disinfecting products readily available to employees to accomplish the required cleaning and disinfecting?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Have you ensured that the manufacturer's instructions for use of all disinfecting chemicals and products are complied with (e.g., concentration, application method, contact time, PPE, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Have you ensured that your employees have easy, frequent access and permission to use soap and water, and hand sanitizer where feasible, for the duration of work.	<input type="checkbox"/>	<input type="checkbox"/>	
29. If you have employees assigned to a work station where job tasks require frequent interaction inside six feet with other persons, have you provided your employees with hand sanitizer where feasible at the employees work station?	<input type="checkbox"/>	<input type="checkbox"/>	
30. If you employ mobile crews, have you provided the crew with hand sanitizer where feasible for the duration of work at a work?	<input type="checkbox"/>	<input type="checkbox"/>	
31. If you employ mobile crews, do you have transportation immediately available to nearby toilet facilities and handwashing facilities that meet the requirements of VOSH laws, standards, and regulations dealing with sanitation?	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards		Comments (e.g., actions needed to become compliant)
32. When engineering, work practice, and administrative controls are not feasible or do not provide sufficient protection, have you provided personal protective equipment to your employees and ensured the equipment's proper use in accordance with VOSH laws, standards, and regulations applicable to personal protective equipment, including respiratory protection equipment?	<input type="checkbox"/> <input type="checkbox"/>	
33. Have you ensured that no employee is discharged or in any way discriminated against the employee has exercised rights under the safety and health provisions of this standard, Title 40.1 of the Code of Virginia, and implementing regulations under 16VAC25-60-110 for themselves or others?	<input type="checkbox"/> <input type="checkbox"/>	
34. Have you ensured that no employee is discharged or in any way discriminate against for voluntarily providing and wearing the employee's own personal protective equipment, including but not limited to a respirator, face shield, or gloves, or face covering if such equipment is not provided by the employer, provided that the PPE does not create a greater hazard to the employee or create a serious hazard for other employees?	<input type="checkbox"/> <input type="checkbox"/>	

Compliance Requirements, Responsibilities & Standards	Yes	No	Comments (e.g., actions needed to become compliant)
35. Have you ensured that no employee is discharged or in any way discriminate against for raising a reasonable concern about infection control related to the SARS-CoV-2 virus and COVID-19 disease to the employer, the employer's agent, other employees, a government agency, or to the public such as through print, online, social, or any other media?	<input type="checkbox"/>	<input type="checkbox"/>	
36. Do you have an employee who has refused to do work or enter a location that the employee feels is unsafe? If so, have you followed 16VAC25-60-110, containing the requirements concerning discharge or discipline of an employee who has refused to complete an assigned task because of a reasonable fear of injury or death?	<input type="checkbox"/>	<input type="checkbox"/>	

THE FOLLOWING PROVISIONS ARE APPLICABLE TO EMPLOYERS WITH HAZARDS OR JOB TASKS CLASSIFIED AS VERY HIGH OR HIGH EXPOSURE

1. Have you ensured that appropriate air-handling systems are in place, which include (1) installation and maintenance in accordance with manufacturer's instructions in healthcare facilities and other places of employment treating, caring for, or housing persons with known or suspected to be infected with the SARS-CoV-2 virus; and (2) compliance with minimum American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a), which covers both outdoor and total air ventilation in healthcare facilities?



<p>2. If the above is inapplicable, have you ensured that air-handling systems where installed are maintained in accordance with the manufacturer's instructions and comply with minimum American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a), which covers both outdoor and total air ventilation in healthcare facilities?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>3. If applicable, are you ensuring that hospitalized patients with known or suspected to be infected with the SARS-CoV-2 virus, where feasible and available, are placed in an airborne infection isolation room (AIIR)?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>4. If applicable, are you ensuring the use of AIIR rooms when available for performing aerosol-generating procedures on patients with known or suspected to be infected with the SARS-CoV-2 virus?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>5. If applicable, for postmortem activities, are you ensuring the use of autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of known or suspected to be infected with the SARS-CoV-2 virus persons at the time of their death?</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>6. If applicable, are you ensuring the use of special precautions associated with Biosafety Level 3 (BSL-3), as defined by the U.S. Department of Health and Human Services Publication No. (CDC) 21- 1112 “Biosafety in Microbiological and Biomedical Laboratories” (Dec. 2009) when handling specimens from known or suspected to be infected with the SARS-CoV-2 virus patients or persons?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>7. Have you, to the extent feasible, installed physical barriers, (e.g., clear plastic sneeze guards, etc.), where such barriers will aid in mitigating the spread of SARS-CoV-2 and COVID-19 virus transmission?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>8. Prior to the commencement of each work shift, have you implemented procedures and policies for prescreening or surveying to verify each covered employee does not have signs or symptoms of COVID-19?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>9. Have you ensured that you are limiting non-employee access to the place of employment or restricting access to only certain workplace areas to reduce the risk of exposure? (Note - an employer’s compliance with occupancy limits contained in any applicable Virginia executive order or order of public health emergency will constitute compliance with the requirements)?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>10. If a healthcare facility, are you following existing guidelines and facility standards of practice for identifying and isolating infected persons and for protecting employees?</p>	<input type="checkbox"/> <input type="checkbox"/>	

11. If a healthcare facility, have you posted signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face coverings?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are you offering enhanced medical monitoring of employees during COVID-19 outbreaks?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you providing employees with job-specific education and training on preventing transmission of COVID-19, including initial and routine and refresher training in accordance with 16VAC25-220-80?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are you, to the extent feasible, ensuring that psychological and behavioral support is available to address employee stress at no cost to the employee?	<input type="checkbox"/>	<input type="checkbox"/>	
15. If a healthcare facility, are you ensuring that you are providing alcohol-based hand sanitizers containing at least 60% ethanol or 70% isopropanol to employees at fixed work sites and to emergency responders and other personnel for decontamination in the field when working away from fixed work sites?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are you providing face coverings to suspected to be infected with SARS-CoV-2 virus non-employees to contain respiratory secretions until the non-employees are able to leave the site (i.e., for medical evaluation and care or to return home)?	<input type="checkbox"/>	<input type="checkbox"/>	

<p>17. Are you, where feasible, (1) allowing flexible worksites (e.g., telework), (2) allowing flexible work hours (e.g., staggered shifts), (3) increasing physical distancing between employees at the worksite to six feet, (4) increasing physical distancing between employees and other persons to six feet, (5) implementing flexible meeting and travel options (e.g., use telephone or video conferencing instead of in person meetings; (6) postponing non-essential travel or events; etc.); (7) delivering services remotely (e.g. phone, video, internet, etc.); and/or (8) delivering products through curbside pick-up?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>NOTE –THE FOLLOWING PROVISIONS ARE APPLICABLE TO EMPLOYERS WITH HAZARDS OR JOB TASKS CLASIFIED AS VERY HIGH OR HIGH EXPOSURE BUT WHO ARE NOT OTHERWISE COVERED BY THE VOSH STANDARDS FOR GENERAL INDUSTRY (16VAC25-90-1910)</p> <p>18. Have you assessed the workplace to determine if SARS-CoV-2 virus or COVID- 19 disease hazards or job tasks are present or are likely to be present that necessitate the use of personal protective equipment (PPE)?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>19. Have you ensured that, in making the above-determination, you involved employees and employee representatives in the assessment process?</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>20. If you have determined that such hazards or job tasks are present or likely to be present, have you: (1) selected and mandated each affected employee use the types of PPE that will protect the affected employee from the SARS- CoV-2 virus or COVID-19 disease hazards identified in the hazard assessment; (2) communicated selection decisions to each affected employee; and (3) selected PPE that properly fits each affected employee?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>21. Have you verified that the required SARS- CoV-2 virus and COVID-19 disease workplace hazard assessment has been performed through a written certification that identifies: (1) the workplace evaluated; (2) the person certifying that the evaluation has been performed; (3) the date of the hazard assessment; and (4) the document as a certification of hazard assessment?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>22. Have you implemented a respiratory protection program in accordance with 16VAC25-90-1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), that covers each employee required to use a respirator?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>23. Unless contraindicated by a hazard assessment and equipment selection requirements provided for above, have you ensured that employees classified as very high or high exposure risk are provided with and wear gloves, a gown, a face shield or goggles, and a respirator when in contact with or inside six feet of patients or other persons known to be or suspected of being infected with SARS-CoV-2? (Note -where indicated by the hazard assessment and equipment selection requirements above, such employees shall also be provided with and wear a surgical/medical procedure mask. Gowns shall be large enough to cover the areas requiring protection.)</p>	<input type="checkbox"/> <input type="checkbox"/>	

24. Have you provided employee training in accordance with the requirements of 16VAC25-220- 80 of this standard?	<input type="checkbox"/>	<input type="checkbox"/>	
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THE FOLLOWING PROVISIONS ARE APPLICABLE TO EMPLOYERS WITH HAZARDS OR JOB TASKS CLASIFIED AS MEDIUM EXPOSURE RISK			
1. Have you ensured that air-handling systems where installed are appropriate to address the SARS-CoV-2 virus and COVID-19 disease related hazards and job tasks that occur at the workplace and are (1) maintained in accordance with the manufacturer's instructions; and (2) comply with minimum American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a), which covers both outdoor and total air ventilation in healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you, to the extent feasible, implemented a policy whereby prior to the commencement of each work shift, prescreening or surveying is required to verify each covered employee does not have signs or symptoms of COVID- 19?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you, to the extent feasible, provided face coverings to suspected to be infected with SARS-C0V-2 non-employees to contain respiratory secretions until the non-employees are able to leave the site (i.e., for medical evaluation and care or to return home)?	<input type="checkbox"/>	<input type="checkbox"/>	

4. Have you, to the extent feasible, implemented flexible worksites (e.g., telework)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you, to the extent feasible, implemented flexible work hours (e.g., staggered shifts)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you, to the extent feasible, increased physical distancing between employees at the worksite to six feet?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you, to the extent feasible, increased physical distancing between employees and other persons, including customers to six feet (e.g., drive-through physical barriers) where such barriers will aid in mitigating the spread of SARS-CoV-2 virus transmission, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you, to the extent feasible, installed physical barriers (e.g., such as clear plastic sneeze guards, etc.), where such barriers will aid in mitigating the spread of SARS-CoV-2 virus transmission?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you, to the extent feasible, implemented flexible meeting and travel options (e.g., using telephone or video conferencing instead of in person meetings; postponing non-essential travel or events; etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you, to the extent feasible, implemented procedures to deliver services remotely (e.g. phone, video, internet, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you, to the extent feasible, provided employees in customer-facing jobs face coverings and implemented a policy whereby the employee is required to wear the same?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you, to the extent feasible, implemented procedures to deliver products through curbside pick-up or delivery?	<input type="checkbox"/>	<input type="checkbox"/>	

<p>13. Have you, to the extent feasible, provided employees face coverings, and implemented policies mandating the use of employee face coverings who, because of job tasks cannot feasibly practice physical distancing from another employee or other person if the hazard assessment has determined that personal protective equipment, such as respirators or surgical/medical procedure masks, was not required for the job task?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>14. Have you, to the extent feasible, provided employees in customer-facing jobs face coverings and implemented a policy whereby the employee is required to wear the same?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>NOTE –THE FOLLOWING PROVISIONS ARE APPLICABLE TO EMPLOYERS WITH HAZARDS OR JOB TASKS CLASIFIED AS MEDIUM EXPOSURE RISK BUT WHO ARE NOT OTHERWISE COVERED BY THE VOSH STANDARDS FOR GENERAL INDUSTRY (16VAC25-90-1910)</p> <p>15. Have you assessed the workplace to determine if SARS-CoV-2 virus or COVID- 19 disease hazards or job tasks are present or are likely to be present that necessitate the use of personal protective equipment (PPE)?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>16. Have you ensured that, in making the above-determination, you involved employees and employee representatives in the assessment process?</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>17. If you have determined that such hazards or job tasks are present or likely to be present, have you: (1) selected and mandated each affected employee use the types of PPE that will protect the affected employee from the SARS- CoV-2 virus or COVID-19 disease hazards identified in the hazard assessment; (2) communicated selection decisions to each affected employee; and (3) selected PPE that properly fits each affected employee? (Note that PPE ensembles for employees in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures employees have on the job.)</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>18. Have you verified that the required SARS-CoV-2 virus and COVID-19 disease workplace hazard assessment has been performed through a written certification that identifies: (1) the workplace evaluated; (2) the person certifying that the evaluation has been performed; (3) the date of the hazard assessment; and (4) the document as a certification of hazard assessment?</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>NOTE –THE FOLLOWING PROVISIONS ARE APPLICABLE TO EMPLOYERS WITH HAZARDS OR JOB TASKS CLASSIFIED AS VERY HIGH AND HIGH AND/OR HAZARDS OR JOB TASKS CLASSIFIED AS MEDIUM RISK WITH 11 OR MORE EMPLOYEES</p> <p>1. For employers with hazards or job tasks classified as very high and high, have you developed and implemented a written Infectious Disease Preparedness and Response Plan?</p>	<input type="checkbox"/> <input type="checkbox"/>	
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<p>2. For employers with hazards or job tasks classified as medium risk with 11 or more employees, have you developed and implemented a written Infectious Disease Preparedness and Response Plan?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>3. Does your Infectious Disease Preparedness and Response Plan designate a person to be responsible for implementing your plan?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>4. Does your Infectious Disease Preparedness and Response Plan identify the name or title of the person responsible for administering the plan? (Note - this person shall be knowledgeable in infection control principles and practices as the principles and practices apply to the facility, service, or operation.)</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>5. Does your Infectious Disease Preparedness and Response Plan provide for employee involvement in development and implementation of the same?</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>6. Does your Infectious Disease Preparedness and Response Plan consider and address the level of SARS-CoV-2 virus and COVID-19 disease risk associated with various places of employment, the hazards employees are exposed to at those sites, and job tasks employees perform at those sites? (Note such considerations shall include (1) where, how, and to what sources of the SARS-CoV-2 virus or COVID-19 disease might employees be exposed at work, including (a) the general public, customers, other employees, patients, and other persons; (b) known or suspected to be infected with the SARS-CoV-2 virus persons or those at particularly high risk of COVID-19 infection (e.g., local, state, national, and international travelers who have visited locations with ongoing COVID-19 community transmission and healthcare employees who have had unprotected exposures to known or suspected to be infected with SARS-CoV-2 virus persons); and (c) situations where employees work more than one job with different employers and encounter hazards or engage in job tasks that present a very high, high, or medium level of exposure risk; (2) to the extent permitted by law, including HIPAA, employees' individual risk factors; and (3) engineering, administrative, work practice, and personal protective equipment controls necessary to address those risks.)</p>	<input type="checkbox"/> <input type="checkbox"/>	
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<p>7. Does your Infectious Disease Preparedness and Response Plan consider contingency plans for situations that may arise as a result of outbreaks, such as (1) increased rates of employee absenteeism; (2) the need for physical distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing workplace control measures such as elimination and substitution, engineering controls, administrative and work practice controls, and personal protective equipment, e.g., respirators, surgical/medical procedure masks, etc.; (3) options for conducting essential operations with a reduced workforce, including cross-training employees across different jobs in order to continue operations or deliver surge services; and (4) interrupted supply chains or delayed deliveries?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>8. Does your Infectious Disease Preparedness and Response Plan identify basic infection prevention measures to be implemented, including (1) promoting frequent and thorough hand washing, including by providing employees, customers, visitors, the general public, and other persons to the place of employment with a place to wash their hands. If soap and running water are not immediately available, provide hand sanitizers; (2) maintaining regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment; and (3) establishing policies and procedures for managing and educating visitors to the place of employment?</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>9. Does your Infectious Disease Preparedness and Response Plan provide for the prompt identification and isolation of known or suspected to be infected with the SARS-CoV-2 virus employees away from work, including procedures for employees to report when they are experiencing symptoms of COVID-19?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>10. Does your Infectious Disease Preparedness and Response Plan address infectious disease preparedness and response with outside businesses, including, but not limited to, subcontractors who enter the place of employment, businesses that provide or contract or temporary employees to the employer, and other persons accessing the place of employment to comply with the requirements of this standard and the employer's plan?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>11. Does your Infectious Disease Preparedness and Response Plan identify the mandatory and non-mandatory recommendations in any CDC guidelines or Commonwealth of Virginia guidance documents the employer is complying with, if any, in lieu of a provision of this standard, as provided for in 16VAC25-220-10 G 1 and G 2?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>12. Does your Infectious Disease Preparedness and Response Plan ensure compliance with mandatory requirements of any applicable Virginia executive order or order of public health emergency related to the SARS-CoV-2 virus or COVID-19 disease?</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>13. Have you provided training on the hazards and characteristics of the SARS- CoV-2 virus and COVID-19 disease to all employees working at the place of employment regardless of employee risk classification? (Note that the training program shall enable each employee to recognize the hazards of the SARS-CoV-2 virus and signs and symptoms of COVID-19 disease and shall train each employee in the procedures to be followed in order to minimize these hazards).</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>14. Does your training program include the requirements provided in this checklist, as applicable:</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>15. Does your training program include mandatory and non-mandatory recommendations in any CDC guidelines or State of Virginia guidance documents the employer is complying with, if any, in lieu of a provision of this standard as provided for in section 16VAC25-220-10 G 1 and G 2?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>16. Does your training program include the characteristics and methods of transmission of the SARS-CoV-2 virus?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>17. Does your training program include the signs and symptoms of the COVID-19 disease?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>18.. Does your training program include the risk factors of severe COVID-19 illness with underlying health conditions?</p>	<input type="checkbox"/> <input type="checkbox"/>	

19. Does your training program include awareness of the ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus?	<input type="checkbox"/> <input type="checkbox"/>	
20. Does your training program include safe and healthy work practices, including but not limited to, physical distancing, disinfection procedures, disinfecting frequency, ventilation, noncontact methods of greeting, etc.?	<input type="checkbox"/> <input type="checkbox"/>	
21. Does your training program include (1) when PPE is required; (2) what PPE is required; (3) how to properly don, doff, adjust, and wear PPE; (4) the limitations of PPE; (5) the proper care, maintenance, useful life, and disposal of PPE; and (6) heat-related illness prevention including the signs and symptoms of heat-related illness.	<input type="checkbox"/> <input type="checkbox"/>	
22. Does your training program include the anti-discrimination provisions in 16VAC25-220-90 (as described herein)?	<input type="checkbox"/> <input type="checkbox"/>	
23. Does your training program include your Infectious Disease Preparedness and Response Plan, if applicable.	<input type="checkbox"/> <input type="checkbox"/>	
24. If you are an employer with hazards or job tasks classified as very high or high exposure risk, have you verified compliance with 16VAC25-220-80 A by preparing a written certification record for those employees exposed to hazards or job tasks classified as very high, high, or medium exposure risk levels?	<input type="checkbox"/> <input type="checkbox"/>	

<p>25. Does your written certification record verifying compliance with 16VAC25-220-80 contain: (1) the name or other unique identifier of the employee trained, (2) the trained employee's physical or electronic signature, (3) the date of the training, and (4) the name of the person who conducted the training, or for computer-based training, the name of the person or entity that prepared the training materials. (Note - if the employer relies on training conducted by another employer or completed prior to the effective date of this standard, the certification record shall indicate the date the employer determined the prior training was adequate rather than the date of actual training.)</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>26. If you are an employer with hazards or job tasks classified as very high or high exposure risk who is required to verify compliance with 16VAC25-220-80 A, have you maintained the latest training certification?</p>	<input type="checkbox"/> <input type="checkbox"/>	
<p>27. If you have reason to believe that any affected employee who has already been trained does not have the understanding and skill required by 16VAC25-220-80 A, have retrained each such employee? (Note – circumstances where retraining is required include, but are not limited to, situations where: (1) changes in workplace, SARS-CoV-2 virus or COVID-19 disease hazards exposed to, or job tasks performed render previous training obsolete; (2) changes are made to the employer's Infectious Disease Preparedness and Response Plan; or (3) inadequacies in an affected employee's knowledge or use of workplace control measures indicate that the employee has not retained the requisite understanding or skill.</p>	<input type="checkbox"/> <input type="checkbox"/>	

<p>28. If you are an employer with hazards or job tasks classified as medium exposure risk, have you provided written or oral information to employees exposed to such hazards or engaged in such job tasks on the hazards and characteristics of SARS-COV-2 and the symptoms of COVID-19 and measures to minimize exposure? (Note that the information required that include at a minimum: (1) the requirements of this standard; (2) the characteristics and methods of transmission of the SARS-CoV-2 virus; (3) the symptoms of the COVID-19 disease; (4) the ability pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus; (5) safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices; and (6) the anti-discrimination provisions of this standard in 16VAC25-220-90.)</p> <p>*Note further that the Department of Labor and Industry's information sheet containing information on the items listed herein may be utilize to comply with this provision</p>	<input type="checkbox"/> <input type="checkbox"/>	
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*****PLEASE NOTE THAT WHILE THIS CHECKLIST MAY BE USED AS A RESOURCE, YOU SHOULD REVIEW ALL APPLICABLE RULES AND REGULATIONS IN THEIR ENTIRETY TO ENSURE FULL COMPLIANCE*****