

Contents

1. BACKGROUND.....	1
2. SCOPE	2
3. DEFINITIONS.....	2
4. RESPONSIBILITIES	5
5. EXPOSURE DETERMINATION.....	6
6. SPREAD AND TRANSMISSION CONTROL.....	11
7. CLEANING AND DISINFECTION	19
8. EXPOSURE INCIDENT	24
9. MEDICAL CONFIDENTIALITY	28
10. TRAINING REQUIREMENTS.....	29
11. RECORDKEEPING.....	30
12. VENDOR AND CONTRACTOR ACKNOWLEDGEMENT	31
13. REFERENCES	31
14. APPENDICES.....	31

1. BACKGROUND

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by a newly discovered coronavirus named “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2). The first cases were reported in Wuhan, China on December 31, 2019. Following the global spread of this new virus, the World Health Organization (WHO) declared a pandemic on March 11, 2020.

The COVID-19 pandemic presents unprecedented challenges to our workforce and operations. This document is intended to provide the necessary guidance and actions to reduce the impact of COVID-19 outbreak conditions during all Housing Opportunities Unlimited (HOU) operations.

The safety and health of our employees, clients, and residents that we serve is of the utmost importance to us. HOU operates on a national basis and is closely monitoring the Center for Disease Control (CDC), the World Health Organization (WHO) and applicable public health agency guidelines as well as local, state, and federal requirements and recommendations regarding COVID-19.

2.SCOPE

Applies to all HOU employees, clients, residents, vendors, and contractors as guidance and direction to minimize the risk of being exposed to and/or spreading the SARS-CoV-2 virus.

3. DEFINITIONS

Asymptomatic Person is a person that is NOT exhibiting symptoms related to a disease.

CDC is an acronym for the U.S. Centers for Disease Control and Prevention.

Close Contact is being within approximately six (6) feet of a confirmed, suspected, or probable COVID-19 case, person under investigation (PUI), or symptomatic person for a prolonged period of time (*see definition for Prolonged Period*) or having direct contact with infectious secretions of a confirmed COVID-19 case, person under investigation (PUI), or symptomatic person (e.g., being coughed on).

Community Spread means an area where people have been infected with the virus, including some who are not sure how or where they became infected, i.e. they have no knowledge of contact with an infected individual.

Contact Transmission (Direct) Occurs when the infectious agent is transferred from an infected person to another person through physical contact (i.e., skin-to-skin contact). For example, an infectious individual shaking hands can contaminate the hands of another person who then touches their face, mouth, or nose.

Contact Transmission (Indirect) Occurs when the infectious agent is transferred from a contaminated surface or object to an individual who touches that surface and then touches their face, mouth, or nose. In the workplace, items handled by multiple employees (e.g., photocopy machines, computers, phones, and door handles) are likely routes of indirect contact transmission unless everyone practices good hand hygiene.

Contamination refers to the presence of bodily fluids either confirmed or suspected to contain SARS-CoV-2 viral particles on surfaces, personal protective equipment, in air, etc. It also refers to visible soiling of these same items with dirt, liquids, or other apparent grime.

Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). This family of viruses are known to originate in a range of animals.

Coronavirus Disease 2019 (COVID-19) is a respiratory illness that is caused by the new coronavirus, SARS-CoV-2; the disease is easily spread from person to person.

COVID-19 Case (Confirmed) A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

COVID-19 Case (Probable) A.) A suspect case for whom testing for the COVID-19 virus is inconclusive. OR B.) A suspect case for whom testing could not be performed for any reason.

COVID-19 Case (Suspect)

A.) A patient with acute respiratory illness (fever and at least one sign/symptom of

respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; OR

B.) A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset; OR

C.) A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Day Space is a vacant unit or secure area (e.g. community space) set up for one household to use at a time. Day spaces will be used during in-unit rehabilitation and relocation efforts.

Face Cover/Face Covering Any well-secured paper or cloth (like a bandana or scarf) that covers a wearer's mouth and nose to protect nearby personnel from the wearer's respiratory emissions such as large droplets, splashes, or sprays of bodily fluids. Face coverings are not surgical masks and are **not considered a respirator or a type of personal protective equipment**.

Fever is medically defined by the United States Centers for Disease Control and Prevention (CDC) as a temperature of 100.4°F or higher. Some state and local authorities have established a lower numerical threshold; always utilize the most conservative number. Massachusetts has determined that a fever is a temperature greater than 100.3.3°F

Hierarchy of Controls are control measures used by occupational health and safety professionals to eliminate hazards including elimination (physically removing the hazard), substitution (replace the hazard), engineering controls (isolate the hazard from the employees or remove the hazard at the sources), administrative controls (change the way employees work), and personal protective equipment (providing equipment to protect employees). The idea behind the hierarchy is that when control measures are implemented in the order noted above (most effective to least effective) risk or injury can be substantially reduced with inherently safer systems.

Infectious Agent A pathogen that infiltrates the body.

Isolation means the separation of a person or group of people known or reasonably believed to be **infected with COVID-19 and potentially infectious** from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Mass Gathering is defined by the CDC as a planned or spontaneous event with a large number of people in attendance that could strain the planning and response resources of the community hosting the event.

Mucous Membrane A moist membrane lining all body passages that communicate with the air, such as the respiratory tract, eyes, nose, and mouth, etc. The fluid lining the membrane may contain infectious agents.

N95 Respirators are particulate filtering facepiece respirators designed to filter at least 95% of airborne particles but are not resistant to oil. N95 respirators are evaluated, tested, and



approved by the National Institute for Occupational Safety and Health (NIOSH).

OSHA is an acronym for the U.S. Occupational Safety and Health Administration.

Person Under Investigation (PUI) is defined as a person presenting with symptoms of COVID-19 and is under investigation and/or monitoring by public health officials.

Personal Protective Equipment (PPE) is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. It is the least effective of the recognized hazard control measures.

Prolonged Period is an extended time period, defined by the CDC as at least fifteen (15 minutes); while the CDC and the World Health Organization have not provided clarification on how to calculate this time, HOU employees, clients, resident, vendors and contractors will measure this time period as cumulative time (i.e. within six feet with Person A for 5 minutes, then 10 minutes, will meet the definition of prolonged period).

Quarantine in general means the separation of a person or group of people reasonably believed to have been **exposed to SARS-CoV-2 but not yet symptomatic**, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

SARS-CoV-2 is a new coronavirus that was first discovered in Wuhan, China following an investigation surrounding clusters of pneumonia cases; it is also known as the 2019 Novel Coronavirus. Scientists are still trying to determine how SARS-CoV-2 spread to people from a likely non-human reservoir.

Self – Monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self – Observation means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Social Distancing means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance, at least (6) feet or two (2) meters, from others when possible. Staying at least six feet away from other people lessens the chances of COVID-19 infected droplets landing in the mouths or noses of people who are nearby or possibly being inhaled into the lungs.

Symptomatic Person is a person that is exhibiting symptoms related to a disease; in the case of COVID-19 and this plan, a symptomatic person has a **fever, cough, or difficulty breathing, among others**; consult the [CDC's website](#) for the most recent list of COVID-19 symptoms.

WHO is an acronym for the World Health Organization.

4. RESPONSIBILITIES

This program applies to all HOU employees, clients, residents, contractors, and vendors that will participate in the resident relocation, case management and resident services efforts.

4.1 HOU Executives

- Ensure the COVID-19 response plan is successfully implemented and understood by all stakeholders.
- Ensure this plan is updated as needed to reflect the most current government agency information and guidance related to COVID-19 and public health (such as, but not limited to, information published by the CDC, WHO, and OSHA).
- Ensure Project Managers refer to local and state guidelines to ensure compliance with their requirements and guidelines.
- Support Project Managers and employees and discuss precautions being implemented prior to each project.
- Help ensure that exposure incidents are reported and assessed and recommended corrective actions are implemented. Ensure the development and delivery of COVID-19 training for all employees.

4.2 HOU Project Directors, Associate Project Directors and Project Managers

- Review client's procedures, protocols, and requirements prior to site visits.
- Ensure training is current and provide site and project - specific information to employees. Ensure employees have a strong understanding of this plan.
- Enforce the implementation of/compliance with all parts of the COVID-19 response plan on specific sites/projects, including vendor and contractor compliance.
- Provide all necessary engineering controls, administrative controls, and personal protective equipment to employees in order to comply with the procedures and policies outlined in this plan.
- Help ensure that exposure incidents are reported and assessed and recommended corrective actions are implemented.

4.3 All HOU Employees

- Comply with the policies and procedures outlined in this plan.
- Evaluate each worksite and become familiar with all known job hazards and associated control methods prior to each work shift.
- Notify your Supervisor and Project Manager immediately if a worker had close, prolonged contact with a person displaying COVID-19 symptoms (with or without laboratory confirmation), or a person with laboratory-confirmed COVID-19. AND was present on a HOU site within 14 days of the exposure.

- Be vigilant at offices, client sites and travel in-between and implement measures to minimize transmission and risk of exposure.
- Ensure all required PPE is in safe working condition.
- Complete COVID-19 specific training.

4.4 Clients

- Comply with the policies and procedures outlined in this plan.

4.5 Residents

- Comply with the policies and procedures outlined in this plan.

4.6 Vendors/Contractors

- Comply with the policies and procedures outlined in this plan.
- Provide HOU a copy of their COVID-19 plan for review and approval. The plan should meet or exceed the specified guidelines in this plan.
- Provide HOU with documentation that all employees who are expected to work at or visit an HOU site have reviewed this program and have completed COVID-19 specific training.
- Ensure they are familiar with any potential risk of COVID-19 exposure at the worksite prior to each work shift.
- Direct their employees to contact their direct Supervisor and an HOU representative/contact person immediately if they or another worker had close, prolonged contact with a person displaying COVID-19 symptoms (with or without laboratory confirmation), or a person with laboratory-confirmed COVID-19 AND was present on a HOU site within 14 days of the exposure.

5. EXPOSURE DETERMINATION

5.1 COVID-19 Symptoms

People with COVID-19 have had a wide range of symptoms reported, ranging from mild to severe. It is important to check CDC's website frequently, for the most current list of signs and symptoms of the disease (see link below). Symptoms may appear 2-14 days after exposure and include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat

- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Emergency warning signs for COVID-19 include, but not limited to:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

The following link will take you to the CDC webpage describing signs and symptoms: [CDC: Symptoms of COVID-19](#)

Appendix A contains resources for employees to learn more about COVID-19 symptoms and how to manage symptoms at home.

5.1 At Risk Population

Some people may be at higher risk for more serious complications from COVID-19, these groups include:

- Older adults – defined by WHO as people over 60 years old and defined by the CDC as people 65 years and older.
- People with underlying medical condition of any age, such as:
 - Blood disorders (e.g., sickle cell disease or on blood thinners).
 - Chronic kidney disease as defined by your doctor. Patients have been told to avoid or reduce the dose of medications because of kidney disease, or are undertreatment for kidney disease, including receiving dialysis.
 - Chronic liver disease as defined by your doctor (e.g., cirrhosis, chronic hepatitis). Patients have been told to avoid or reduce the dose of medications because of liver disease or are under treatment for liver disease.
 - Compromised immune system (immunosuppression) (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, receiving an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS).
 - Current or recent pregnancy in the last two weeks.
 - Endocrine disorders (e.g., diabetes mellitus).

- Heart disease such as congenital heart disease, congestive heart failure and coronary artery disease.
- Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen.
- Metabolic disorders such as inherited metabolic disorders and mitochondrial disorders.
- Neurological and neurologic and neurodevelopment conditions including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.

5.2 How COVID-19 Spreads

5.2.1 Person to Person

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another; within six (6) feet.
- Through respiratory droplets produced when an infected person talks, coughs or sneezes. These droplets can contact the mucous membranes of people who are nearby through direct contact

While some person-to-person spread might be possible before the infected person shows symptoms (e.g. asymptomatic infected person), people are thought to be most contagious when they are most symptomatic (i.e. the sickest).

5.2.2 Contact with Contaminated Surfaces

The virus may also spread indirectly by a person touching a surface contaminated with infected droplets, and then touching their eyes, mouth, or nose. This second route of contamination is not thought to be the main way the virus is spread.

5.2.3 Virus Transmission

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious (spread easily), like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained (spreading continually without stopping).

SARS-CoV-2 seems to be spreading easily and sustainably in the community in some affected geographic areas by “community spread”. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected, i.e. they have no knowledge of contact with an infected individual.

5.3 Surface and Air Survivability

Scientists believe that SARS-CoV-2 can survive on inanimate surfaces like metal, glass, or plastic for up to seven days; Reference (2) (3). Recent studies have also suggested that SARS-

CoV-2 can remain infective as an aerosol (produces droplets in the air) for at least three hours, though some aerosol physicists argue for much longer estimates. Reference (4) (5).

Because this is a new virus, there are still uncertainties about its transmission, health risks, and other characteristics. More information will become available as the outbreak and investigations continue.

5.4 Sources of SARS-CoV-2 Exposure

Two main sources of SARS-CoV-2 exposure include:

- Prolonged close contact with employees, clients, residents, vendors, and/or contractors
- High touch points at HOU offices and resident sites (i.e. doorknobs, railings, faucets, toilets, keyboards, mice).

5.5 Worker Exposure Risk Category

Worker risk of occupational exposure to SARS-CoV-2 during an outbreak varies, depending on the industry type, need for contact within six (6) feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2.

The Occupational Safety and Health Administration (OSHA) has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. OSHA's Occupational Risk Pyramid below shows the four exposure risk levels in the shape of a pyramid to represent distribution of risk; shows most American workers falling into the lower exposure risk (caution) and medium exposure risk levels.



Figure 1. OSHA's Occupational Risk Pyramid for COVID-19

Based on the likelihood for exposure to known or suspected sources of SARS-CoV-2, HOU employees will typically fall in the lower exposure risk (caution) and medium risk exposure levels.

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with; such as within six (6) feet the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with, such as within six (6) feet of, 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 general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing bodies of people known to have or suspected of having COVID-19 at the time of death.

Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

HOU employees are deemed to be at low risk while working at HOU offices or their home. HOU employees, clients, vendors, and subcontractors may have the potential

to be deemed at medium risk depending on the specific job duty. For example, coming into contact with a resident(s) with COVID-19 but is asymptomatic while performing duties at a client site.

6. SPREAD AND TRANSMISSION CONTROL

6.1 HOU Offices, Case Management and Resident Services

HOU employees are encouraged to work from home as much as possible if their presence is not needed in their office or at a client site until further guidance is provided. The following guidelines are provided to assist in reducing the risk.

6.1.1 Elimination – Removal of the Hazard

6.1.1.1 Stay at Home Policy

To reduce the spread of COVID-19, employees who are sick, or were potentially exposed to COVID-19, must stay home, and contact their Supervisor before returning to work. Employees must not come into work and shall contact their Supervisor if:

- Experiencing any COVID-19 symptom.
- Awaiting results of a COVID-19 test.
- Suspect they have COVID-19.
- Someone in their household has or is suspected of having COVID-19.
- They have come in contact with someone who has, or is suspected of having, COVID-19.

6.1.1.2 Temperature Screening and Questionnaire

To mitigate the risk of transmission of COVID-19 in the workplace, HOU employees, clients, residents, vendors, and subcontractors are required to perform self-temperature screening, prior to leaving their home for an HOU office. Anyone having a temperature of 100.3°F (38.0°C) or greater should not come to an HOU office. HOU employees, clients, residents, vendors, and subcontractors are also required to complete a self-screening questionnaire prior to leaving for a client site. The questionnaire is provided in Appendix B. The HOU employee that invited the visitor shall administer the questionnaire verbally upon arrival and note the results on the HOU COVID-19 Daily Log.

6.1.2 Engineering Controls – Isolate the Hazard from the Employee

6.1.2.1 Ventilation

- Where applicable, ventilation rates and quantity of outdoor fresh air will be increased as appropriate. Consult with building managers on ventilation system capabilities.
- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- The filtration system in the ventilation system will operate with the highest efficiency filters possible; preferably with a minimum efficiency reporting value (MERV) rating of 13 or higher.

- When feasible, open office windows to the outdoors.
- Consider stand-alone portable HEPA filtration units in high occupancy/high traffic areas (such as building entryways).

6.1.2.2 Physical Barriers

- § Modify or adjust seats, furniture, or workstations to maintain social distancing of 6 feet between employees.
 - § Install transparent shields or other physical barriers where possible to separate employees and visitors where social distancing is not an option.
 - § Arrange reception or other communal seating area chairs by turning, draping (covering chair with tape or fabric so seats cannot be used), spacing, or removing chairs to maintain social distancing.
- § Use methods to physically separate employees in all areas of the facilities including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms.
 - § Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
 - § Replace high-touch communal items, such as coffee pots, water coolers, and bulk snacks, with alternatives such as pre-packaged, single-serving items.

6.1.3 Administrative Controls – Change the Way(s) Employees Work

All employees should monitor public health communications about COVID-19 recommendations by frequently checking the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov. Any employee displaying symptoms of COVID-19 or otherwise feeling unwell should stay home. If an employee develops symptoms of COVID-19 during the workday, they should contact human resources, head home and should be counseled to contact their medical provider.

6.1.3.1 HOU COVID-19 Daily Log

All HOU staff are responsible for completing/signing off on the HOU COVID-19 Daily Log for themselves and any office visitors. The daily log will record:

- Name of the HOU employee, office location and date
- Name of any client, resident, vendor/subcontractor, and company at the office (if applicable)
- Confirmation that the self-temperature screening was below 100.3°F (38.0°C)
- Results from the health screening questionnaire
- Confirmation that PPEs are being utilized in accordance with this plan



The HOU COVID-19 Daily Log is provided in Appendix C.

In order to eliminate the need to share paperwork and/or writing utensils, the HOU employee completing the HOU COVID-19 Daily Log shall sign the document in lieu of the visitor.

The HOU COVID-19 Daily Log will be regularly monitored by a HOU Project Director and Human Resources.

6.1.3.2 Personal Hygiene

HOU employees will be proactive by practicing good personal hygiene, specifically by ensuring hands are effectively washed at the appropriate times. Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, after using the restroom, and after contact with high-touch surfaces.

Appendix D illustrates the appropriate means and methods for effectively washing hands. When access to soap and water is limited, using an alcohol-based hand sanitizer containing at least 60% ethanol or 70% isopropanol can be an interim substitute:

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.
- When water and soap become available, wash your hands.

To the extent possible, avoid touching high-touch surfaces in public places such as door handles. Avoid personal contact such as handshaking, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something. Avoid touching your face, including the mucous membranes of the nose, eyes, etc.

6.1.3.3 Physical Separation

To the extent possible, the following measures will be taken in each HOU office:

- Individuals will not enter a doored office or workstation occupied by another without a face covering.
- If formal meetings are required within an office, online meeting platforms like Zoom and/or Houseparty will be used to facilitate the meeting.
- For other communication needs within an office, employees will utilize in-office phone services and/or online platforms.
- Employees will be encouraged to not linger or socialize in common areas such as kitchens, lobbies, or conference rooms.
- Employees will not use crowded elevators. If maintaining at least six feet of distance between each elevator user is not feasible, the employee will wait for the next car, or take the stairs. Wash hands or use hand sanitizer after using

an elevator, or touching doorknobs, handles or exit bars. Where appropriate and applicable, working from home will be encouraged depending on project needs. This will be arranged on a case-by-case basis.

6.1.3.4 Cleaning and Disinfection

Further information on cleaning and disinfection are provided in Section 7.0 below.

- Appropriate cleaning/disinfecting supplies will be provided to employees to utilize before/after use of common spaces and contact with high touch surfaces (i.e. doorknobs, railings, faucets, copiers, printers, fax machines, keyboards, mouse, refrigerators, microwaves, etc.).
- Employees are responsible for cleaning/disinfecting bathroom surfaces before/after use.

Additional guidance for HOU employees traveling during a pandemic have been included in Appendix E.

6.1.4 Personal Protective Equipment (PPE) – Equipment Provided to Employees to Reduce Hazards

All PPE requirements established via a job hazard assessment before the COVID-19 pandemic remain in effect, unless otherwise instructed.

6.2 Client Sites

The following measures will be required while working at client sites/residences. The Project Manager will consult with the client to identify minimum requirements while on-site. Work duties and work sites vary significantly between HOU employees, clients, residents, vendors, and subcontractors and will pose different levels of risk. It is the responsibility of all parties to ensure proper controls will be implemented to reduce the risk as low as feasibly possible.

HOU employees will enforce these guidelines for all business-related parties on-site. If one or more of the controls outlined in this plan are not followed, HOU employees will immediately escalate the issue to their Supervisor.

All parties are encouraged to complete as much work off-site as possible and leave a site upon completion of all job tasks.

6.2.1 Elimination – Removal of the Hazard

6.2.1.1 Stay at Home Policy

To reduce the spread of COVID-19, parties who are sick, or were potentially exposed to COVID-19, must stay home, and contact their Supervisor before returning to work.

Employees must not come into work and shall contact their Supervisor if:

- Experiencing any COVID-19 symptom.
- Awaiting results of a COVID-19 test.
- Suspect they have COVID-19.

- Someone in their household has or is suspected of having COVID-19.
- They have come in contact with someone who has, or is suspected of having, COVID-19.

6.2.1.2 Temperature Screening and Questionnaire

To mitigate the risk of transmission of COVID-19 in the workplace, HOU employees, vendors and subcontractors are required to perform self-temperature screening, prior to leaving for a client site. An employee having a temperature of 100.3°F (38.0°C) or greater should not come to the client site. HOU employees, vendors and subcontractors are also required to complete a self-screening questionnaire prior to leaving for a client site. The questionnaire is provided in Appendix B.

6.2.2 Engineering Controls – Isolate the Hazard from the Employee

6.2.2.1 Ventilation

- Where applicable, ventilation rates and quantity of outdoor fresh air will be increased as appropriate. Consult with building managers on ventilation system capabilities.
- The filtration system in the ventilation system will operate with the highest efficiency filters possible; preferably with a minimum efficiency reporting value (MERV) rating of 13 or higher.
- When feasible, open windows to the outdoors.
- Consider stand-alone portable HEPA filtration units in areas where low ventilation rates may occur.

6.2.3 Administrative Controls – Change the Way(s) Employees Work

All stakeholders should monitor public health communications about COVID-19 recommendations by frequently checking the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov. Any employee displaying symptoms of COVID-19 or otherwise feeling unwell should stay home. If an employee develops symptoms of COVID-19 during the workday, they should be sent home and should be counseled to contact their medical provider.

Any person displaying symptoms of COVID-19 or otherwise feeling unwell should stay home. If an employee develops symptoms of COVID-19 during the workday, they should be sent home and should be counseled to contact their medical provider.

6.2.3.1 HOU COVID-19 Daily Log

All HOU staff that are visiting client sites/residences are responsible for completing/signing off on the HOU COVID-19 Daily Log. The daily log will record:

- Name of the HOU employee, office location and date
- Name of client, resident, vendor/subcontractor, and company on site (if applicable)
- Confirmation that the self-temperature screening was below 100.3°F (38.0°C)

- Results from the health screening questionnaire
- Confirmation that PPEs are being utilized in accordance with this plan
- Building/Unit(s)

The HOU COVID-19 Daily Log is provided in Appendix C

In order to eliminate the need to share paperwork and/or writing utensils, the HOU employee completing the HOU COVID-19 Daily Log shall sign the document in lieu of the visitor.

The HOU COVID-19 Daily Log will be regularly monitored by a HOU Project Director and Human Resources.

6.2.3.2 Personal Hygiene

All individuals will be proactive by practicing good personal hygiene, specifically by ensuring hands are effectively washed at the appropriate times as outlined in Section 6.1.2.2. To the extent possible, individuals will avoid touching high-touch surfaces in public places and private residences such as door handles, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something. Avoid touching your face, including the mucous membranes of the mouth, nose, eyes, etc. If hand washing facilities are not readily accessible, hand sanitizer will be utilized before and after contacting high touch points.

6.2.3.3 Physical Separation

To the extent possible, all parties will maintain at least six feet separation from each other and client employees.

NOTE: It is important to understand that social distancing is a prevention strategy designed to decrease the likelihood that non-infected people come in contact with COVID-19 infected droplets. However, due to the operational demands of relocation, case management, and resident services, there are some instances where maintaining a minimum of six feet separation from other parties is not practical and could present added risks to the workforce (e.g. moving contractors having to perform a team lift of large furniture). It is important that all parties strive to practice social distancing unless doing so presents a safety hazard, or it is deemed not achievable; in these situations, it is critical to implement other controls described in this section.

- Meetings, mealtimes, and breaks should be executed in a manner that limits close contact as much as possible. Examples of this include but are not limited to; staggering mealtimes and breaks, separating meetings into smaller groups (fewer than 10 people) and maximizing distance during the meeting, or utilizing phone and video conferences to conduct meetings.
- Limit only one employee per vehicle while traveling to the sites.
- Clipboards and writing material (i.e. pen and pencils) will not be shared among employees. If a sign-in sheet is required, the party hosting or running the meeting or event will create a list of those attending and sign on behalf of all those present.

- All employees must take everyday precautions to reduce the risk of getting sick:
 - Avoid close contact with people who are sick.
 - Wash your hands often with soap and (warm or cold) water for at least 20 seconds. See Appendix D for proper handwashing technique.
 - Before eating lunch
 - Before smoking or use of e-cigarettes
 - After using the bathroom
 - After blowing your nose, coughing, or sneezing
 - After using shared equipment, tools, surfaces, etc.
 - If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol (ethanol or isopropyl).
 - NOTE: Hand sanitizer is less effective if hands are visibly dirty.
 - To the extent possible, avoid touching high-touch surfaces in public places such as door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
 - Avoid touching your face, nose, eyes, etc.
 - Avoid all non-essential travel including plane trips.
 - Clean and disinfect workspaces and work materials by following guidance outlined in Section 7. Cleaning and Disinfection.
 - Do no share group food (e.g. shared sandwich trays, donuts, etc.)

Additional guidance for construction contractors can be found in Appendix F.

Additional guidance for moving contractors can be found in Appendix G.

6.2.3.4 Relocation of Residents

The plan for in-unit rehab will depend upon the campaign, the schedule, and the duration of in-unit work. All sections of this response plan must be followed as applicable.

Day Relocation for Occupied Residence Rehabs

At a minimum, the procedure for relocation during occupied residence rehabs will include the following:

- Resident(s) will have access to a day space, where they must spend their day until the work-shift (larger projects) or the rehab is complete. Residents are free to make their own arrangements outside of the day space and building during construction but must leave their residence.
- Day spaces will be cleaned and disinfected before and after each use by a third-party vendor. The vendor will use cleaning products and methods outlined in

this plan. Upon completion of the cleaning, the vendor will fill out the HOU COVID-19 Clean Unit Certification form and submit to HOU.

- Day spaces shall not be shared by members of multiple residences.
- In cases where day spaces are not available, HOU will utilize local hotels to provide day spaces. Brand name hotels should be selected and the HOU Project Manager should discuss the hotels cleaning and disinfection plan with a hotel manager. Additionally, HOU should request the following when setting up a hotel before a resident enters the room:
 - Information on whether any employees have had confirmed, probable, or suspected cases of COVID-19
 - All moveable/unnecessary soft/porous surfaces (e.g. throw pillows, couches, chairs) and multi-use items such as coffee makers should be removed
 - Single use soaps, shampoo and toiletries should be provided
 - Confirm that check-in/check-out can be done contact free
- Contractors working in units will be required to comply with all the guidelines outlined in this plan.
- Upon completion of the work-shift (larger projects) or the rehab, all impacted areas of the residence will be cleaned and disinfected in accordance with this plan by HOU's third-party vendor. Upon completion of the cleaning, the vendor will fill out the HOU COVID-19 Clean Unit Certification form and submit to HOU.
- Additional information for residents regarding day location occupied rehabs is provided in Appendix H.

Day Relocation for Relocation Efforts

Guidelines for day spaces during relocation efforts are noted above. Additional information on steps parties should take before, during and after relocation are outlined in Appendix H.

6.2.3.5 Face Coverings

Face coverings are not considered to be PPE, but are meant to help keep large particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria) from others and from workspace surfaces.

Based on the vulnerability of some of the resident population at client sites, face coverings should be worn while inside all client sites and private residences. Reusable face coverings should be properly cleaned every day. Disposable face coverings should be discarded at the end of the day. Information on how to properly make and maintain a face covering can be found at the following CDC link: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

Proper use of a Face Covering:

- Wash your hands with soap and water before putting on the face covering.
- Cover your mouth and nose with the face covering, making sure there are no gaps between it and your face. If the face covering has a bendable metal nosepiece, bend the piece to fit over your nose.
- Avoid touching the surface of the face covering. If you remove the face covering, store it in a manner that avoids cross-contamination (e.g. in a paper lunch bag)
- Discard disposable face coverings immediately after using.
- Wash hands after removing face covering.
- Clean/Disinfect cloth face coverings daily or dispose of paper masks.

6.2.4 Personal Protective Equipment (PPE) – Equipment Provided to Employees to Reduce Hazards

Each employee should have their own safety glasses, gloves, etc., labeled with their name. Reusable PPE must be user labeled and disinfected by the user prior and at the end of each use and must not be shared. Disposable PPE should be discarded per HOU policies and manufacturer's guidance.

Gloves

Gloves (reusable or disposable) are required for the following work tasks:

- Operations or tasks where tool and/or parts sharing takes place (e.g. relocation activities using dollies, handcarts, moving furniture)

If using reusable gloves, the user must clean and disinfect them in between contacts, and frequently throughout the work shift using hand hygiene practices.

If using disposable gloves, refer to Appendix I for the CDC's guidelines on removing gloves

Eye Protection

Eye protection (e.g. goggles or face shields) should be used when social distancing rules cannot be followed. Eye protection must be cleaned and disinfected at the end of the work shift.

Respiratory Protection

Respiratory protection equipment must be donned during completion of any task where it was previously required (e.g. concrete cutting, drywall sanding) based on OSHA regulations or exposure assessment information.

7. CLEANING AND DISINFECTION

7.1 HOU Offices

It is not known how long the SARS-CoV-2 virus can survive outside of a human host. But it is known that the virus is susceptible to disinfectants. Perform targeted cleaning and disinfection of frequently touched hard, non-porous surfaces, such as elevator buttons, doorknobs, light switches, handrails, appliances, counter tops, drawer pulls, tables, sinks,

faucet and toilet handles, drinking fountains, push plates, phones, keyboards, tablets, keys and remote controls.

The following procedures for handling, cleaning and disinfecting surfaces will help protect employees from exposure.

All employees are responsible for cleaning and disinfecting items they personally handle PRIOR TO AND AT THE END OF EACH USE using the procedures outlined in this section and cleaning and disinfection products. Approved disinfectants must be selected from the U.S. EPA's list of disinfectants approved for use against SARS-CoV-2. This list is updated frequently. See: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

The following cleaning procedures will be followed:

- Ventilate the area. Clean frequently touched surfaces routinely, wearing disposable gloves, using soap and water.
- Then, use EPA-registered household disinfectant, using the personal protective equipment recommended by the manufacturer on the Safety Data Sheet and following the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping surface wet for a specified period of time (see product label).
- For soft surfaces such as carpeted floor, rugs, and drapes, clean the surface using soap and water or with cleaners appropriate for use on these surfaces. Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- For electronics, such as tablets, touch screens, keyboards, consider putting a wipeable cover on them, and clean frequently using alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly. If the electronic equipment does not have a wipeable cover, follow manufacturer's instruction for cleaning and disinfecting. If there is no guidance from the manufacturer, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly. Clean hands thoroughly after removing and discarding gloves.

7.2 Client Sites/Residences

To ensure cleaning products are safe for all building occupants, including those described in section 5.2 At Risk Population, the following guidelines must be followed when cleaning at client sites or in residences.

- Maximize ventilation with outside air during and after cleaning and prior to daily building occupancy. Open windows and doors as necessary to supplement mechanical ventilation.
- Consider using cleaning products certified by Green Seal Standards for Industrial and Institutional Cleaners, GS-37, and GS-53. These products have been evaluated for performance and use in areas where there are vulnerable populations, such as in

senior housing. GreenSeal cleaners can be found [here](#).

- If spray products are used, consider limiting their use to cleaning and disinfecting unoccupied areas.
- Preferably use HEPA vacuums for cleaning.
- If label allows, apply disinfectant (after mixing with water as label directs) onto a microfiber cloth to wipe surfaces.
- Dilute cleaning and disinfectant products as appropriate for application.
- Disinfect areas only as often as necessary or required.
- Allow disinfectant to remain wet on surfaces for contact time for enveloped viruses (like SARS-CoV-2) stated by manufacturer, to properly disinfect.
- Consider wet wiping surface with clean microfiber cloth and water to remove residual disinfectant from surface.
- Direct cleaning personnel to wear personal protective equipment as required by the manufacturer and noted on the safety data sheets.
- When cleaning resident non-porous flooring, use a split bucket system, with the cleaning solution on one side and the rinse water on the other. Dilute the cleaning solution in the bucket (or, preferably, use a dilution dispenser). Mop using a microfiber mop head until the floor appears clean. Bathroom floors should be mopped last. Rinse. Place used microfiber mop head in a container for laundering. Use a clean microfiber mop head for each residence. Most floors can be cleaned and do not need to be disinfected, unless it is required by licensing regulations, or there has been evidence of illness in the unit.

Disinfection Products

EPA's current [list](#) of recommended disinfectants for use against SARS-CoV-2 contains over 400 products. EPA has developed a tool to assist in selection of the appropriate disinfectant, [here](#).

Functionally, disinfectants are designed to destroy or irreversibly inactivate infectious agents, and as such, none are inherently harmless. However, some disinfectants are particularly problematic for asthmatics. For residential buildings where the impact of disinfectant use on the at-risk population is to be minimized, avoid disinfectants containing bleach (sodium hypochlorite), quaternary ammonium compounds (benzalkonium chlorides), peroxyacetic acid (peracetic acid), and glutaraldehyde¹.

Select products containing disinfectant chemicals known to be less hazardous to human health. These ingredients include:

- Hydrogen Peroxide
-

- Citric Acid
- Lactic Acid
- Ethyl Alcohol (ethanol)
- Isopropyl Alcohol
- Sodium Bisulfate

EPA’s list of recommended disinfectants currently includes several products which are formulated with these safer active ingredients. It is recommended that the products listed in Table 1 be considered, when disinfection is required and minimal impact on the at-risk population in residential buildings is desired.

Table 1. EPA List of Recommended Disinfectants for Use Against SARS-CoV-2 with Safer Ingredients (Focusing on Commonly Available Products, List is Not Comprehensive) (current as of 6/2/2020)

EPA List N Disinfectant	EPA Registration No.	Contact Time Required (in minutes)
Clorox Commercial Solutions Hydrogen Peroxide Disinfecting Cleaner and Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant	67619-24	1
Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant Wipes and Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant Wipes	67619-25	2
Diversey’s Alpha HP Multi-Surface Disinfectant Cleaner registered under the name Phato 1:64 Disinfectant Cleaner	70627-62	5
Diversey’s Oxivir Five 16 (registered under the name Oxy-Team Disinfectant)	70627-58	5
Diversey’s Oxivir TB Ready-to-Use Liquid	70627-56	1
Diversey’s Oxivir Wipes	70627-60	1
Ecolab’s Peroxide Disinfectant and Glass Cleaner RTU	1677-251	0.75
Ecolab’s Peroxide Multi Surface Cleaner and Disinfectant	1677-238	2
Envirox Critical Care (Registered under the name Axen(R) 30)	72977-3	3
GOJO Industries PURELL Multi-Surface Disinfecting Cleaner, PURELL Multi Surface Disinfectant and PURELL Professional Surface Disinfectant (registered under the name URTHPro)	84368-1	1
GOJO Industries PURELL Professional Surface Disinfecting Wipes	84150-1	5
Lysol Disinfecting Bathroom Cleaner	675-55	5

EPA List N Disinfectant	EPA Registration No.	Contact Time Required (in minutes)
Reckitt Benckiser, LLC's Angel	777-126	10
Virox Technologies, Inc.'s Accel 5 RTU	74559-8	5
Wexford Labs, Inc.'s Cleancide	34810-35	5
Wexford Labs, Inc.'s Wexford Disinfectant Wipes	34810-37	5

7.2.1 Cleaning and Disinfection of Units During Occupied Rehabs

HOU employees will instruct residents to complete the following tasks before any work activities are begun:

- Complete trash and inventory forms per HOU guidelines.
- Place valuables (medicine, cash, etc.) in the bag provided. HOU will assist residents, as needed, in moving their valuables and other selected items to the day space and provide companionship as needed.
- Prior to leaving their unit, and consistent with CDC guidelines, the resident will perform hand hygiene and don a cloth face covering or facemask,
- During transfer to the day unit, the resident will limit movement (go directly to the day unit) and perform social distancing (stay at least 6 feet away from others).
- The resident will use an elevator dedicated to residents-only, waiting apart from others until there will be no more than one other person on the elevator.
- The resident will occupy the day space unit during the entirety of the move and post cleaning of their new unit.
- If able, the resident will clean the high touch surfaces in the day space before and after use, with the cleaning products provided.

The day space unit will have been vacant for a minimum of one hour after it is cleaned and disinfected by a cleaning company contracted by HOU using the CDC recommended cleaning and disinfecting protocol. The cleaning company will have completed the HOU COVID Cleaning Certification Form with the times indicated, so that completeness of the cleaning/disinfection procedures and the 1-hour minimum dwell time have been documented.

7.2.2 Cleaning and Disinfection for Units During Relocation

After construction activities are complete and before a unit is moved into, the HOU third-party vendor will clean and disinfect the unit using the current CDC protocols and applicable State/local guidelines.

7.2.2.1 Hand Tools

The following procedure will be followed by employees handling and using tools:

- § All employees are responsible for cleaning and disinfecting the tools, equipment, and materials they bring into the residence initially. If tools leave the residence they must be cleaned once again before being brought back into the residence.
- § Employees shall wash their hands or use a proper hand sanitizer before and after use to help prevent contamination.
- § Employees shall clean tools before and after use each day with mild soap, using a clean damp cloth, and washed off and dried. If the tool(s) has left the unit being renovated, it must be disinfected prior to bringing it back into the unit. Note that certain cleaning agents and solvents are harmful to plastics and other insulated parts and should not be used.
- § The following steps are to be used at the end of the work shift, prior to vacating the unit.
 - § Clean all tools with a mild soap and damp cloth, and rinse with water, and dry. If tools are to leave the site decontaminate with an EPA List N disinfectant listed in Table 1 following the manufacturer's instructions.
 - § Avoid touching skin and immediately wash hands after this process.
- Once tools are cleaned, proceed to clean all surfaces in the affected areas of the apartment unit. First gross clean to minimize dust, for example by using microfiber broom. Once gross debris removed, use a HEPA vacuum with clean brush attachment to clean any impacted soft surfaces such as carpets.

7.2.3 Cleaning and Disinfection of Hotel Rooms

Whether hotel rooms are used as day spaces or for extended stays, HOU will provide residents with an appropriate EPA approved disinfectant to wipe down all high touch surfaces inside the hotel room. HOU will also get verification from a hotel representative that all bedding, towels, and washcloths have been cleaned before a resident enters the room.

8. EXPOSURE INCIDENT

8.1 Identification and Response Measures for Symptomatic Person Exposure

With growing numbers of COVID-19 infections in the United States and sustained transmission occurring in some communities, it is essential that all parties take swift, respectable, and appropriate actions to identify and respond to incidents involving contact with a person displaying COVID-19 related symptoms (with or without laboratory testing) and minimize risk of disease spread.

In the event a HOU employee, client, resident, vendor or subcontractor comes in close contact with a person displaying COVID-19 related symptoms (with or without laboratory testing), the HOU Project Manager must initiate exposure incident notifications and investigation as outlined in Section 8. Exposure Incident.

8.2 Incidental Initial Actions and Notifications

In the event an employee, client, resident, vendor or subcontractor is exposed to a person

with possible, suspected, or confirmed COVID-19 or a SARS-CoV-2 contaminated surface, prompt actions must be taken by the individual and the HOU Project Manager to ensure the protection of other parties. Examples of an exposure incident includes, but not limited to:

- Employee, contractor, or vendor has close (<6 feet) and prolonged (at least 15 minutes) contact with a person with COVID-19 symptoms with or without laboratory confirmed COVID-19, or with an asymptomatic person with laboratory-confirmed COVID-19.
- Employee develops COVID-19 symptoms within 14 days of being on the worksite and had close, prolonged contact with a resident, client, vendor, or another employee.
- Subcontractor comes into contact with a symptomatic person on the worksite. Subcontractor develops COVID-19 symptoms while at the worksite or within 14 days of being on the worksite

8.2.1 Employee with COVID-19 Related Symptoms at Work

- Employee displaying symptoms of COVID-19 or otherwise feeling unwell during the workday should isolate from other employees and arrangements be made for their safe transport home.
- Employee should contact their healthcare provider for medical advice.
- The employee will notify their Supervisor and Project Manager as soon as practicable (ideally within 60 minutes of incident) to report the incident and obtain recommended response and follow-up actions.
- The Project Manager will work with the appropriate HOU Executive to ensure all preventative measures (i.e. isolation, quarantine, etc.) are implemented as per risk assessment flowchart in Appendix J.
- The Project Manager will work with the appropriate HOU Executive to complete the exposure incident form (Appendix K); this can be completed over the telephone to minimize exposure to symptomatic employee.

8.2.2 Employee with COVID-19 Related Symptoms Outside of Work

- § Employee displaying symptoms of COVID-19 or otherwise feeling unwell should stay home.
- § Employee should contact their healthcare provider for medical advice.
- § Employee must contact and inform their Supervisor and Project Manager as soon as practicable.
- § The Project Manager will work with the appropriate HOU Executive to ensure all preventative measures (i.e. isolation, quarantine, etc.) are implemented as per risk assessment flowchart in Appendix J.

- § Project Manager will work with the HOU Executive to complete the exposure incident form (Appendix K); this can be completed over the telephone to minimize exposure to symptomatic employee.

8.2.3 Employee Receives Positive COVID-19 Test Result While at Work (with or without symptoms)

- § Employee must be separated from other employees and clients and arrangements be made for their safe transport home.
- § Employee must contact their healthcare provider for medical advice.
- § The employee will notify their Supervisor and Project Manager as soon as practicable (ideally within 60 minutes of incident) to report the incident and obtain recommended response and follow-up actions. The Risk Assessment Flow Chart (Appendix J) should be utilized at this time as a job aid.
- § The Supervisor or Project Manager will inform HR as soon as practicable (ideally within 60 minutes of being notified) to ensure all control measures (i.e. isolation, quarantine, etc.) are implemented in accordance with the most recent CDC guidance.

8.2.4 Employee Receives Positive COVID-19 Test Results While Outside of Work (with or without symptoms)

- § Employee must stay home.
- § Employee must contact their healthcare provider for medical advice.
- § The employee will notify their Supervisor and Project Manager as soon as practicable (ideally within 60 minutes of incident) to report the incident and obtain recommended response and follow-up actions. The Risk Assessment Flow Chart (Appendix J) should be utilized at this time as a job aid.
- § The Supervisor or Project Manager will inform HR as soon as practicable (ideally within 60 minutes of being notified) to ensure all control measures (i.e. isolation, quarantine, etc.) are implemented in accordance with the most recent CDC guidance.
- § The exposure incident form will be submitted to HR for review
- § HR and HOU Executives/Directors or their designee will conduct a follow-up exposure assessment to identify and track any close contacts associated with the exposure incident. All Parties employees identified as close contacts will be notified and receive appropriate guidance within 24 hours of exposure assessment completion.

8.2.5 Employee, Client, Resident, Vendor or Subcontractor Came into Contact with a Known or Potential SARS-CoV-2 Source

- § Employee should contact their healthcare provider for medical advice.

- § Employee must contact and inform Supervisor or Project Manager (Josh – whichever you think is more appropriate) as soon as practicable.
- § The Project Manager must contact the appropriate HOU Executive as soon as practicable (ideally within 60 minutes of incident) to report the incident and obtain recommended response and follow-up actions.
- § The Project Manager will work with the appropriate HOU Executive to ensure all preventative measures (i.e. isolation, quarantine, etc.) are implemented as per risk assessment flowchart in Appendix J.

For all the scenarios outlined above, the Project Manager will work with the appropriate HOU Executive/Director to complete the exposure incident form (Appendix K); this can be completed over the telephone to minimize exposure to symptomatic employee. The exposure incident form will be submitted to HR for review. HR and HOU Executives/Directors or their designee will conduct a follow-up exposure assessment to identify and track any close contacts associated with the exposure incident. All parties identified as close contacts will be notified and receive appropriate guidance within 24 hours of exposure assessment completion.

8.3 Returning to Work After Having COVID-19 or COVID-19 Symptoms

Any employee that has been quarantined or asked to self-isolate, for any reason, will be required to complete the Return to Work Questionnaire located in Appendix L.

- ***Symptom-based strategy.*** Exclude from work until:
 - At least 3 days (72 hours) have passed ***since recovery*** defined as resolution of fever without the use of fever-reducing medications, and
 - Other symptoms have improved (for example, when your cough or shortness of breath have improved), and
 - At least 10 days have passed ***since symptoms first appeared.***
- ***Test-based strategy.*** Exclude from work until:
 - ***Resolution of fever without the use of fever-reducing medications, and***
 - ***Other symptoms have improved (for example, when your cough or shortness of breath have improved), and Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)***

8.4 Returning to Work After Having NO COVID-19 Symptoms but Tested Positive for COVID-19

As per CDC guidance, an employee may return to work so long as at least one of the options below are satisfied.

- ***Time-based strategy.*** Exclude from work until:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- Continue to have no symptoms since the test. If they develop symptoms, then follow instructions in Section 8.3.
- **Test-based strategy. Exclude from work until:**
 - *Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)*

8.5 Returning to work if living in the same household or an intimate partner of a symptomatic person with COVID-19 (with or without laboratory testing)

This guidance conservatively **assumes that employee is asymptomatic.**

As per CDC guidance, an employee may return to work when they have completed the following criteria:

- § Has been symptom free for at least 14 consecutive days after the last date of exposure.
 - § The “last date of exposure” can be reasonably defined as the date the person the employee resides with who had COVID-19 was released from Public Health Orders or isolation, i.e. they could return to work and meet the [CDC’s criteria for discontinuing home isolation](#).

8.6 Returning to work after being quarantined based on close contact with a person who had COVID-19 symptoms and/or tested positive for COVID-19.

This guidance conservatively **assumes that employee is asymptomatic.**

As per CDC guidance, an employee may return to work when they have completed the following criteria:

- § Has been symptom free for at least 14 consecutive days after the last date of exposure (i.e. last date of interaction with person who had COVID-19 symptoms and/or tested positive for COVID-19).

Exception: In the event an employee receives a non-coronavirus diagnosis from their healthcare provider, this guidance is not applicable.

The following link will take you to the CDC website where these measures will be updated as new information is available: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

9.MEDICAL CONFIDENTIALITY

9.1 Equal Employment Opportunity Commission (EEOC)

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability, perceived disability, or association with a person with a disability. The ADA establishes rules about medical examinations and inquiries. HOU will ensure reasonable accommodation is

provided, so long as it does not interfere with or prevent employers from following the guidelines and suggestions made by the CDC about steps employers should take regarding COVID-19.

The EEOC revised the “Pandemic Preparedness in the Workplace and the Americans with Disabilities Act” publication on March 21, 2020 to address its application to COVID-19; this document can be accessed at https://www.eeoc.gov/facts/pandemic_flu.html. It is suggested that the EEOC website be checked regularly for the latest guidance.

9.2 Health Insurance Portability and Accountability Act (HIPAA)

AS COVID-19 outbreak imposes additional challenges on health care providers. Often questions arise about the ability of entities covered by the HIPAA regulations to share information, including with friends and family, public health officials, and emergency personnel. The U.S. Department of Health and Human Services released the COVID-19 & HIPAA Bulletin on March 2020 to address common HIPAA related concerns. While the HIPAA Privacy Rule allows patient information to be shared to assist in nationwide public health emergencies, and to assist patients in receiving the care they need, it is not suspended during a public health or other emergency. It is suggested that the HIPAA website be checked regularly for the latest guidance. The document can be accessed at <https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf>

10. TRAINING REQUIREMENTS

All employees with occupational exposure to SARS-CoV-2 must be provided with initial and annual refresher training, at no cost to the employee and during working hours.

If changes in procedures or tasks affect the employee’s occupational exposure, additional training may be needed prior to the annual refresher. Such additional training can be limited to addressing the new or changed exposures.

10.1 Training Content

Training on COVID-19 must include the following topics:

- § A general update on what public health professionals currently know about the disease;
- § A general explanation of the epidemiology, symptoms, and health effects associated with COVID-19, to include at risk populations;
- § An explanation of the modes of transmission of SARS-CoV-2;
- § An explanation of HOU’s COVID-19 response plan and the means by which the employee can obtain a copy of the written plan;
- § An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to SARS-CoV-2;

- § An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- § Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- § An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and containment measures to minimize spread of COVID-19;
- § Information on return to work policies following an exposure incident;
- § An opportunity for interactive questions and answers with the person conducting the training session.

10.2 Documentation of Training

Both the attendance and the instructor's qualifications must be documented. Training records must include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

Attendance logs will be maintained by HOU's Human Resource department.

10.3 Vendors/Subcontractors Training Records

Vendors and/or subcontractors will provide internal training documentation to ensure their employees have completed required COVID-19 training.

11. RECORDKEEPING

Currently, OSHA is considering COVID-19 to be a recordable illness if a worker is infected as a result of performing their work-related duties. OSHA has stated however, employers are only responsible for recording cases of COVID-19 if all the following are met:

1. The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
2. The case is work-related, as defined by 29 CFR 1904.5; and
3. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first-aid, days away from work).

For purposes of OSHA's recording requirements, only those employees who have a laboratory-confirmed case are recordable. Persons under investigation (PUIs) and presumptive positives are not confirmed cases. An employee who has symptoms of COVID-

19 or is a suspected case of COVID-19 does not meet the CDC definition of "confirmed case" and the illness is not recordable under OSHA.

A COVID-19 case will be **reported** to OSHA if the employee passes away or is hospitalized as an in-patient as a result of COVID-19 contracted from performing work-related duties. A worker fatality will be reported within 8 hours and any amputation, loss of an eye, or hospitalization of a worker within 24 hours.

12. VENDOR AND SUBCONTRACTOR ACKNOWLEDGEMENT

All vendors and subcontractors supporting HOU business shall review this document and ensure understanding of all applicable parts. Vendors and subcontractors must electronically sign/date the acknowledgement form in Appendix M before arriving to a HOU client site/residences.

13. REFERENCES

- (1) Centers for Disease Control and Prevention (CDC).
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- (2) Chin WH, Chu JT, Perera R, Hui K, Yen H, Chan M, Peiris M, Poon L. Stability of SARS-CoV-2 in Different Environmental Conditions. Lancet Microbe 2020; April 2020.
- (3) van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, Tamin A, Harcourt JL, Thornburg NJ, Gerber SI, Lloyd-Smith JO, de Wit E, Musnter VJ. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. N Engl J Med 2020:1-3.
- (4) Santa-Coloma, T. The Airborne and Gastrointestinal Coronavirus SARS-COV-2 Pathways. Preprints 2020, 2020040133 (doi: 10.20944/preprints202004.0133.v2).
- (5) G. Kampf, et al. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. The Journal of Hospital Infection, 104 (3), pp. 246-251. (2020).
- (6) World Health Organization (WHO).
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- (7) U.S. Department of Labor; Occupational Safety and Health Administration (OSHA).
<https://www.osha.gov/SLTC/covid-19/>

14. APPENDICES

Appendix A: CDC COVID-19 Symptom Fact Sheet

Appendix B: Employee Screening Questionnaire

Appendix C: HOU COVID-19 Daily Log

Appendix D: WHO – Handwashing Guide

Appendix E: Additional Guidance for HOU Employees Traveling During a Pandemic

Appendix F: Additional Guidance for Construction Contractors



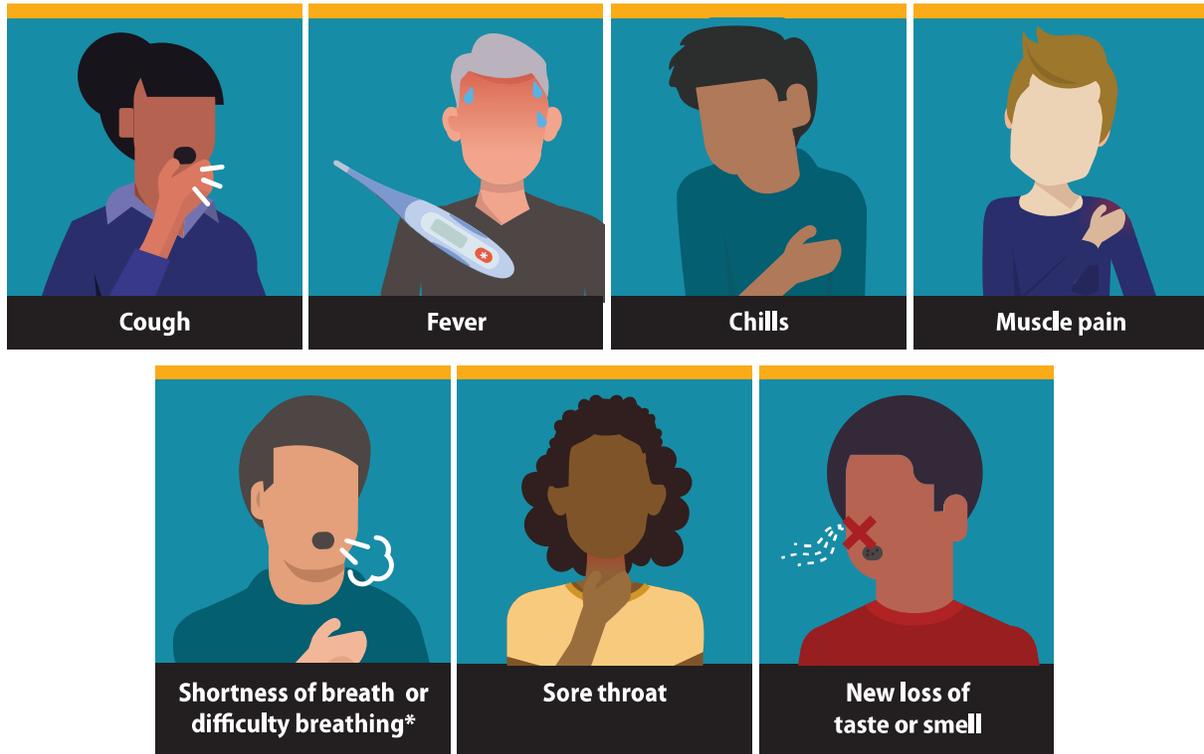
- Appendix G: Additional Guidance for Moving Contractors
- Appendix H: Additional Guidance for Rehab Days and Relocation
- Appendix I: CDC Guideline for Proper Glove Removal
- Appendix J: Risk Assessment Flowchart and Preventative Response Actions
- Appendix K: Exposure Incident Form
- Appendix L: Return to Work Questionnaire
- Appendix M: Vendor/Contractor Acknowledgement



Appendix A
CDC COVID-19 Symptom Fact Sheet

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

317142-A May 20, 2020 10:44 AM



Appendix B
Employee Screening Questionnaire

**Coronavirus Disease 2019 (COVID-19)
 Screening Questionnaire**

Name:	Date:
--------------	--------------

Company:

Instructions:

- Questionnaire must be completed by anyone before entering an HOU office, client site or residence.
- Questionnaire must be completed daily per person. Responses will be noted on the HOU COVID-19 Daily Log

Q1. Are you currently experiencing any of the following symptoms? Or have experienced them in the last 14 days?
 *Refer to the most recent CDC's Symptom's List:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Fever or Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Shortness of Breath or Difficulty Breathing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Fatigue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Muscle or Body Aches:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
New Loss of Taste or Smell:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Sore Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Congestion or Runny Nose:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Nausea or Vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
If yes, provide date that symptom first appeared.			

Q2: Have you had contact with any person with known, suspected, or possible COVID-19 in the last 14 days? (i.e. person with confirmed COVID-19, under investigation for COVID-19, or displaying COVID-19 symptoms) If yes, provide date of most recent interaction.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
---	------------------------------	-----------------------------	-------------

Q3: Have you travelled to other countries with community transmission of COVID-19 (i.e. countries classified by the CDC as Level 2 or Level 3) or travelled on a cruise ship/river cruise voyage in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Travel: _____
---	------------------------------	-----------------------------	-----------------------

<p>If yes, provide date returned from travel or date of most recent interaction as appropriate.</p>	
<p>Q4: Do you currently have a measured temperature of 100.3°F? *If measured temperature is <100.4°F (38.0°C) on the first try, then attempt #2 and 3 are not necessary. *Allow at least ten minutes between temperature checks. *If measured temperature is ≥100.3°F on the first try, must have a total of TWO measured temperatures <100.3°F.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Measured Temperature, 1st Attempt: _____ Measured Temperature, 2nd Attempt: _____ Measured Temperature, 3rd Attempt: _____</p>



Appendix C
HOU COVID-19 Daily Log



COVID-19 DAILY LOG

DATE: _____ HOU Supervisor of Log: _____
 SITE NAME/#: _____ Site Location: _____

HOU OFFICE LOG FOR HOU STAFF/RESIDENTS/VENDORS/CONTRACTORS/OTHER VISITORS

Name/Affiliation	HOU COVID-19 Response Plan Compliance (e.g. face covering/ppe)? Y/N	Complete HOU Health Screening Questionnaire & Attest to Wellness on today? (Y/N)

HOU PROPERTY VISITING LOG FOR HOU STAFF/RESIDENTS/VENDORS/CONTRACTORS/OTHER VISITORS

Name/Affiliation	Buildings/Unit #s Entered	HOU COVID-19 Response Plan Compliance (e.g. face covering/ppe)? Y/N	Complete HOU Health Screening Questionnaire & Attest to Wellness on today? (Y/N)

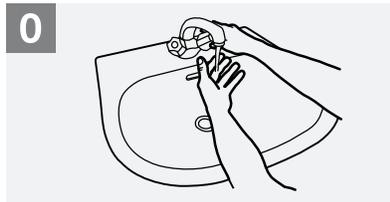
GENERAL NOTES / CORRECTIVE ACTIONS REQUIRED:

Appendix D
WHO – Handwashing Guide

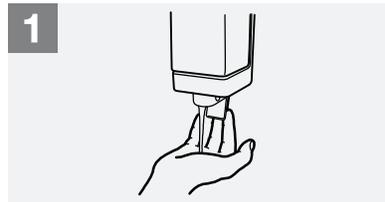
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

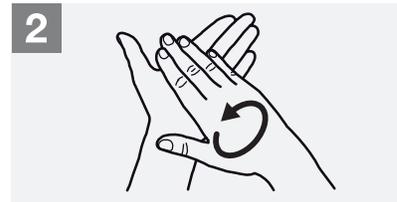
 Duration of the entire procedure: 40-60 seconds



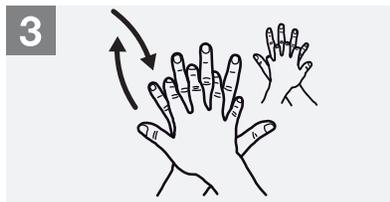
Wet hands with water;



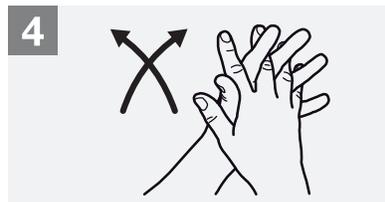
Apply enough soap to cover all hand surfaces;



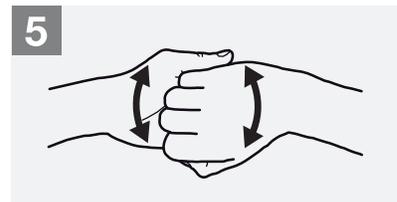
Rub hands palm to palm;



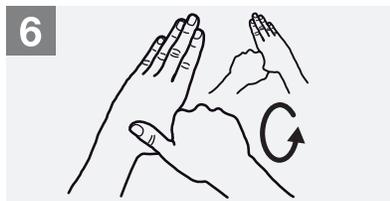
Right palm over left dorsum with interlaced fingers and vice versa;



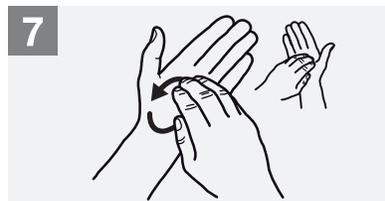
Palm to palm with fingers interlaced;



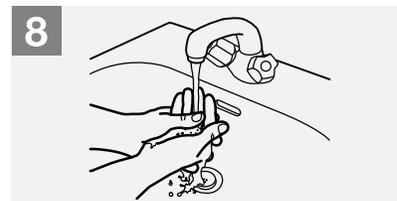
Backs of fingers to opposing palms with fingers interlocked;



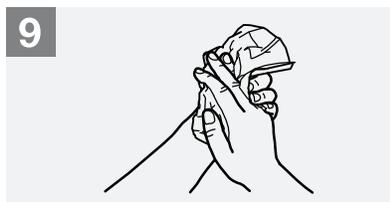
Rotational rubbing of left thumb clasped in right palm and vice versa;



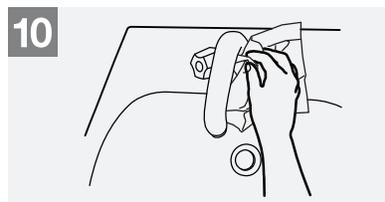
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



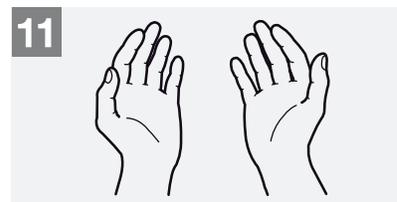
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009



Appendix E
Additional Guidance For HOU Employees Traveling During a Pandemic

Appendix E HOU Employee Travel Protocols

Health authorities have stated the best way to prevent illness is to avoid being exposed to pathogens (harmful viruses or bacteria) which are thought to spread mainly by person-to-person contact.

Prior to travel, Project Managers (PM) will determine by researching and/or discussion with clients:

1. If there are visitor restrictions when traveling to a particular State or City (e.g. 14-day quarantine for all incoming visitors).
2. The client has safe work protocols in place at their facilities (employee screening, use of face coverings, social distancing, enhanced cleaning/disinfecting, etc.).

If you answered yes to questions #1 or no to question #2 above, the PM will discuss the project with their Supervisor and/or the proper HOU Directors/Executives.

Protecting the health of our employees, clients, residents' vendors, and subcontractors is paramount and thus the work protocols outlined below are **required to be followed by** HOU employees when traveling during a pandemic. Remember, before HOU employees leave their house for any HOU office or client site, they are required to take their temperature and complete the health screening questionnaire. This includes all travel activities.

Employees are encouraged to review guidelines for travelers in the United States at the following link: [CDC Guidance: US Travelers](#)

Ready-Bags

All HOU employees that travel away from home will be provided a "ready-bag" which should always be carried. The ready bag will come stocked with hand sanitizer, disposable wipes, a thermometer, and a trash bag for soiled clothes. HOU employees must work with their Supervisor to make sure their "ready-bag" remains adequately stocked.

If You Feel Sick, Stay Home

Whether you believe you have COVID-19 or not, it is important to stay home when sick in order to not spread the virus. Symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. The CDC is continuously updating symptoms for COVID-19. The current symptom list can be found at: [COVID-19 Symptoms](#).

Hand Hygiene

Handwashing is one of the best ways to protect yourself, your family, and your colleagues from getting sick. During a pandemic situation, employees must wash hands with soap and water for at least 20 seconds **BEFORE and AFTER you leave an airplane, when you arrive at your hotel, whenever you leave the customer site** and frequently throughout

the day. This is especially important after using the toilet, coughing, sneezing, touching common surfaces, touching shared items, or leaving a public space.

When hand washing is not possible, hand sanitizers (>70% isopropyl alcohol or $\geq 60\%$ ethanol) should be used. However, hand sanitizers may not be as effective when hands are visibly dirty or greasy.

In addition, it is important to keep your hands away from your face in order to limit your exposure to the virus.

Social Distancing

Social distancing refers to measures that are taken to increase the physical space between people to slow the spread of the virus. For an individual, it refers to maintaining enough distance between yourself and another person to reduce the risk of breathing in droplets that are produced when an infected person speaks, coughs or sneezes.

Social distancing is mandatory for HOU employees when traveling, and it is required (wherever feasible) to maintain a distance of at least 6-feet (2-meters) between yourself and anyone else.

Clean and Disinfect

Clean and disinfect high touch surfaces daily, using an EPA-approved disinfectant or hand sanitizer when traveling. This includes phones, writing instruments, computers, seat belts, steering wheels, computers, gear shift handles, debit/credit cards.

Airline Travel:

Choose major airlines that have created COVID-19 protocols and enhanced cleaning/disinfection procedures. (e.g. American Airlines, Delta, United Airlines). These protocols should be posted on the company website. At the airport, wear face covering upon arrival, during the flight and until you have left the destination airport. Perform hand hygiene often. Once at your seat, clean/disinfect with EPA-approved disinfectant wipes or hand sanitizer the high touch areas such as seat belt, seat tray, seat, and head rests. Limit eating and drinking on the plane. If you must drink or eat on the plane, use your own water bottle, and bring prepackaged food. Replace your face covering immediately after eating or drinking.

Rental Car:

Choose rental car companies that have created COVID-19 protocols and enhanced cleaning/disinfection procedures (e.g. Enterprise, Hertz). These protocols should be located on the company website. Once in your rental car, clean/disinfect with an EPA-approved disinfectant wipes or hand sanitizer high touch areas such as the seat belt, steering wheel, wiper and turn signal controls, center console/cupholders, door handles, seat and head rests, HVAC and radio controls.

Lodging:

Choose lodging companies that have created COVID-19 protocols and enhanced cleaning/disinfection procedures (e.g. Hilton, Marriott, Red Roof Inn). These protocols should be located on the company website. Wear a face covering when walking through the common areas (lobby, hallways, elevator) of the lodging.

- § Perform hand hygiene as soon as you enter the room (wash hands for at least 20 seconds with soap and water). Continue to wear the face covering until you have cleaned/disinfected frequently touched objects and surfaces with EPA-approved disinfectant wipes or hand sanitizer such as: luggage handles, light switches, HVAC control switches, faucets and toilet flush levers, television and remote controls, telephones, door handles, locks, and push plates, toilet seat, “Do Not Disturb” sign, clothes hangers and drawer pulls.
- § Take a shower with soap and water after you are done disinfecting the room. Take the clothes you traveled in and place inside a plastic bag.
- § Do not allow the hotel staff to clean the room daily. Place the “Do Not Disturb” sign outside the door and for the remainder of your stay.
- § Do not use glassware/utensils/ice bucket provided by the hotel. Use a personal water bottle and prepackaged silverware.
- § Hang and reuse towels.
- § Keep toiletries in the toiletry bag instead of on the bathroom counter.
- § Take a shower after each day and before lying on the bed or sitting in chairs.
- § Do not use the gym or other common areas. Run outside or exercise in your room.
- § Prepackaged “grab and go” meals are preferred.



Appendix F
Additional Guidance for Construction Contractors

Appendix F

Additional Construction Contractor Guidance

During construction activities, construction contractors and their subcontractors must implement measures to limit the potential spread of COVID-19 and monitor their construction projects to ensure that these measures are effective.

Contractors shall submit and implement site-specific COVID-19 Safety Plan that meets federal, state, and local requirements including the requirements of Housing Opportunities Unlimited, prior to the initiation of any construction activities. Work cannot begin until the plan is approved by HOU or their designee and the Contractor can provide evidence that any/all COVID-related documentation required by state or local authorities has been reviewed and approved by that entity.

Measures to limit the potential spread of COVID-19 may include the following, provided as examples:

- § Design and stage construction activities to isolate work from areas occupied by residents and/or HOU management operational and maintenance activities.
- § Consider providing portable wash stations with sufficient hand cleaning soap, disposable towels, and foot-operated trash receptacles on construction sites, with sealable garbage bags that can be transported off-site for disposal.
- § Pre-plan break areas to allow for social distancing, through staggering of breaks and selection of break areas which are remote from others.
- § Consider access to and from the construction worksite to limit the distance traveled and to avoid unnecessary contact with others. With the exception of emergency work, any access to resident areas can only occur with prior Owner approval.
- § Practice social distancing, maintaining 6 feet or more from HOU employees and residents. Face coverings are required at all times.
- § Determine how materials will be transported to and from the work site efficiently and with limited disruption to the building. Elevators are not to be used for construction-related activity. Any exception must be specifically approved by the Owner before work begins.
- § Consider measures to eliminate tracked-in materials, for example, consider requiring use of walk-off mats at the entryway to capture the debris and dirt tracked in on shoes. This type of mat also reduces wear and tear on floors and carpeting. If work is being conducted in inclement weather, consider use of multi-level scraper mat with rubber backing that hold water. Vacuum the walk-off mat daily.
- § Consider providing and using ultra-fine high-quality microfiber cleaning cloths and mop heads for cleaning. These cloths and mop heads must be washed or laundered before being used in another unit to avoid cross-contamination.
- § Plan to wet mop all durable non-porous floor coverings, using procedure described in Section 7.2.

- § Implement measures which reinforce social distancing, i.e., communicate remotely (via phone or radio) rather than face-to-face and ensure other tradespeople are also practicing social distancing and using face coverings.
- § Implement measures to prevent spreading the virus by measures such as, providing tools and other equipment for individual use. Clean larger shared tools before and after use. encouraging employees to bring their own food and beverages (with sealable lids) to the job site, with no sharing, and no sharing of vehicles, cellphones, or other implements.
- § Institute measures such as opening windows to allow fresh air to circulate through the unit during work activities and HEPA filtration air movers to continually clean the air inside the unit. Consider allowing these units to run overnight.
- § Select equipment that has HEPA-filtered vacuum attachments, to eliminate generating dust and need for additional cleaning.



Appendix G
Additional Guidance for Moving Contractors

Appendix G

Additional Moving Contractor Guidance

During moving relocation activities, moving contractors, and any subcontractor under their purview, will follow the requirements below to limit their exposures and reduce their impact on the residential community. All relocation plans will be reviewed and approved by Housing Opportunities Unlimited or their designee prior to the commencement of relocation.

- § Prior to move: The movers should make every effort to complete the pre-move assessment over the phone and to gather the information that they need without accessing the resident's unit. In some cases, a virtual tour of the unit can be provided.
- § In situations where conversations or a pre-move inspection is needed, the resident (if able) should temporarily leave the unit until the pre-move inspection is completed. The movers shall exercise care to avoid touching any surfaces while in the unit. If the resident is unable to leave, then the mover and resident(s) must follow the procedure outlined in section 7.2.2 Cleaning and Disinfection During Emergency Work/Occupied Entry.
- § Movers must limit their use of elevators to those specifically designated by HOU and must clean and disinfect surfaces contacted within the elevator after dedicated use.
- § Residents will be allowed to monitor the move remotely via a video feed and provide direction or report concerns to the HOU staff person supervising the move. The HOU representative will communicate with the representative of the moving contractor.
- § All moving contractor-supplied equipment must be cleaned and disinfected prior to being brought onto the HOU property.
- § HOU will designate a cleaning and disinfection area for each move. All cleaning and disinfection methods must follow the most stringent of the Federal (CDC), State and local guidance, first by cleaning, and then disinfecting; disinfectants must be selected from EPA's List N: Disinfectants for Use Against SARS-CoV-2, the virus that causes COVID-19, following manufacturer's instructions for use, including contact time.
- § If equipment is to be taken off-site after the move, it must be cleaned and disinfected. If it is stored onsite, it must remain in a HOU designated area.
- § Cardboard boxes (supplied by HOU) will only be used for moving one resident and then must be discarded.
- § All contract mover employees will wear face coverings and, safety glasses or face shields when present on site. The moving contractor will specify procedures they will use to eliminate the potential to spread contamination from one unit to another (e.g., through changeout schedules for personal protective equipment (including booties) or use of disposable non-slip floor coverings).
- § Fabric covered furniture, rugs, and other fabric items being moved are to be sealed in poly. The poly should be wrapped completely around the fabric and sealed with packing tape.
- Once all tenant's items are removed from the unit to be renovated, the moving

contractor employees must clean and disinfect any surface contacted during the move, including all high-touch surfaces (door handles, etc.); following cleaning, using disinfectants selected from EPA's List N: Disinfectants for Use Against SARS-CoV-2, the virus that causes COVID-19, following manufacturer's instructions for use, including contact time.



Appendix H
Additional Guidance for Rehab Days and Relocation

Appendix H

Guidance for Residents During Rehab And Relocation

HOU thanks you for reviewing the information below which has been compiled to ensure the safety of residents during all rehabilitation activities. The measure below will help to eliminate/reduce the spread of COVID-19. Cleaning and disinfection described below will be completed in accordance with current CDC guidelines and the HOU COVID-19 Response Plan.

Measures to limit the potential spread of COVID-19 may include the following, provided as examples:

- § Construction activities will be designed and staged to isolate work from areas occupied by residents.
- § HOU will minimize their visits during the relocation process to the extent possible. When visiting is necessary, HOU staff and their vendors/contractors will always don face coverings and practice social distancing by remaining at least six feet apart .
- § If moving contractors need to conduct a pre-inspection walkthrough, we will provide a day space for you to remain in. An HOU employee will accompany the moving contractor during the inspection.
- § HOU will notify you close neighbors about the rehab or relocation in an effort to reduce traffic in shared spaces.
- § Practice social distancing, maintaining 6 feet or more from HOU employee's, vendors and contractors. Face coverings are required at all times.

Rehab/Relocation Day

- § HOU construction and moving contractors will be subject to temperature checks and health screening questionnaires before their work begins. All activities conducted by an HOU vendor or contractor must be conducted in compliance with the HOU COVID-19 Response Plan.
- § You will be ready to leave your unit at the agreed upon time on the day of rehab or relocation.
- § You will be escorted to your day space by an HOU employee with any personal items you choose to bring. All day spaces will be assigned to a single household and will be cleaned and disinfected before your arrival.
- § An HOU employee will provide updates on the rehab or relocation efforts.
- § All areas that have been impacted by a construction or moving contractor will be cleaned and disinfected in accordance with HOU's COVID-19 Response Plan.
- § HOU will provide additional cleaning supplies to residents to assist in additional cleaning and disinfection if requested.
- § HOU vendors or contractors will clean and disinfect common hallways, elevators and common spaces that were impacted during rehab or relocation.
- § HOU thanks you in advance for your cooperation and is available to answer any questions.



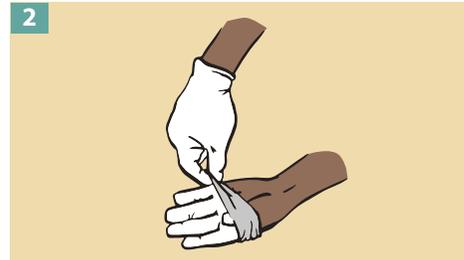
Appendix I
CDC Guidelines for Proper Glove Removal

How to Remove Gloves

To protect yourself, use the following steps to take off gloves



1 Grasp the outside of one glove at the wrist.
Do not touch your bare skin.



2 Peel the glove away from your body,
pulling it inside out.



3 Hold the glove you just removed in
your gloved hand.



4 Peel off the second glove by putting your fingers
inside the glove at the top of your wrist.



5 Turn the second glove inside out while pulling
it away from your body, leaving the first glove
inside the second.



6 Dispose of the gloves safely. Do not reuse the gloves.



7 Clean your hands immediately after removing gloves.



Appendix J
Risk Assessment Flowchart and Preventative Response Measures

Resource: This flow chart is based on information provided in the following CDC Guidance:

- Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic; <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>
- Criteria for Discontinuing Home Isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- Public Health Recommendations for Community-Related Exposure; <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
- Public Health Recommendations after Travel-Associated COVID-19 Exposure; <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

Person A
Possible, Known, or Confirmed COVID-19

- Person with COVID-19 Symptoms with or without laboratory confirmed COVID-19
- Asymptomatic person with laboratory confirmed COVID-19



Person B

- Living in Same Household as Person A
- Intimate Partner of Person A
- Providing Care for Person A
- Prolonged Close Contact (≥ 15min) with Person A*
 - Being within approximately 6 feet of Person A.
 - Sitting within two seats of Person A on an aircraft.
 - Close contact occurred during period from 48 hours before Person A displayed symptoms until Person A meets [criteria for discontinuing home isolation](#).
- Traveled from a country with [widespread ongoing transmission](#); all countries as of 3/27/2020.
- Traveled on a cruise ship or river boat.

Symptomatic



- ✓ Isolate Immediately
- ✓ Close off any areas used by symptomatic person.
- ✓ Initiate cleaning and disinfection protocol IAW [CDC's guidance](#).
- ✓ Instruct person to contact their health care provider.
- ✓ Contact supervisor and provide information on close contacts in the workplace.
- ✓ Follow the CDC's "[What to Do If You Are Sick](#)" guidance.
- ✓ Do NOT return to work until meeting the [CDC's criteria for discontinuing home isolation](#) or cleared by a health care provider, AND get approval from supervisor.



Person C

- No Known Exposure with Person A
- Traveled from a country with [ongoing community transmission](#).

Symptomatic



- ✓ Isolate Immediately
- ✓ Close off any areas used by symptomatic person.
- ✓ Initiate cleaning and disinfection protocol IAW [CDC's guidance](#).
- ✓ Instruct person to contact their health care provider.
- ✓ Contact supervisor and provide information on close contacts in the workplace.
- ✓ Follow the CDC's "[What to Do If You Are Sick](#)" guidance.
- ✓ Do NOT return to work until meeting the [CDC's criteria for discontinuing home isolation](#) or cleared by a health care provider, AND get approval from supervisor.

Asymptomatic



- ✓ Quarantine Immediately
- ✓ Stay home until 14 days after last exposure.
- ✓ Maintain social distance (at least 6 feet) from others at all times.
- ✓ Self-monitor for symptoms.
- ✓ Check temperature twice a day.
- ✓ Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure).
- ✓ Exemption for critical infrastructure workers with work practices.

Asymptomatic



- ✓ No restriction on movement; employee can continue working.
- ✓ Be alert for symptoms.
- ✓ Practice social distancing by maintain 6 feet of distance from others.
- ✓ Stay out of crowded places.

Key Terminology and Notes

- Close contact is defined as the following (during period from 48 hours before Person A displayed symptoms, until Person A meets criteria for discontinuing home isolation):
 - being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (≥ 15minutes); close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; OR
 - having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
- People with COVID-19 display a wide range of symptoms. For the purpose of these recommendations, symptoms include symptoms listed on the CDC's symptoms list; this list can be found on the [CDC's website](#).
- Social distancing means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
- Isolation separates sick people with a contagious disease from people who are not sick.
- Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
- Not to be used as a Return to Work Protocol.



Appendix K
Exposure Incident Form

Employee Name (PRINT):	Page 1 of 2
Supervisor Name (PRINT):	
Date of Completion:	
Determination of Contact Exposure	
<p>Have you been in close contact with a person that was displaying COVID-19 related symptoms (a.k.a. Symptomatic Person)?</p> <p><i>Common symptoms related to COVID-19 include, but not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea; refer to the CDC's symptoms list.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How close were you to the symptomatic person?	<input type="checkbox"/> Within 6 feet <input type="checkbox"/> Greater than 6 feet
Approximately how long were you in contact with the symptomatic person?	<input type="checkbox"/> Brief passing <input type="checkbox"/> Prolonged period (at least 15 minutes)
Do you currently or have recently, within the last 14 days, lived in the same household as a confirmed, suspected, or probable COVID-19 case or provided care to a confirmed, suspected, or probable COVID-19 case	<input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, what precautionary measures did you implement in the household if any? Provide explanation:</i></p> <p><i>Recommended home care precaution measures are listed here.</i> <i>Recommended home isolation precaution measures are listed here.</i></p>

Employee Name (PRINT):

Page 2 of 3

Determination of Symptoms

Have you experienced (or currently experiencing) the following symptoms within the last 14 days?

Fever or chills:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Cough:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Shortness of breath or difficulty breathing:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Fatigue:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Muscle or body aches:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Headache:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
New loss of taste or smell:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Congestion or runny nose:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Nausea or vomiting:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes Start of Symptom (DATE): End of Symptom (DATE):	<input type="checkbox"/> No

Employee Name (PRINT):

Page 3 of 3

If symptomatic, who have you been in contact with while on a HOU site or while conducting HOU work for the previous two weeks?

Is there anything else you would like to share with us that could help better identify your risk as it relates to COVID-19? If so, please share below:



Appendix L
Return to Work Questionnaire

**Coronavirus Disease 2019 (COVID-19)
 Return to Work Questionnaire**

Instructions:

- Questionnaire must be completed by (Insert Person in Charge) before an employee returns from COVID-19 related isolation or quarantine.

Today's Date and Time: _____

What was the reason of your isolation or quarantine?

Had COVID-19 Symptoms (with or without confirmed test results):	<input type="checkbox"/> Yes <input type="checkbox"/> No	1B If yes, go to Section 1A or 1B as applicable (only one needs to be satisfied).
Had NO COVID-19 Symptoms but Tested Positive for COVID-19:	<input type="checkbox"/> Yes <input type="checkbox"/> No	2B If yes, go to Section 2A or 2B as applicable (only one needs to be satisfied).
Live with or had an intimate partner who was symptomatic for COVID-19 (with or without confirmed testing):	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, go to Section 3.
Identified as a close contact of a person with COVID-19 symptoms and/or tested positive for COVID-19:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, go to Section 4.

Section 1A: Employee had COVID-19 Symptoms (with or without confirmed test results).

Symptom Based Strategy

Have you been fever free without the use of a fever-reducing medication for the last three consecutive days ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, do not proceed. Employee does not meet the criteria to return to work.</i>
Have other symptoms improved (for example, when your cough or shortness of breath have improved)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, do not proceed. Employee does not meet the criteria to return to work.</i>
Has it been at least ten days since symptom onset?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>*Provide date of symptom onset (includes any CDC COVID-19 symptoms)?</p>	<p>Date of Symptom Onset: _____</p> <p><i>If no, do not proceed. Employee does not meet the criteria to return to work.</i></p>
<p>If yes to all questions in this section, employee meets criteria to return to work.</p>	
<p>Section 1B: Employee had COVID-19 Symptoms (with or without confirmed test results).</p> <p><u>Test Based Strategy</u></p>	
<p>Are you fever free without the use of a fever-reducing medication?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><i>If no, do not proceed. Employee does not meet the criteria to return to work.</i></p>
<p>Have other symptoms improved (for example, when your cough or shortness of breath have improved)?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><i>If no, do not proceed. Employee does not meet the criteria to return to work.</i></p>
<p>Have you received negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><i>If no, do not proceed. Employee does not meet the criteria to return to work.</i></p>
<p>If yes to all questions in this section, employee meets criteria to return to work.</p>	
<p>Section 2A: Employee had NO COVID-19 Symptoms but Tested Positive for COVID-19.</p> <p><u>Time Based Strategy</u></p>	
<p>Has it been at least ten days since the date of their first positive COVID-19 diagnostic test?</p> <p>*Provide date of first positive COVID-19 diagnostic testing?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Date of Diagnostic Test: _____</p>

If no, do not proceed. Employee does not meet the criteria to return to work.

If employee developed symptoms after testing positive, they must follow Section 1A or 1B.

Section 2B: Employee had NO COVID-19 Symptoms but Tested Positive for COVID-19.

Test Based Strategy

Have you received negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from **at least two consecutive** respiratory specimens collected **≥24 hours apart** (total of two negative specimens)?

Yes No

If no, do not proceed. Employee does not meet the criteria to return to work.

If employee developed symptoms after testing positive, they must follow Section 1A or 1B.

Section 3: Employee living with or has an intimate partner who was symptomatic for COVID-19 (with or without confirmed testing).

When was the household member and/or intimate of interest released from Public Health Orders or isolation (i.e. they could return to work and met the [CDC’s criteria for discontinuing home isolation](#))?

Date: _____

Has it been 14 days since the date provided?

Yes No

If no, do not proceed. Employee does not meet the criteria to return to work.

Have you experienced any of the following symptoms in the last 14 days?

Fever or chills:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Cough:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Shortness of breath or difficulty breathing:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Muscle or body aches:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Headache:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
New loss of taste or smell:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Congestion or runny nose:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

<p>Nausea or vomiting:</p> <p>New loss of taste or smell:</p> <p>Diarrhea:</p> <p>If yes, provide date that symptom first appeared.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No Date: _____</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Date: _____</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Date: _____</p> <p><i>If employee states that they experienced any of the above symptoms in the last 14 days, do not proceed. Employee does not meet the criteria to return to work.</i></p>
---	--

Section 4: Employee identified as a close contact.

What was the date of last exposure?	Date: _____
Has it been 14 days since the date provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, do not proceed. Employee does not meet the criteria to return to work.</i>	

Have you experienced any of the following symptoms in the last 14 days?

Fever or chills:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Cough:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Shortness of breath or difficulty breathing:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Muscle or body aches:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Headache:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
New loss of taste or smell:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Congestion or runny nose:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Nausea or vomiting:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
New loss of taste or smell:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Diarrhea:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

If yes, provide date that symptom first appeared.	<i>If employee states that they experienced any of the above symptoms in the last 14 days, do not proceed. Employee does not meet the criteria to return to work.</i>
Explanation of Recommended Actions Provided to Employee:	



Appendix M
Vendor/Contractor Acknowledgement

