Industry Guidance for Safely Reopening: Faith-Based Communities, Places of Worship, Weddings, and Funerals

PHASE 3 | UPDATED JULY 22, 2020

Before hosting groups over 10 people, faith-based communities, places of worship, funeral homes, and other venues that offer gathering space for wedding, funerals, and planned services such as worship, rituals, prayer meetings, scripture studies, must develop and implement a COVID-19 Preparedness Plan that addresses the following components.

✓ The Plan must be evaluated, monitored, executed, and updated under the supervision of a designated Plan Administrator within your organization or leadership structure (including a "church" as that term is used in the Internal Revenue Code).

✓ The Plan must be posted on site in an easily accessible location that will allow for the Plan to be readily reviewed by all leadership, staff, and volunteers.

Faith Leaders, Staff, and Volunteers, including those responsible for using the facility for support groups or other activities, are all considered "Staff" in this document.

Large gatherings continue to present a risk for increasing the spread of COVID-19. All faith communities are encouraged to provide remote services and have the right to choose not to open or host large gatherings.

Key Requirements

▪ Develop and implement a COVID-19 Preparedness Plan.

▪ Occupancy must be reduced to accommodate for the required social distancing of at least six feet between people who do not live in the same household. In indoor settings, occupancy must not exceed 50% of total occupancy, with a maximum of 250 people in a single self- contained space. In outdoor settings, gatherings must not exceed 250 people.

▪ As of July 25, 2020, people in Minnesota are required to wear a face covering in all public indoor spaces and businesses, per Executive Order 20-81. Additionally, the Executive Order requires workers to wear a face covering when working outdoors in situations where social distancing cannot be maintained. The Executive Order includes exemptions for people who are unable to wear or tolerate a face covering due to medical or mental health conditions or other reasons. There are also situations in which a face covering may be temporarily removed, such as when eating or drinking, provided that social distancing is maintained between members of different parties. Businesses and venues may choose to have more protective requirements than those in the Executive Order. For more information, see Masks and face coverings (health.state.mn.us/diseases/coronavirus/prevention.html#masks).

Staff protection and protocols

Ensure sick staff stay home

1. Establish health screening protocols for workers at the start of each shift (e.g., health screening survey, taking temperature).

   a. See the Minnesota Department of Health (MDH)'s Visitor and Employee Health Screening Checklist (www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf).

   b. The checklist is also available in Hmong, Somali, and Spanish on the Businesses and Employers: COVID-19 web page (www.health.state.mn.us/diseases/coronavirus/businesses.html).

2. **Staff with COVID-19 symptoms should be sent home immediately.** If they cannot be sent home immediately, isolate in a closed room until they can be sent home. Staff who have been in close contact with a household member with COVID-19 should not be at work until their quarantine period is finished. In both of these instances, staff should self-assess for symptoms of COVID-19 and seek medical care as needed.

   a. Symptoms of COVID-19 can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.

   b. See the MDH guidance on What to do if you have COVID-19 (https://www.health.state.mn.us/diseases/coronavirus/case.pdf).

3. Establish staff sickness reporting and communication protocols for if staff test positive or have been exposed to COVID-19 in the workplace.

   a. See the MDH guidance on What to do if an employee has COVID-19 (https://www.health.state.mn.us/diseases/coronavirus/sickemployee.pdf).

4. Designate an individual to maintain communication with and gather information from staff who may be ill, to ensure the privacy of staff is maintained.

5. Establish protocols for staff to return to work after illness suspected or confirmed to be COVID-19, and possible or confirmed exposure to someone with COVID-19.

a. See the MDH Guidance on COVID-19 and When to Return to Work (www.health.state.mn.us/ diseases/coronavirus/returntowork.pdf).

6. Establish a process to identify contact between infected staff and other staff who may have been exposed.

    a. See CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (www.cdc.gov/coronavirus/2019-ncov/community/guidance-business- response.html).

7. Evaluate and adjust sick leave policies to reflect the need for isolation and incentivize staff who are sick to stay home.

8. Strongly urge all "at risk" staff and members of vulnerable populations to stay home. Vulnerable staff should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce these workers' risk of exposure.

    a. See CDC's Guidance for People Who are at Higher Risk for Severe Illness (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk. html).

9. Clearly communicate sick leave policies to all staff.

Social distancing – Staff must be least 6 feet apart

1. Maximize remote working. Staff who are able to work from home are strongly encouraged to do so.

2. Stagger shifts and breaks; Extend work-hours and implement flexible scheduling to reduce number of staff in the same place at the same time.

3. Evaluate traffic patterns and "choke points" to reduce crowding at entrances, in hallways, elevators, waiting areas, break areas, common areas, etc.

4. Ensure 6 feet of distancing in work areas, including at workstations and shared offices.

5. Limit collective gatherings of staff to numbers that allow for 6 feet of distancing to be maintained at all times, including gatherings for trainings, meetings, breaks and shared projects.

6. Limit the number of people in restrooms at the same time.

7. Ensure at least 6 feet of distance between staff and the public whenever interacting.

Staff hygiene and source controls

1. Ensure staff regularly wash their hands. Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked.

2. Provide recommended protective supplies, such as cloth face coverings, face shields, gloves, disinfectant, etc., appropriate to the task of the staff.

3. Post "hand-washing" and "cover your cough" signs.

    a. See MDH's Cover Your Cough posters (www.health.state.mn.us/people/cyc/index.html) and MDH's Hand Washing posters (www.health.state.mn.us/people/handhygiene/materials.html).

4. Require that all staff wear face coverings when in an indoor setting, and in outdoor settings where 6 feet of distance from others is not easily maintained.

    a. In instances where face coverings cannot be worn (such as in hot kitchens), face shields that wrap around the face and extend below the chin may be used in place of cloth face coverings.

    b. When employees leave the hot kitchen area, they can replace the face shield with a cloth face covering. Face coverings and shields must be maintained and clean.

    c. When visitors, vendors or partners are not wearing face coverings, require additional measures to protect the staff and the others during their interaction:

        i. A face covering and face shield must be worn by staff who are exposed to others during in-person interactions when social distancing (i.e., physical distance of at least 6 feet) cannot be maintained.

        ii. Face shields should be sized to provide appropriate coverage for the wearer.

5. Doors to multi-stall restrooms should be able to be opened and closed without touching the handles, opening-devices, or powered door-operators with the hand, whenever possible. If the door cannot be opened without touching the handle or door-operator, place trash-receptacle by the door to ensure a paper towel can be readily disposed of when operating the door. The location and positioning of waste-receptacles should not interfere with Life Safety requirements (e.g., egress, evacuation, emergency equipment) or any reasonable accommodations provided under the Americans with Disabilities Act.

6. Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided.

7. Provide tissues for proper cough/sneeze etiquette and no-touch disposal bins.

Building and ventilation protocols

General building conditions: Buildings must be assessed to determine the status and capacities of the utility-systems within the building (e.g., ventilation, water-supply, sewer, gas), as well as potential issues associated with vermin, molds, and mildew, prior to putting the building into an operational status.

1. Follow established protocols for starting mechanical, electrical, plumbing, life-safety, and other systems after non-use.

2. Assess the building for indications of pest and vermin infestation, and consult a pest-control professional as appropriate.

3. See CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (www. cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

4. Windows, fans, and air conditioning: CDC recommends working with facility management to determine how often to change air filters and to improve ventilation and exchanges for air from outside to the extent possible.

Day-to-day operations: Once systems are in a safe operational status, businesses should ensure the following practices and protocols are maintained:

1. Continuously maximize fresh-air into the work and communal spaces. Eliminate air recirculation.

2. Minimize air-flow from blowing across people.

If your facility has air conditioning:

3. Supplement ventilation-system with the use of portable HEPA filter units whenever possible.

4. Keep systems running longer hours (24/7 if possible) to enhance the ability to filter contaminants out of the air.

If you have the capacity to do so, the following is also recommended:

5. Maintain relative humidity levels of RH 40-60%.

6. Add a flush cycle to the controls of the HVAC system, and run HVAC systems for 2-hours before and after occupancy if your system allows for this.

7. Check and rebalance the HVAC system to provide negative air-pressure whenever possible.

8. Consult an HVAC professional or the American Society of Heating, Refrigerating and Air-Conditioning Engineers to ensure proper ventilation is provided, and ventilation-systems are properly maintained. See ASHRAE's COVID-19 Preparedness Resources (www.ashrae.org/technical-resources/resources).

Drop-off, pick-up and delivery practices and protocols

1. Receive deliveries via a contactless method whenever you can.

2. Provide for contactless deliveries that promote delivery at a doorstep, where persons maintain a distance at least 6-feet away while verifying receipt of the delivery between the staff and the delivery person. Whenever possible, attempt to do everything electronically (e.g., app, phone) to eliminate the need for close contact between staff and delivery personnel.

3. Staff must maintain a distance 6-feet or greater from others during interactions while receiving or exchanging deliveries.

4. All persons interacting during the process of drop-off, pick-up and delivery must wear face coverings for the duration of the encounter.

5. Staff must minimize the unnecessary exchanging or sharing of scanners, pens, or other tools with delivery personnel.

Work and gathering space cleaning and disinfection protocols

1. Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.

2. Routinely clean and disinfect all areas, such as offices, restrooms, common areas, shared electronic equipment, instruments, tools, controls, etc.

3. Electronic devices (e.g., light-switches, circuit-breakers) should not be sanitized with a liquid agent. Consider covering switches/devices with a poly-covering that allows the user to manipulate the device without touching the switch, and hangout the poly-covering frequently. Electronic devices must be sanitized only when disconnected from the power-source, and sanitized in accordance with the listing/labeling requirements.

4. Personal equipment, items used in rituals or services, microphones, and phones should not be shared or, if shared, should be disinfected after each use.

5. Frequently clean all high-touch items, such as doorknobs, countertops, barriers, railings, handles, ends of pews, tops of chairs, and other surfaces.

6. Implement immediate cleaning and disinfecting of the work and gathering space if a staff, member, or visitor becomes ill with COVID-19.

   a. See CDC's Cleaning and Disinfecting Your Facility guidance (www.cdc. gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

7. Select appropriate and ensure the needed supply of disinfectants – consider effectiveness and safety. The U.S. Environmental Protection Agency's (EPA) List N has identified a list of products that meet EPA's criteria for use against SARS-CoV-2.

   a. See EPA's List N: Disinfectants for Use Against SARS-CoV-2 (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).

8. Review product labels and Safety Data Sheets, follow manufacturer specifications, and use required personal protective equipment for the product.

9. Sharing books, hymnals and religious texts by people from one service to the next does not pose a significant risk in spreading COVID-19. Limit the sharing of these texts in close proximity to each other at the same time to those in your own household. You may consider cleaning the covers of these objects along with other frequently touched items in your worship space as established in your cleaning schedule.

Communications and training practices and protocol

1. All leadership and staff must be trained regarding COVID-19 exposure, as well as applicable policies, procedures, practices, and protocols.

2. Organizations and facilities must ensure the COVID-19 Preparedness Plan is posted in easily accessible locations and is shared with and reviewed by all staff.

3. Organizations and facilities must ensure the necessary or required rules and practices are communicated to members and renters or other users of their space (e.g., community groups, support groups, etc.), and adequately enforce their provisions.

4. Staff must ensure they comply with and follow established rules and practices.

5. Communication to educate members and participants about the steps being taken for their protection to mitigate the spread of COVID-19 is important for compliance. Communicate protective

measures to members and participants prior to, and at the start of, the event or gathering to both educate and inform them of their role in protecting themselves and others.

What organizations and facilities can do to minimize possible transmission

1. Encourage participants to conduct a self-check. They are expected to stay home if they, or any members of their household, have symptoms of COVID-19.

   a. Symptoms can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.

   b. Refer to CDC's What to Do if You are Sick or Caring for Someone Who is Sick (www.cdc.gov/ coronavirus/2019-ncov/if-you-are-sick/index.html).

2. Facilitate a process for visitors and participants to review a screening survey addressing close contacts with confirmed cases and quarantined cases, and recent out of country travel. The questions should be the same as those completed by staff. Visitors and participants are expected to stay home if they have had a significant exposure.

   a. See MDH's Visitor and Employee Health Screening Checklist: (www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf).

3. Persons who may be at higher risk for severe illness are strongly encouraged to stay home. People over 65 and people of any age with underlying medical conditions are at higher risk.

   a. See CDC's People Who Are at Increased Risk for Severe Illness (www.cdc. gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html).

4. Post signage and develop messaging about staying home for members or visitors who do not feel well or have any symptoms compatible with COVID-19.

   a. See the Minnesota Department of Health (MDH)'s Visitor and Employee Health Screening Checklist: (www.health.state.mn.us/diseases/coronavirus/ facilityhlthscreen.pdf).

   b. The checklist is also available in Hmong, Somali, and Spanish on the Businesses and Employers: COVID-19 web page (www.health.state.mn.us/diseases/coronavirus/businesses.html).

5. If a participant begins to feel unwell while in the facility, help them leave immediately and encourage them to isolate themselves at home.

   a. See CDC's Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (www.cdc.gov/coronavirus/2019-ncov/community/guidance-business- response.html).

6. Encourage participants to regularly wash and/or sanitize their hands.

7. Limit the equipment, products, or items touched by participants while in the building.

8. Require that all participants wear a face covering for the duration of the service or event when required by Executive Order EO-81—i.e., when the event is in an indoor public space or indoor business—or when the venue requires face coverings (even if not otherwise required by Executive Order). Have extra face coverings available for people who do not arrive with one.

    a. Refer to CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html).

9. Singing or chanting is a higher-risk activity as it more forcefully expels respiratory droplets than speaking. The act of singing or chanting may contribute to transmission of COVID-19, possibly through emission of aerosols. It is recommended that congregations offer pre-recorded music/chants or have only one cantor at a distance of at least 12 feet from anyone else, while wearing a face covering.

10. If people's faces come into contact with the floor, carpet or other surface during prayers, require people to bring their own rug, or provide a paper covering for one-time use and then disposal.

11. Processionals and recessionals should only be done in a manner that maintains at least 6 feet of distance between people from different households.

12. Adapt your practices during planned services, weddings and funerals to avoid physical contact or passing objects between individuals (e.g., greetings, collection baskets, sharing of ceremonial objects).

13. Communion for some faiths is a critical part of their ritual. Faith communities that cannot make communion a touch-free encounter should follow these guidelines:

    a. Distribute Communion hand-to-hand, not hand-to-mouth. Do not share cups.

    b. Both the distributor and the receiver of communion are expected to wear face coverings.

    c. Maintain a distance of as close to 6 feet (two arm's length) as possible between the communion distributor and the receiver. This would require both parties extending their arms as comfortably as possible.

    d. The distributor of communion should use hand sanitizer prior to initiation, and again after touching their face, coughing, or sneezing, or significant touching of another person or object in the process of distributing communion.

    e. Hand sanitizer should be used by the recipient before touching their mask to take it down for communion, and after touching the mask to put it back on. Note: hand sanitizer must be applied thoroughly and allowed to dry to be effective.

14. Maintain a distance of at least 6 feet (2 meters) from people not in the same household at all times. This includes establishing this distance with people next to you and in front and behind you. Remove or block off seating, clearly mark entrances and exits and space within the facility to ensure adequate spacing of participants.

15. Consider implementing usher directed entering and exiting of the seating area to maintain proper social distancing.

Other important considerations

As organizations and facilities consider further opening of gathering spaces worship, rituals, prayer meetings, scripture studies, weddings, or funerals, it is important to consider the unique characteristics of your community members and your shared spaces.

1. Some of your staff and members may be at higher risk for COVID-19; these persons are strongly urged to stay at home and not participate in any group gatherings involving people outside of their immediate household.

2. Continue virtual services, phone contact, and other outreach to vulnerable community members, even as other members begin to engage in person. Some of your members may not feel comfortable resuming in-person contact for a longer period of time. It is important to respect their decisions while continuing to remain connected in other ways.

3. Remember that as restrictions are lifted on a state-wide level, your community has the choice to continue the practices put in place during the stay-at-home orders and delay in-person gatherings. Faith communities need to take steps to ensure that members who choose not to attend in-person services will not experience negative consequences from those communities because of their decision.

4. These Requirements are being implemented universally across various sectors with similar gathering spaces in our communities. Consideration is given to space size, flow of movement, duration of time in designated shared space, and the nature of the COVID-19 virus to easily spread in large group gatherings no matter how much planned social distancing is implemented.

5. If there is evidence of COVID-19 spread within your faith community, you may be advised to stop offering in-person services until it is safe to return. Contact your local or state health department for further guidance in these situations.

Occupancy limits

1. Facilities must reduce occupancy to accommodate for the required social distancing of at least 6 feet between people who do not live in the same household.

2. In indoor settings, occupancy must not exceed 50% of total occupancy, with a maximum of 250 people in a single self- contained space. In outdoor settings, gatherings must not exceed 250 people.

3. Large gatherings should utilize different entrances, staggered arrival and departure times, and other mechanisms to avoid congestion at entry and exit points.

4. These limits may change as the data indicates declining number of cases and deaths, or surges in those numbers over time.

5. For parking lot services or gatherings in vehicles see Vehicle Gatherings/Parades Guidance (https://www.health.state.mn.us/diseases/coronavirus/vehiclegather.pdf).

Additional protections and protocol for managing occupancy

1. Publicize your protocols so that current and potential members or visitors are aware of expectations.

2. Advise members and visitors of the added COVID-19 precautions that will be taken prior to arrival at the site. Use websites, social media, pre-appointment phone calls and other outlets to educate members on the steps being taken for their protection and the protection of workers.

3. Consider sending an email or text of a screening survey prior to a planned service, wedding or funeral and request that anyone with symptoms stay home.

4. Post signage at the entrances and exits outlining established protocols.

5. Limit the number of persons trying to enter the building at the same time. Consider planning ways to ask participants to arrive at staggered times (e.g., alphabetically or by electronic sign-up).

6. Determine how your community will address arrivals after you have reached maximum capacity or if participants are not following the 6 feet of required distancing from others. Pre-plan as much as possible to avoid this situation and prepare a plan for if it occurs.

7. Train staff how to address a situation where a participant in a service or event appears to be sick or symptomatic and assist them in leaving.

8. Evaluate all points in the services that previously involved a face-to-face or interaction closer than six feet to determine how they can be done in an alternative way.

9. Provide hand sanitizer and tissues at the entrance, in each seating area section, and other prominent locations.

10. Entrances, exits, restrooms and other areas of congestion should be marked to provide for social distancing of at least six feet, including floor markers for distance, lane lines and signage in adjacent areas where people may be waiting for access.

11. Evaluate and make changes to space, configuration and movement through the space should to allow for distancing of 6 between people from different households at all times.

12. Resume in-person services and ceremonies only when adequate protective measures, as written in your COVID-19 Preparedness Plan, have been implemented.

Appendix A – Guidance for developing a COVID-19 Preparedness Plan

General

Centers for Disease Control and Prevention (CDC): Coronavirus (COVID-19) (www.cdc.gov/coronavirus/2019-nCoV)

Minnesota Department of Health (MDH): Coronavirus (www.health.state.mn.us/diseases/coronavirus)

State of Minnesota: COVID-19 Response (https://mn.gov/covid19)

Businesses

CDC: Businesses and Workplaces (www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html)

CDC: General Business Frequently Asked Questions (www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html)

CDC: Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020: (www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)

MDH: Businesses and Employers: COVID-19 (www.health.state.mn.us/diseases/coronavirus/businesses.html)

MDH: Visitor and Employee Health Screening Checklist (www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf)

MDH: Materials and Resources for COVID-19 Response (www.health.state.mn.us/diseases/coronavirus/materials/index.html)

Minnesota Department of Employment and Economic Development (DEED): COVID-19 Information and Resources (https://mn.gov/deed/newscenter/covid/)

Minnesota Department of Labor and Industry (DLI): Updates Related to COVID-19 (www.dli.mn.gov/updates)

Federal Occupational Safety and Health Administration (OSHA) (www.osha.gov)

AIHA: Back to Work Safely (www.backtoworksafely.org)

Handwashing

MDH: Videos for COVID-19 Response
(www.health.state.mn.us/diseases/coronavirus/materials/videos.html)
Handwashing videos translated into multiple languages

Respiratory etiquette: Cover your cough or sneeze

CDC: How to Protect Yourself & Others (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)

CDC: Coughing and Sneezing (www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html)

MDH: Protect Yourself & Others: COVID-19
(www.health.state.mn.us/diseases/coronavirus/prevention.html)

Face Coverings

MDH: Face Covering Requirements and Recommendations under Executive Order 20-81
(www.health.state.mn.us/diseases/coronavirus/facecover.html)

MDH: Frequently Asked Questions About the Requirement to Wear Face Coverings
(www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html)

MDH: Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs
(www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)

CDC: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)

Housekeeping

CDC: Cleaning and Disinfecting Your Facility (www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)

CDC: Cleaning And Disinfecting Your Home (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html)

CDC: Cleaning and Disinfection for Community Facilities (www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)

Environmental Protection Agency (EPA): List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)
(www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

Employees exhibiting signs and symptoms of COVID-19

CDC: What to Do If You Are Sick (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)

MDH: Symptoms and Testing: COVID-19
(www.health.state.mn.us/diseases/coronavirus/symptoms.html)

MDH: Visitor and Employee Health Screening Checklist
(www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf)

MDH: COVID-19 and When to Return to Work
(www.health.state.mn.us/diseases/coronavirus/returntowork.pdf)

State of Minnesota: Should I Get Tested for COVID-19 (https://mn.gov/covid19/for-minnesotans/if-sick/get-tested/index.jsp)

Training

CDC: Prepare your Small Business and Employees for the Effects of COVID-19
(www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html)

Federal OSHA: Guidance on Preparing Workplaces for COVID-19
(www.osha.gov/Publications/OSHA3990.pdf)