INTRODUCTION

This document provides recommendations for managing work areas in response to COVID-19. The nature of individual work areas greatly varies across campus. If you would like consultation regarding your area's specific policy, please reach out to Environmental Health & Safety at safety@ttu.edu. If you would like consultation regarding facility matters, please reach out to Operations at operations@ttu.edu.

Modified from the NIOSH Hierarchy of Controls: https://www.cdc.gov/niosh/topics/hierarchy/default.html

As noted above, engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2. Personal Protective Equipment (PPE) may also be needed to prevent certain exposures for certain workers. Use of PPE requires training; while correctly using PPE can help prevent exposures, incorrect use can result in exposure. Personal Protective Equipment does not take the place of other prevention strategies.

Face coverings are considered Community Protective Equipment (CPE) and function as source control rather than exposure control. While face coverings are not PPE, they do play an important role in interrupting disease transmission – especially when used in conjunction with proper hand hygiene practices and physical distancing measures.

CLASSIFYING WORKER EXPOSURE

The level of risk of exposure to SARS-CoV-2, the causative agent in COVID-19, depends in part on the job type, the need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, and the requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. An Occupational Risk Pyramid has been developed by OSHA that divides jobs into four exposure risk levels.
1. **Very High Exposure Risk**: jobs with high potential for exposure to *known or suspected sources* of COVID-19 during specific medical, postmortem, or laboratory procedures.
   - e.g., Laboratory workers collecting / handling specimens from known or suspected COVID-19 patients.
   - Consider enhanced medical monitoring of workers; use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients.

2. **High Exposure Risk**: jobs with high potential for exposure to *known or suspected sources* of COVID-19.
   - Includes healthcare delivery and support staff exposed to known or suspected COVID-19 patients; custodial workers disinfecting areas of known COVID-19 cases.
   - Consider offering enhanced medical monitoring of workers; provide personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field; provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
   - PPE may likely include gloves, a gown, a face shield, goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks. Medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing may also be required.

3. **Medium Exposure Risk**: jobs that require frequent and/or close contact with people who *may* be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, workers in this category may have contact with the public.
   - Many TTU positions fall into this category.
   - Consider strategies to minimize face-to-face contact; install physical barriers, such as clear plastic sneeze guards, where feasible. PPE will vary by work task; only in rare situations would workers in this risk category require the use of respirators.

4. **Lower Exposure Risk**: jobs that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the public. Workers in this category have minimal occupational contact with the public and other coworkers where social distancing is maintained.
   - Many TTU positions fall into this category.
   - Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.
GUIDELINES

1. Understand exposure in the work area (see classifying worker exposure). Consult with EHS if you have questions about your risk group or troubleshooting mitigation.

2. Supervisors should:
   - Determine a plan for employees to check-in before work. The employee health attestation form is one means to check-in and record contact and locations to facilitate contact tracing.
   - Encourage employees to self-monitor for signs and symptoms of COVID-19, and encourage sick workers to report symptoms, self-quarantine, and get tested.
   - Communicate the availability of medical screening or other worker health resources.
   - Have workers take the COVID-19 worker awareness training offered by EHS.

3. Wear of cloth face coverings in buildings when outside your private office and outside when social distancing is difficult to achieve as stated in the policy outlined by President Schovanec.

4. Minimize direct contact among individuals and reduce touchpoints in the work area.
   - Plan meetings and gatherings to lower risk (i.e. virtual). Cancel/postpone unnecessary in-person events. Events must comply with guidance from the CDC, State and University.
   - Avoid cold-call office visits; use virtual meetings, email, and IM where possible.
   - Replace handshakes with nods, waves, a Guns Up, or other touchless greetings as appropriate.
   - Discourage workers from using each other’s phones, desks, offices, or other work tools and equipment, when possible.
   - Cover shared equipment with clear plastic, contact paper, Ziploc bags, etc. to facilitate disinfection.
   - Remove / limit items and equipment that are shared use.
   - Use a neutral space that is easily disinfected to pass items rather than directly handing items to individuals.
   - Encourage workers to carry their own pen/pencil/stylus with them. This tool can be used for kiosks and other buttons rather than directly touching them with your hands.

5. If possible, modify ventilation such that outdoor air is maximized and upgrade filters.
   - Consider providing a HEPA filter air purifier in open office environments.

6. Alter workspaces and/or institute work shifts to maintain social distancing.
   - Install physical barriers, such as clear plastic sneeze guards as needed where social distancing may be difficult (i.e. reception desks, cashier stations, and help desks).
   - Relocate employees from workstations that are placed on a high-traffic egress aisle.
     - See Figure 01 for example.
• Maintain a minimum of 6'-0" or 36 ft² per employee workstation.
  o See Figure 01 for example.

• Provide a physical barrier that extends at least 5 inches above employee’s head; for employees with sit/stand workstations, ensure the barrier height is taken at standing position.
  o See Figures 02 & 03 for examples.
  o Ensure physical barrier is compatible with your disinfectant. Alcohol will etch plexiglass over time. Oxivir should not harm barrier materials.
  o Select soft surfaces with anti-microbial properties as possible
  o Soft surface partitions trap more germs than a hard surface and provide sound absorptive properties; use a mixture of both hard and soft surface for best results.

7. Follow vehicle use and breakroom guidelines.

8. Encourage social distancing in the workplace.
   • Close / limit use of shared spaces.
     • Close or limit access to common areas where employees are likely to congregate and interact (e.g. breakrooms, conference rooms, etc.).
     • Post occupancy signs for shared spaces.
     • Use signs or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand to properly distance within the workplace in areas frequented by workers and/or visitors (lobbies, printer, mailroom, breakrooms, etc.).
     • Where possible, provide one-point entry and one-point exit for employees to office suites; provide single direction egress paths where possible; post signage and physical markings to indicate direction and flow.
     • Reserve elevators for ADA use only.
     • Encourage one-point access for visitors; consider using a queuing call system.

9. Provide resources and a work environment that promotes personal hygiene.
   • Encourage respiratory etiquette, including covering coughs and sneezes with a tissue and immediately washing hands. Provide tissue and ensure that adequate supplies are maintained.
   • Post handwashing signs in restrooms, breakrooms, and kitchens.
   • Provide soap, water and paper towels and an alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
   • Place (touchless) hand sanitizer stations and disinfecting wipes in multiple locations, especially in high-traffic areas, to encourage hand hygiene and surface disinfection of personal office spaces.
10. Develop, implement, and maintain a plan to perform disinfection to reduce the risk of exposure to COVID-19. You can use EHS’s disinfection guidelines, disinfection log, and SOP for using Oxivir Five.

- Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.

- Clean and disinfect frequently touched surfaces (e.g., counters, shelving, displays).

- Disinfectant chosen must be:
  - Registered with the Environmental Protection Agency (EPA)- with claims against emerging viral pathogens (N-list);
  - 70% alcohol (ethanol or isopropanol); or
  - Freshly diluted household bleach (4 teaspoons bleach per quart of water or 1/3c bleach to 1 gallon of water).

- Follow the manufacturer’s instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

- If using 70% alcohol, surfaces must stay saturated for no less than 30 seconds. If using bleach, dilutions must be prepared daily, and surfaces must stay saturated for no less than 1 minute.

REFERENCES

https://www.dshs.state.tx.us/coronavirus/opentexas.aspx
https://www.osha.gov/SLTC/covid-19/controlprevention.html

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Figures follow.
**Evaluations of your open office can be requested by entering a project request [here](#).**
Figure 02 – Seated Partition Height
Figure 03 – Standing Partition Height