

INTERIM GUIDANCE

FOR COVID-19 RECOMMENDATIONS FOR

INFECTION • PREVENTION • CONTROL

FOR EMPLOYERS



VERSION 2, SEPTEMBER 2020

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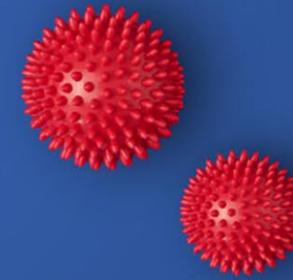
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CORONAVIRUS



INTRODUCTION

A Public Health Emergency of International Concern (PHEIC) was declared for the outbreak of novel coronavirus (2019-nCoV)/ COVID-19 on 30 January 2020 by the World Health Organization (WHO) Director General (DG) based on the number of persons affected. On the 11th March, 2020 – WHO declared COVID-19 a pandemic.

Jamaica confirmed its first case of COVID-19 on March 10, 2020. The Government of Jamaica has mounted an intense prevention and control programme for the outbreak. Prevention and containment are key strategies to minimize the impact on Jamaica’s labour force.

SCOPE OF THE REVISION

The Ministry of Health & Wellness (MOHW) has updated the recommendations for infection prevention and control for the workplace and is providing the following information to guide employers in supporting this strategy in light of community transmission of COVID-19 in the Jamaican population.

Community transmission means there is inability to link newly confirmed cases to previously confirmed cases for a large number of cases, and there is an increase number of positive tests from persons with respiratory symptoms coming to health centres and hospitals. This phase of the pandemic means that the island will likely see a steep rise in the number of cases reported. While the majority of persons will not have symptoms that will require them to visit a doctor or be hospitalized, more persons may seek medical attention in private and public facilities. Persons with mild symptoms are encouraged to stay at home and to seek medical care if their condition gets worse.

This stage of the pandemic also means that we need to strengthen the infection prevention and control measures to reduce the rate of spread within the population and, more importantly, protect the vulnerable. The workplace is recognized as a setting in which COVID-19 can spread quickly if employees and employers do not adhere to these measures.



METHOD OF SPREAD

- When an infected person with COVID-19 coughs, sneezes or exhales, speaks or shouts, they release droplets of infected fluid.
- If persons are standing within two meters (six feet) of a person with COVID-19, they can be infected by breathing in droplets coughed out or exhaled.
- Most of these droplets fall on nearby surfaces and objects, such as desks, tables, pens, pencil, cell phones or desk telephones.
- Persons can also be infected with COVID-19 by touching contaminated surfaces or objects and then touching their eyes, nose or mouth.
- Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care.
- Therefore, all sections of society, including hotels, businesses and employers, must play a role in halting the spread of this disease.



ROLE AND RESPONSIBILITY OF EMPLOYERS DURING THE PANDEMIC

Employers, workers, and their organizations should collaborate with health authorities to prevent and control COVID-19.

Cooperation between management and workers is essential for workplace related prevention measures. Special measures are needed to protect workers at higher risk of developing severe disease, such as those age 60 and over, or with underlying medical conditions.

There should be no social stigma or discrimination at the workplace for any reason, including access to information and protection from COVID-19, occupational health services, mental health and psychosocial support.

DEFINITIONS

DEFINITIONS OF FREQUENTLY USED TERMS

Asymptomatic – Showing no symptoms of a disease.

Isolation – The separation of people who are suspected or confirmed COVID-19 cases. This is to prevent the spread of an infectious disease and persons will remain in isolation as long as they are considered to be at risk of transmitting the disease.

Quarantine – The separation of and restriction of the movement of people who may have been exposed to a contagious disease for the incubation period of the disease. In the case of COVID-19, the period is up to 14 days.

Symptomatic – Showing symptoms of a disease.

Symptoms of COVID-19 – Symptoms of COVID-19 include fever, cough, sore throat, shortness of breath, loss of taste, loss of smell.

Contact - A person who experienced any of the following exposures (face-to-face, direct physical contact, or direct care for a patient) during the 2 days before and the 14 days after the onset of symptoms of a case.

Close Contact - Face-to-face contact with a case within 1 meter and for more than 15 consecutive minutes (e.g. bedroom, household/family, conveyance, workplace) or direct physical contact.



BASIC COVID-19 INFECTION PREVENTION AND CONTROL MEASURES FOR EMPLOYERS



WASH YOUR HANDS FREQUENTLY WITH SOAP AND WATER



STAY 6 FEET APART



WEAR FACE MASK



STAY AT HOME IF YOU ARE NOT WELL



USE TISSUE WHEN COUGH / SNEEZE



DO NOT TOUCH YOUR EYES WITH DIRTY HANDS



AVOID MASS EVENTS

All employers should implement good hygiene and infection prevention and control

- Promote and make provisions for frequent and thorough hand washing by providing workers, customers, and visitors upon entering the facility and while in the facility. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 62% or higher.
- Have temperature screening conducted on all persons entering the facility, using a touch-free thermometer is encouraged. Persons with elevated temperature (above 37.5 °C), should be denied entry to the facility.
- Ensure all persons enter the facility wearing face masks and keep them on while in the facility.
- Encourage workers to stay home if they are sick (establish related workplace policy).
- Encourage respiratory etiquette, including covering coughs and sneezes.
- Provide customers and the public with tissues and trash receptacles.
- Employers should explore whether they can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment, in line with the MOHW
- Environmental Cleaning and Disinfection guidelines. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).
- Ensure physical distancing of 1 – 2 meters (3 – 6 feet) is maintained between workers and throughout the facility.



ISOLATION AND QUARANTINE GUIDANCE FOR EMPLOYERS

Employers are not expected to, and should not attempt to, diagnose cases of COVID-19. The goal is to minimize the spread of COVID-19 in the workplace. The MOHW through the local health department will provide the necessary technical assistance to accomplish this goal. The MOHW through the local health department investigates COVID-19 cases, this includes contact tracing.

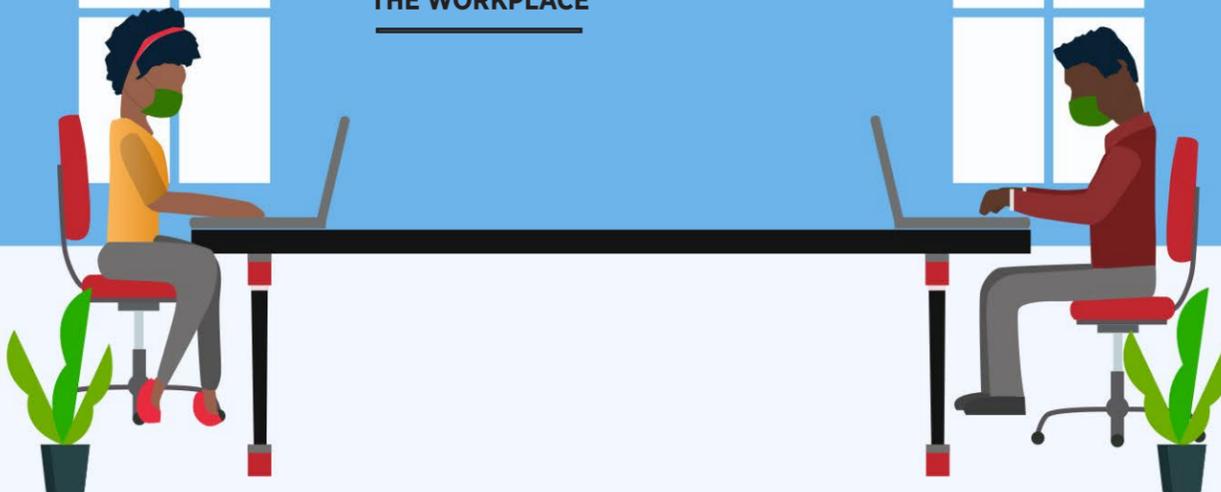
MOHW'S ISOLATION, QUARANTINE, DISCHARGE AND TESTING PROTOCOLS FOR COVID-19

Isolation	All confirmed cases, symptomatic contacts of confirmed cases and employees with respiratory symptoms should be isolated	Symptomatic contacts of confirmed cases will be tested
Quarantine	Based on the risk assessment, close contacts will require quarantine If the person remains asymptomatic, the period of quarantine and observation periods will end on Day 15 after the most recent contact with the case	If persons in quarantine develop symptoms at any time within the 14-day quarantine period, they are to seek medical advice that may include doing a COVID-19 test.
Discharge of COVID-19 positive persons from isolation	All confirmed cases will be discharged from isolation a minimum of 14 days after diagnosis Upon discharge from isolation, the doctor will provide a Medical Certificate declaring the individual's fitness to resume his/her duties along with Medical Alert Card.	Testing is not required for discharge and/or work resumption <i>Follow Up</i> After the period of isolation has ended, the Health Department should do a wellness call (at the least) on Day 7 ; there should be a doctor's visit on Day 14 after the end of the isolation period.

- Employees with respiratory symptoms should advise their supervisors and stay home until their symptoms have resolved
- Confirmed cases and symptomatic contacts of confirmed cases in the workplace should be immediately isolated
- All employees should advise their supervisors of any contact with confirmed cases of COVID-19
- Employers should conduct a risk assessment for employees who have had contact with a confirmed case of COVID-19 using the COVID-19 Risk Assessment Tool for Employees (Appendix I).
- Close contacts may require quarantine for 14 days. Persons who remain asymptomatic during the 14-day quarantine period can return to work on day 15
- Persons who become symptomatic during the 14-day quarantine period should contact the local health department or the nearest health facility and advise their supervisor; symptomatic persons who test negative should complete the 14-day quarantine period or remain home until their symptoms have resolved (whichever is longer)
- Employers should identify a temporary isolation room or an appropriate designated space (ideally, the room should contain easily cleanable furnishing, hand hygiene facility and sanitary facilities) for isolating persons if it becomes necessary in the workplace. The room/space should be thoroughly cleaned and disinfected after every use.



THE FOLLOWING SCENARIOS CAN HELP TO FURTHER GUIDE THE RESPONSE IN THE WORKPLACE



SCENARIO 1

Employee with symptoms for COVID-19 in the workplace*

- 1. Isolate** - Prevent the spread. Isolate the person from others and provide a disposable surgical mask if the individual is not wearing a mask.
- 2. Seek advice** - If unclear of the approach to be taken or additional information is required, call the Local Health Department or the **MOHW toll free line (888 ONE LOVE)**. Follow the advice of public health officials.
- 3. Transport** - Ensure the person is transported safely to his/her home or to a healthcare facility; persons with signs of distress such as shortness of breath, should be transported to the nearest health facility. Ideally the person should be transported in a private conveyance with windows open as is practicable, with all persons therein wearing masks. Cleaning and disinfection of the vehicle should be done immediately afterwards.
- 4. Clean and disinfect** - Clean and disinfect the areas where the person has been immediately and close that area until cleaning and disinfection is complete. Use appropriate PPE when cleaning, natural ventilation and turn off air conditioning, as applicable.
- 5. Identify and inform** - Inform the local health department of the situation and identify the possible close contacts. Follow the advice and instructions provided by the public health officials (Local Health Department). Additional information regarding the risk ranking of the establishment (Appendix II) may also be one of the early requirements of the Local Health Department.
- 6. Review** - Review the establishment's risk management control procedures relating to COVID-19 and review whether these procedures or working arrangements may need to change. Consult with workers on Worker Health and Safety issues.

* Employees in the workplace with respiratory symptoms should be isolated, cleaning and disinfection procedures implemented and arrangements made for the employee to return home. The local health department should be contacted if there is an increasing number of employees with respiratory symptoms.

SCENARIO 2

Employee is a household contact of a confirmed case of COVID-19

A. Asymptomatic

The employee would be self-quarantined at home for a period of 14 days.

If the employee develops symptoms, during the period of quarantine, they are to seek medical advice.

B. Symptomatic

The employee is to be isolated at home. If the person was at work with symptoms, then Scenario 1, Part 5 applies. If general cleaning and disinfection of surfaces has been conducted in the area since the person was in the area, then no further cleaning outside of routine cleaning is needed.

SCENARIO 3

Employee from a quarantined community

Communities may be determined to be a quarantine zone by the Government of Jamaica. This means persons living in these communities are required to remain at home and are not permitted to leave the community for the period of 14 days. Similarly, unauthorized persons are not allowed to enter the quarantined community within the 14 days.

REMEMBER:

Workers assisting a potentially infectious person must wear a mask and follow hand hygiene procedures. Consult with workers and allow them to raise concerns.

The MOHW does not currently require any workplace/entity to automatically shut down its operations due to the presence of a person(s) suspected or confirmed with COVID-19.



According to Section 8 of the OHS Act No. 85 of 1993, an employer must ensure that every workplace under his control is safe and without risk. Include minimum precautionary measures for COVID:

- 1. CONDUCT A HEALTH RISK ASSESSMENT**
Determine the risk of exposure to COVID-19 for each work area or work task and identify suitable control measures according to the risk rating
- 2. IMPLEMENT SUITABLE CONTROL MEASURES, e.g.:**
 - Install clear plastic or glass barrier between public and staff
 - Install a ventilation system with increased ventilation rates and high efficiency filters
 - Provide staff with appropriate PPE if required
- 3. EDUCATION AND TRAINING TO EMPLOYEES**
Regarding the health risk assessment and implemented control measures, as well as updated information about COVID-19
- 4. PRACTICE SOCIAL DISTANCING**
Prompt employees to keep 1.5 to 2 meters away from colleagues and/or customers and use virtual communication for meetings where possible
- 5. ENCOURAGE HAND HYGIENE**
Provide soaps for frequent handwashing and /or alcohol-based hand rub and frequently remind employees to practice hand hygiene
- 6. PROMOTE RESPIRATORY HYGIENE**
Cough or sneeze into a flexed elbow, or use a tissue and dispose of it in a closed bin

The MOHW has developed a COVID-19 Risk Ranking Tool for Workplaces (Appendix II) that can be used by employers and businesses to make decisions about operations and employee and customer safety during the COVID-19 outbreak.

The purpose of this ranking is to provide a framework for businesses/employers to make risk-informed decisions about the operations of their businesses. This should be completed monthly and shared with the local health department when requested, and especially when there are individuals that are positive for COVID-19 at the facility.



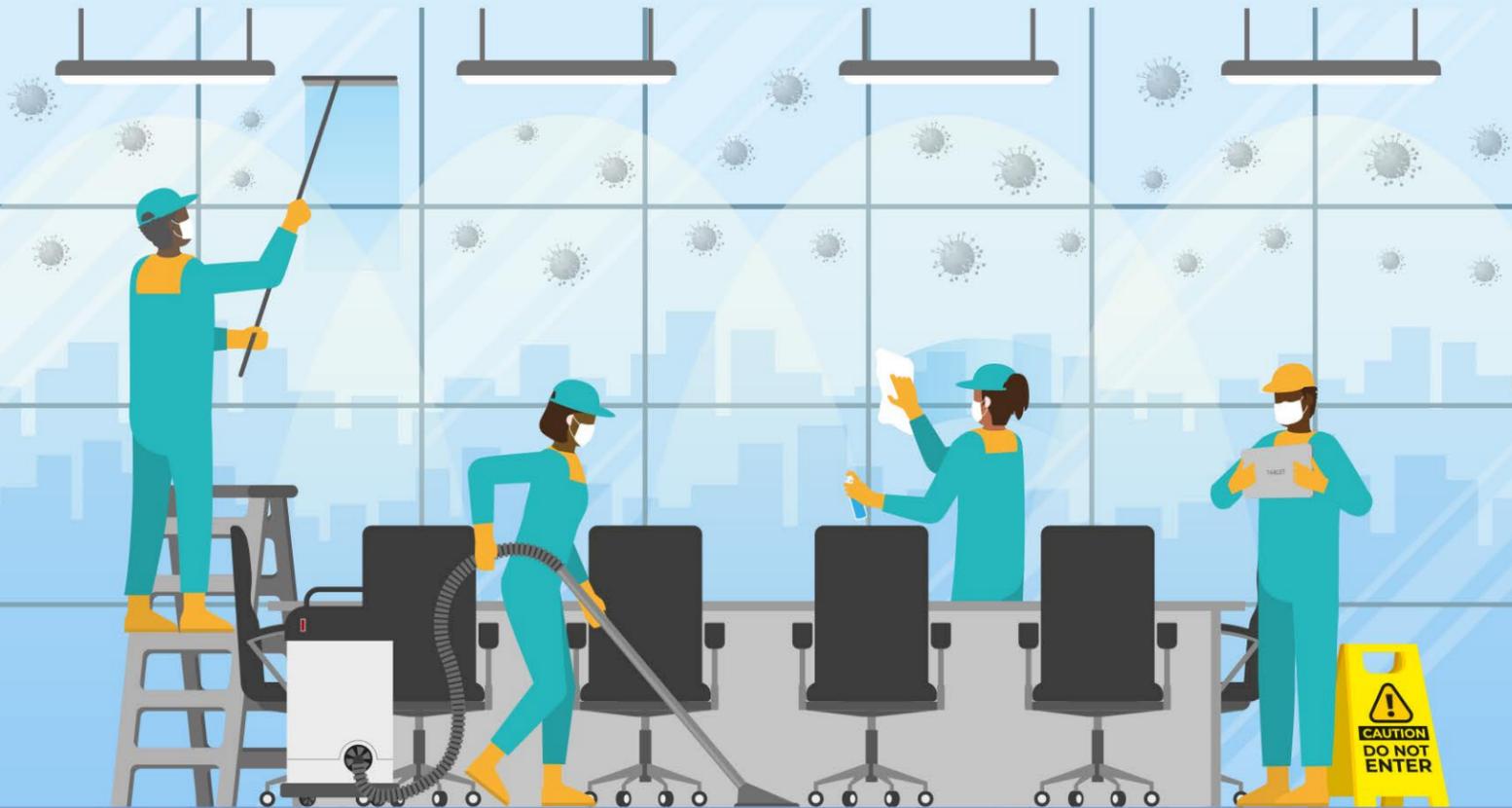
GENERAL CONSIDERATIONS FOR EMPLOYEES

Whilst the major responsibility of ensuring safe environments is on the owners/operators, employees also impact the effectiveness of maintaining their safety and health and that of other patrons, users or visitors of the place of business. The following considerations are to be noted by employees:

- Report any respiratory signs and symptoms to your supervisor and stay home
- Employees who are well, but have household members with COVID-19 are to also report the situation to their supervisor or employer and stay at home.
- Keep informed or updated on developments of COVID-19, especially being aware that SARS-CoV-2 can be transmitted within work environments.
- Be compliant with the measures instituted by workplace policies:
 1. Wearing appropriate face coverings (e.g. masks) as per the risks and duties to be performed;
 2. Maintaining physical distancing;
 3. Adhering to proper personal hygiene practices; sneeze or cough etiquette, and hand washing/hand sanitization practices;
 4. Avoid touching eyes and nose;
 5. Adhering to the routine cleaning and disinfection measures as per MOHW guidelines
 6. Regular cleaning and disinfection of frequently touched surfaces based on MOHW guidelines;
 7. Avoid using other employees' personal devices, office spaces, work tools and equipment
 8. Participate in related training provided by the employer,
 9. Report to supervisors any situation which may affect the health of other workers.



ENVIRONMENTAL HEALTH CONSIDERATIONS FOR CLEANING, DISINFECTION AND COVID-19 INFECTION PREVENTION AND CONTROL IN THE WORKPLACE



These guidelines are intended primarily to guard against the risks to human health posed by contamination of the environment in workplaces and are applicable to institutions such as educational, health care, penal, commercial, industrial, residential care and other related facilities in Jamaica.

Method of Transmission

Droplets: When an ill person with COVID-19 coughs, sneezes, speaks, shouts or exhales, they release droplets of infected fluid. Surface contamination:

- Most of these droplets fall on nearby surfaces and objects, such as desks, tables, or telephones.
- Persons can also be infected with COVID-19 by touching contaminated surfaces or objects and then touching their eyes, nose, or mouth.

Indoor settings and close contact environments enhance the risk of transmission. Comprehensive administrative controls should be in place to optimize:

- Isolation of persons with respiratory symptoms
- Performance of hand hygiene,
- Mask etiquette procedures,
- Maintenance of appropriate physical distancing measures including limiting close engagements to less than an hour and maximal use of natural ventilation, and application of appropriate routine environmental cleaning and disinfection procedures.

CLEANING AND DISINFECTING TO PREVENT THE SPREAD OF COVID-19

An effective way in which businesses can protect workers and others from the risk of exposure to COVID-19 is by implementing appropriate cleaning and disinfecting measures for the workplace. An assessment of the workplace should be done, and a cleaning and disinfection plan developed. This should include an outline of the cleaning and disinfection methodology as well as the cleaning schedule which should be in line with the MOHW Cleaning and Disinfection Guidelines. (If this service is outsourced, this should be developed by the contractor/company and a copy of these documents should be kept in the establishment).

Consistent routine cleaning and disinfection should be done as well as additional measures in cases of contaminated spills and when a COVID-19 positive or suspected case enters the workplace.

A combination of cleaning and disinfection will be most effective in removing the COVID-19 virus.

Cleaning means to physically remove germs (bacteria and viruses), dirt and grime from surfaces using a detergent and water solution. Anything labelled as a detergent will work.

Disinfecting means using chemicals to kill germs (bacteria and viruses) on surfaces. It's important to clean before disinfecting because dirt and grime can reduce the ability of disinfectants to kill germs.

Note: Disinfectants require sufficient contact time to be effective at killing viruses. If no time is specified, the disinfectant should be left for at least ten minutes before removing



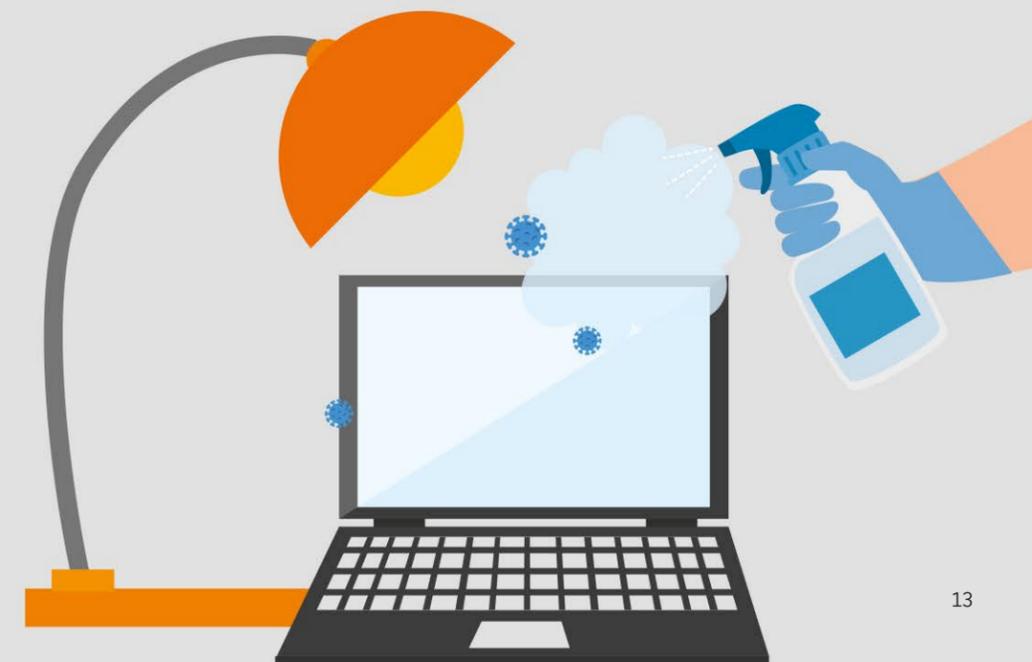
APPROACH TO CLEANING

The SARS-CoV-2 virus is easily killed by using a number of cleaning agents available on the general market. Ensuring that agents such as soap and water, bleach (sodium hypochlorite) and alcohol are actively incorporated into the routine cleaning process helps to break the chain of transmission from fomites/objects in the environment.

As COVID-19 cases increase, employers should look to meet the demand by increased cleaning and disinfection in all business places.

1: ROUTINE CLEANING

- Cleaning involves the use of soap/detergent and water to remove dirt and grime. It removes some microorganisms from surfaces.
- Cleaning should be undertaken daily as a part of regular operations.
- Environmental cleaning and disinfection in public establishments should follow detailed standard operating procedures with a clear delineation of responsibilities (e.g. housekeeping), regarding the type of surfaces and frequency of cleaning.
- Particular attention should be paid to environmental cleaning and disinfection of high-touch surfaces and items, such as light switches, door handles, tables, water/beverage pitchers, pens, trays, elevator buttons and sinks.
- Adhere to scheduled processes for cleaning and follow approved local guidelines (MOHW)
- Employees and employers must be up to date in certifications for operation as is applicable.
- Health departments will continue to be engaged in routine monitoring and Public Health Certification as may be applicable.



“HIGH-TOUCH ” SURFACE SAFETY

CLEAN & DISINFECT THOROUGHLY & FREQUENTLY

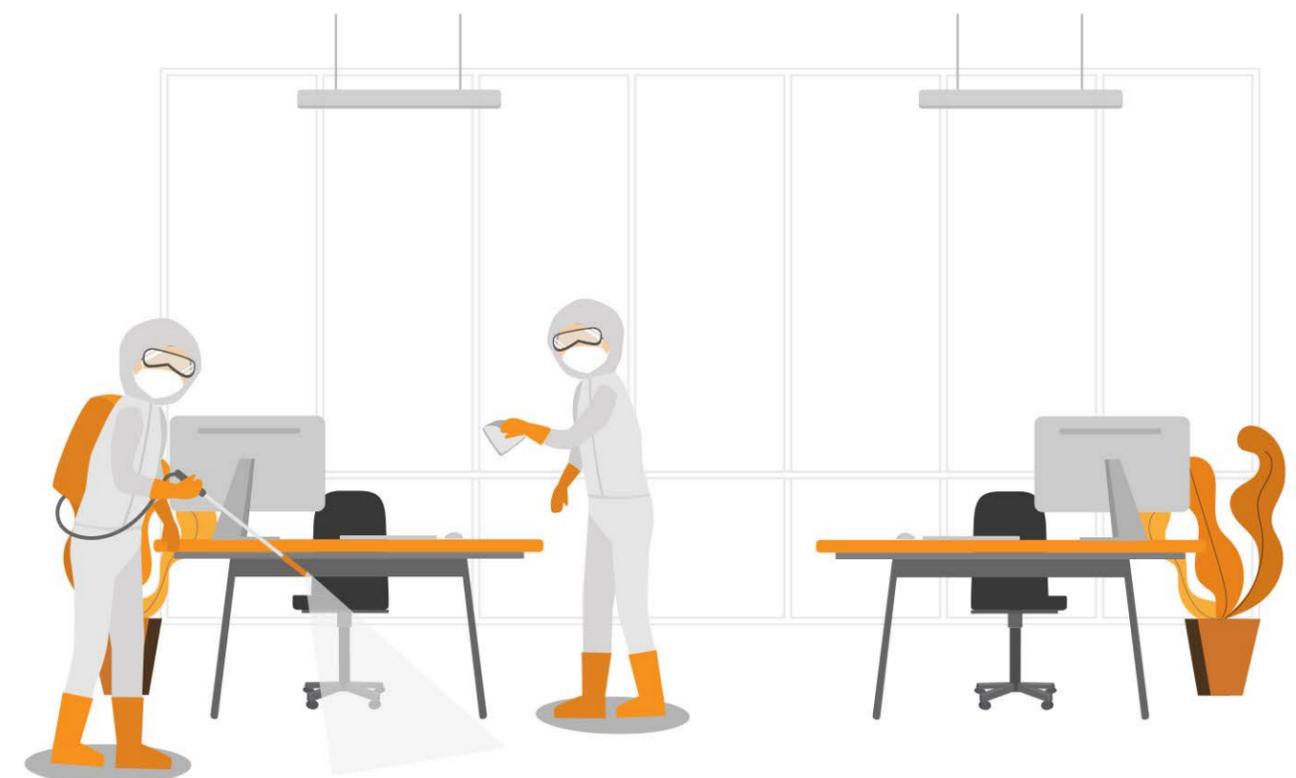
 DOORKNOBS	 PHONES	 FAUCETS & BATHROOM FIXTURES	 COUNTERTOPS & TABLETOPS
 SHOPPING CART HANDLES	 CAR DOOR HANDLES	 TRASH CANS	 CREDIT CARD TERMINALS

2: PERIODIC CLEANING

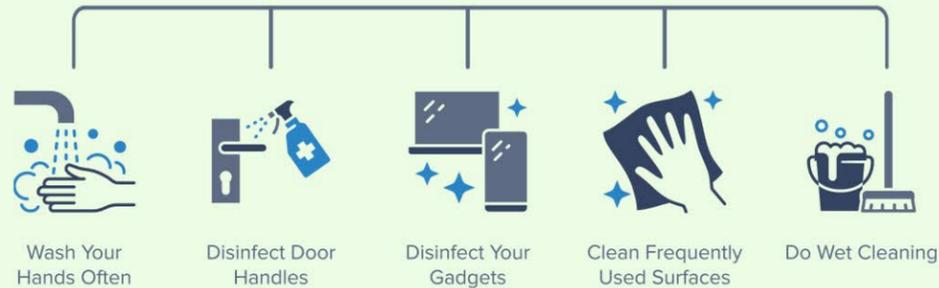
- Periodic cleaning includes cleaning items immediately after use as well as cleaning surfaces on a regular basis throughout a single day
- Particular attention should be paid to environmental cleaning and disinfection of high-touch surfaces and items, such as light switches, door handles, tables, water/beverage pitchers, pens, trays, elevator buttons and sinks. These should be disinfected at least every 2 hours with more frequent applications if there is increased usage of the facility
- Employers should utilize the MOHW environmental health considerations for cleaning, disinfection and infection control in their workplace protocol to guide cleaning
- The local health department can be contacted for guidance (Appendix IV)
- Facility closure for periodic cleaning and disinfection is not recommended. Business operators should empower all employees to undertake cleaning and disinfection especially in personal spaces of operation. Management should provide the necessary items to support this activity

3: DEEP CLEANING

- Deep cleaning is done as an extra precautionary measure to destroy pathogens/infectious organisms that may be in the environment. It is generally done after prolonged closure of a building and/or after there is suspected or actual contamination of the environment with an infectious organism.
- Deep cleaning takes place when thorough cleaning and disinfection of the entire facility or a section is done on all surfaces and equipment, using a disinfectant solution that is ‘stronger’ than that used routinely. The person conducting this activity must strictly follow the guidelines and be attired in the proper personal protective equipment (PPE) to assure protection of the individual from the possible ill effects of the chemicals being used. These individuals must be trained on the proper use of these PPE and cleaning and disinfection procedures as outlined in the MOHW’s Guidelines for Environmental Cleaning and Disinfection for Institutions including healthcare and residential facilities (July 2020)
- Deep cleaning is to be observed and documented by the facility supervisor
- Engage all workers and encourage them to cooperate with cleaners by ensuring that surfaces are left clean and free of clutter so that deep cleaning can be done more effectively
- Facility closure for deep cleaning is NOT required for management of suspected or confirmed cases of COVID-19 in buildings. This is because the virus that causes COVID-19 does not live for long periods outside of the human body and is easily killed by routine cleaning and disinfection.



DISINFECTION



THE ROUTINE CLEANING AND DISINFECTION PROCESS

Strict and consistent adherence to the facility routine cleaning and disinfection protocol for preventing transmission of communicable diseases, will mitigate against the likelihood of transmission of COVID-19 within the workspace.

1. Workspaces including surfaces should be cleaned at least once daily. Special attention should be given to frequently touched surfaces (e.g. tabletops, door handles, light switches, desks and hard back chairs and phones, toilets, sinks and taps, TV remotes, kitchen surfaces and cupboard handles)
 - More frequent cleaning may be required in some circumstances. For example, if equipment is shared between workers, it should be cleaned between uses, where practicable
2. Once cleaned, surfaces should also be disinfected regularly
 - More frequent disinfection may be required at workplaces with a high volume of workers, customers or visitors that are likely to touch surfaces
3. Surfaces and fittings should be cleaned and disinfected more frequently when:
 - Visibly soiled
 - Used repeatedly by several people, high touch areas (e.g. trolleys, checkouts, point of sale machines), and
 - After any spillage
4. Disinfection should be undertaken as part of routine cleaning depending on the likelihood of contaminated material being present at the workplace. For example, in a busy retail environment with many customers and others entering a workplace each day, more frequent disinfection is recommended to prevent the spread of COVID-19. By contrast, for a small work crew operating in the same part of a plant each day with little interaction with other people, routine disinfection in addition to daily cleaning would be required once daily.

FACILITY CLEANING IN THE CONTEXT OF COVID-19

Persons are exposed to COVID-19 everyday as part of being in the community and therefore, employers must make allowances for thorough cleaning and disinfection of all areas of possible contamination.

1. Clean and disinfect all areas (for example, offices, bathrooms, and common areas) that were used. Open outside doors and windows if possible, to increase air circulation and then commence cleaning and disinfection.

- Clean and disinfect hard surfaces using detergent and water followed by an application of an approved disinfectant agent such as 1,000 ppm bleach solution (2-step clean), for example, household bleach or hospital-grade bleach solutions that are readily available from retail stores (as per Appendix III). Bleach solutions should be made fresh daily as outlined in the MOHW guidelines.
- If another type of disinfectant is to be used, the material safety data sheet must be available, and the approval of the health department should be sought.
- Other surfaces can be disinfected with an approved disinfectant agent such as 70% alcohol, after cleaning is completed.
- Cleaning staff for an area suspected of contamination need to be equipped with appropriate Personal Protective Equipment (PPE). This may include: masks, disposable gloves and safety eyewear or face shields to protect against chemical splashes.
- If there is visible contamination with respiratory secretions or other body fluids in the area, a waterproof apron should be worn. Close off or place barriers at the affected area(s) before cleaning and disinfection.
- Once cleaning and disinfection are complete, place disposable cloths, disposable PPE and covers in a plastic rubbish bag, place it inside another rubbish bag (double-bagging) and dispose of the bag in the general waste.

2. Facility closure is not required for cleaning and disinfection to be undertaken. However, the cleaning and disinfection must occur before any workers return to affected areas.

According to the World Health Organization (WHO), for indoor spaces, routine application of disinfectants to environmental surfaces by spraying or fogging (also known as fumigation or misting) is not recommended for COVID-19.



APPENDIX I



The purpose of the risk assessment is to provide a framework for businesses/employers to make risk-informed decisions about the individuals deemed as contacts with a confirmed case of COVID-19 at the work place. This should be completed upon notification of a positive COVID-19 case within the workplace and shared when there is consultation with the local health department.

It can also be used to assist in determining whether further related action is required, such as adjustments in work processes. Some environmental health considerations are also key in the decision-making process.

NAME:.....

POSITION:.....

RISK CONSIDERATIONS	RESPONSE			REMARKS/COMMENTS
	YES	NO	N/A	
1. Contact with a confirmed case:				
I. Face to face within 1 metre/ 3 feet for more than 15 consecutive minutes				
II.Direct physical contact				
III.Shared transportation sitting within 1 metre/ 3 feet				
IV.Experiencing any of the following - fever, cough, sore throat, shortness of breath, loss of taste, loss of smell				
Persons responding "yes" to I, II or III require quarantine, and isolation if yes to IV				
2. Observance of Physical Distancing Requirements				
Arrangements in place to prevent close contact between employees (e.g. staggered work hours, work groups), same documented.				
3. Ventilation				
Updated maintenance schedule in place for HVAC system				
4. Cleaning and Disinfection				
Documented cleaning and disinfection schedule that is adhered to with a monitoring system (inclusive of high touch surfaces)				
5. Transportation				
Documented Transportation Protocol for Company Vehicle as per MOHW guidelines				

APPENDIX II

COVID-19 RISK RANKING TOOL FOR WORKPLACES



This risk ranking tool is for use by employers and businesses when making decisions about operations and employee and customer safety during the COVID-19 outbreak.

The purpose of the ranking is to provide a framework for businesses/employers to make risk-informed decisions about the operations of their businesses. This should be completed monthly and shared with the local health department when requested, and especially when there are individuals that are positive for COVID-19 at the facility.

For the purposes of this document, "risk consideration" refers to health concerns as it relates to the prevention and control of COVID-19 at work places.

Determination of Risk level for COVID-19 spread:

- Low Risk** All responses to the Risk Considerations are 'YES' and 'N/A'
- Medium Risk** All responses to the shaded Risk Considerations are 'YES' and 'N/A'
- High Risk** One or more response(s) to any of the shaded area is/are 'NO'

NAME & ADDRESS OF ESTABLISHMENT:

CONTACT PERSON & NUMBER:.....



RISK CONSIDERATIONS	RESPONSE			REMARKS/COMMENTS
	YES	NO	N/A	
Population/Employees Risk level				
				Number of employees: []
Employees with COVID19 symptoms (i.e., fever, cough, sore throat, shortness of breath, loss of taste, loss of smell) advised to stay away from the workplace;				
Communication about risk to staff/clients emphasized				
Staff encouraged to use individual measures such as frequent hand hygiene, social distancing, respiratory etiquette and staying home when ill;				
Face-to-face contact between employees minimized or work tasks assigned to maintain a distance of six feet from other workers, customers and visitors, or to telework if possible.				
Mechanism in place to capture complaints, concerns from the employees				

RISK CONSIDERATIONS	RESPONSE			REMARKS/COMMENTS
	YES	NO	N/A	
Arrangements in place to ensure:				
Physical distancing requirements are met (6 feet apart with masks or no less than 3 feet with masks and barriers)				
Suitable isolation room or space identified and properly equipped (waterproof lining on bed or chair, handwashing or hand sanitization facility)				
Masks are worn at all times				
Limited or no direct physical contact				
Hand hygiene facilities (hand washing or sanitization) are in place at the entrance to the facility and at least one (1) in each major work area				
Hand hygiene facilities fully operational and equipped with the necessary supplies in the last 30 days				
Ventilation				
Fresh air intake in the facility (natural or mechanical means)				
Use fans in areas that do not have adequate ventilation				
Individual fans instead of roof fans				
An appropriate HVAC system in place based on the nature of your operations as per engineer's recommendation(state type)				
Split AC units are used, located in the roof/ ceiling with appropriate exhaust system at the ground level				
Documented maintenance programme in place for HVAC system and documentary evidence that it is adhered to				
Cleaning and Disinfection				
Documented cleaning and disinfection plan with provision for routine, periodic and deep cleaning				
Documented cleaning schedule that is adhered to and a monitoring system				
Cleaning and disinfection procedures documented and available and adhered to				
Stock out of cleaning and disinfection supplies at the facility in the last 30 days				
Established frequency for the cleaning and disinfection of high touch surfaces with monitoring system (state frequency)				
Facility and grounds maintained in a clean and sanitary manner				
Transportation				
Documented Transportation Protocol for Company Vehicle				
Appropriate arrangements in place for the transportation of ill or COVID -19 person				



APPENDIX III

IMPORTANT NOTES REGARDING MOPS AND WIPING CLOTHS

- These will become contaminated with microorganisms from the environment and must be laundered daily and dried
- They must be available in adequate quantities
- There should be dedicated supplies for cleaning and disinfection of:
 - contact surfaces, following a suspected or confirmed case
 - sanitary facilities
 - food serving and preparation areas
- Care of cleaning equipment:
 - Mop heads and cloths should be laundered, disinfected, and completely dried before reuse
 - Buckets should be emptied and cleaned with a new batch of disinfectant and allowed to dry completely before reuse



DISINFECTANT SOLUTIONS:

1. Hypochlorite 5.25 % (Sodium Hypochlorite, Bleach)

Hypochlorite, the active ingredient found in household bleach is effective against COVID-19, Hepatitis B and C, HIV, other viruses, and bacteria, including some spores. However, it is inactivated by organic matter and solutions deteriorate rapidly. Solutions should be diluted from a concentrated solution each day.

Concentrated hypochlorite is usually supplied in a 10% solution (10 000ppm av. Chl.) therefore a 1% solution is made by diluting 1-part concentrated solution in 9 parts water. Concentrated solutions of hypochlorite are corrosive and damage both metals and fabrics, thus, some surfaces can be disinfected with 70% alcohol.

Additional information regarding the dilution is contained in the MOHW Cleaning and Disinfection Guidelines.

2. Alcohol(s)

Ethyl Alcohol (70%) and Isopropyl Alcohol 70% are rapid acting surface disinfectants that are effective against bacteria and most viruses.



APPENDIX IV

**CONTACT INFORMATION
LOCAL HEALTH DEPARTMENTS**



Parish	Email	EOC Telephone 1	EOC Telephone 2	EOC Telephone 3
Clarendon	clarendoneoc36@gmail.com	876-986-9043		
St Elizabeth	stelizabetheoc20@gmail.com	876-589-0811	876-965-2266	WhatsApp 876-828-1680
Manchester	srhamhd.eoc@srha.gov.jm	876-961-0128		
St Mary	eoc.stmary@nerha.gov.jm	876-542-5621	876-587-9371	
St Ann	eoc.stann@nerha.gov.jm	876-542-5613	876-587-9374	
Portland	portlandeoc@gmail.com eoc.portland@nerha.gov.jm	876-587-9404	876-542-5623	
Westmoreland	wphseoc2020@gmail.com	876-312-8572	876-918-0519	
Hanover	hanovereoc20@gmail.com	876-956-9873		
St James	stjeoc@wrha.gov.jm	876-952-2512	876-940-2617	
Trelawny	thseoc@gmail.com	876-312-8535	876-725-7337	
KSA	ksahdeoc@gmail.com	876-926-1550-2 Ext 236	876-906-5496	
St Thomas	sthdeoc2020@gmail.com	876-549-2078	876-982-2304	876-982-1619 Ext 2214.
St Catherine	stchdeoc@gmail.com	876-548-1088	876-538-2780	876-538-3149



REFERENCES:

1. Ministry of Health Facilities Infection Control Policies and Procedures Manual 2000, Revised: 2014
2. Advice and guidance from WHO on COVID <https://www.who.int/emergencies/diseases/novel-coronavirus-2019: Getting your workplace ready for COVID-19>
3. Safe work Australia: COVID-19 Information for Workspaces
4. Guidelines for Environmental Cleaning and Disinfection for Institutions including healthcare and residential facilities (Ministry of Health and Wellness, July 2020)
5. Coronavirus Disease 2019 (COVID-19) Epidemiological Surveillance Protocol (Version 19)
6. Discharge Protocol For Persons Who Have Tested Positive For COVID-19 (Version 3.3)