



City of Orono COVID-19
Emergency Response Plan
March 18, 2020

COVID-19 Response Plan

I. Background

COVID-19 is a highly contagious virus that has spread around the world and is currently impacting the State of Minnesota and Hennepin County. Governor Waltz declared a peacetime emergency with Executive Order 20-01 on March 13, 2020. On March 15, 2020 Executive Order 20-02 closed the Schools across the state to limit exposure. An expansion of this was signed by Executive Order 20-04 on March 16, 2020 to include places of congregation such as restaurants, bars and other places in which more than 10 people can meet. The Centers for Disease Control has issued guidance on how employers should respond to limit exposure to staff and customers.

II. Goal

The City's primary goal is to continue operations and provide high quality public services to our residents while taking necessary precautions to limit resident and staff exposure during the COVID-19 outbreak.

III. Response

The following levels of operation have been developed to limit exposure risk and spread of COVID-19.

Level 0 – Normal City Operations

Level 1 - City Hall (CH) open, in-person meetings discouraged

Level 2 - City Hall open, no person to person meetings. Limited customer contact by all staff.

Level 3 - No in-person meetings/ City Hall and Police doors locked, drop tables and signage in place. All staff at work. Limited contact by police, building inspections and public works only.

Level 4 - No in-person meetings/ City Hall closed. Mission essential staff at work, some staff work from home. Remote Council Meetings. Limited contact by police, building inspections and public works.

Level 5 - City Hall and All offices closed. Mission essential personnel only. Police and Public Works. Emergency Contacts only by police and public works employees.

IV. Control and Prevention

Measures for protecting workers from exposure to, and infection with, the novel coronavirus, COVID-19 depend on the type of work being performed and exposure risk, including potential for interaction with infectious people and contamination of the work environment. Employers should adapt infection control strategies based on a thorough [hazard assessment](#), using appropriate combinations of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) to prevent worker exposures. Some OSHA standards that apply to preventing occupational exposure to COVID-19 also require employers to train workers on elements of infection prevention, including PPE.

OSHA has developed this interim guidance to help prevent worker exposure to COVID-19.

(1) **General guidance for all U.S. workers and employers**

For all workers, regardless of specific exposure risks, it is always a good practice to:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

The U.S. Centers for Disease Control and Prevention has developed [interim guidance for businesses and employers](#) to plan for and respond to COVID-19. The interim guidance is intended to help prevent workplace exposures to acute respiratory illnesses, including COVID-19. The guidance also addresses considerations that may help employers prepare for more widespread, community outbreaks of COVID-19, in the event that this kind of transmission begins to occur. The guidance is intended for non-healthcare settings; healthcare workers and employers should consult guidance specific to them, below.

(2) **Interim guidance for most U.S. workers and employers of workers unlikely to have occupational exposures to COVID-19**

For [most people in the United States](#), including most types of workers, the risk of infection with COVID-19 is currently low. This applies to U.S. workers not discussed elsewhere on this page (i.e., those not involved in healthcare, deathcare, laboratory, airline, border protection, or solid waste and wastewater management operations or international travel to areas with ongoing, person-to-person transmission of COVID-19). Such workers' exposure risk is similar to that of the [general American public](#).

Employers and workers in operations where there is no specific exposure hazard should remain aware of the evolving outbreak situation. Changes in outbreak conditions may warrant additional precautions in some workplaces not currently highlighted in this guidance.

(3) **Interim guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19**

Workers and employers involved in healthcare, deathcare, laboratory, airline, border protection, and solid waste and wastewater management operations and [international travel to areas with ongoing, person-to-person transmission of COVID-19](#) should remain aware of the evolving [outbreak situation](#).

As discussed on the [Hazard Recognition](#) page, employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. Control measures may include a combination of engineering and administrative controls, safe work practices, and PPE.

(a) **Identify and Isolate Suspected Cases**

In all workplaces where exposure to the COVID-19 may occur, prompt identification and isolation of potentially infectious individuals is a critical first step in protecting workers, visitors, and others at the worksite.

- Immediately isolate people suspected of having COVID-19. For example, move potentially infectious people to isolation rooms and close the doors. On an aircraft, move potentially infectious people to seats away from passengers and crew, if possible and without compromising aviation safety. In other worksites, move potentially infectious people to a location away from workers, customers, and other visitors.
- Take steps to limit spread of the person's infectious respiratory secretions, including by providing them a facemask and asking them to wear it, if they can tolerate doing so. Note: A surgical mask on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission, including in screening, triage, or healthcare facilities.
- Restrict the number of personnel entering isolation areas, including the room of a patient with suspected/confirmed COVID-19.
- Protect workers in close contact* with the sick person by using additional engineering and administrative control, safe work practices and PPE.

**CDC defines "close contact" as being about six (6) feet (approximately two (2) meters) from an infected person or within the room or care area of an infected patient for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person.*

(b) **Environmental Decontamination**

At this time, there is no evidence that the COVID-19 is spread through environmental exposures, such as coming into contact with contaminated surfaces.

Because the transmissibility of COVID-19 from contaminated environmental surfaces and objects is not fully understood, employers should carefully evaluate whether or not work areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response.

Outside of healthcare and deathcare facilities, there is typically no need to perform special cleaning or decontamination of work environments when a person suspected of having the virus has been present, unless those environments are visibly contaminated with blood or other body fluids. In limited cases where further cleaning and decontamination may be necessary, consult U.S. Centers for Disease Control and Prevention (CDC) guidance for [cleaning and disinfecting environments](#), including those [contaminated with other coronavirus](#).

Workers who conduct cleaning tasks must be protected from exposure to blood, certain body fluids, and other potentially infectious materials covered by OSHA's Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) and from hazardous chemicals used in these tasks. In these cases, the PPE ([29 CFR 1910 Subpart I](#)) and Hazard Communication ([29 CFR 1910.1200](#)) standards may also apply. Do not use compressed air or water sprays to clean potentially contaminated surfaces, as these techniques may aerosolize infectious material.

See the interim guidance for specific worker groups and their employers, below, for further information.

(c) **Worker Training**

Train all workers with reasonably anticipated occupational exposure to COVID-19 (as described in this document) about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure. Training should include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases. Training must be offered during scheduled work times and at no cost to the employee.

Workers required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and maintain PPE; and the limitations of PPE. Applicable standards include the PPE ([29 CFR 1910.132](#)), Eye and Face Protection ([29 CFR 1910.133](#)), Hand Protection ([29 CFR 1910.138](#)), and Respiratory Protection ([29 CFR 1910.134](#)) standards. The OSHA website offers a variety of [training videos](#) on respiratory protection.

When the potential exists for exposure to [human blood, certain body fluids, or other potentially infectious materials](#), workers must receive training required by the Bloodborne Pathogens (BBP) standard ([29 CFR 1910.1030](#)), including information about how to recognize tasks that may involve exposure and the methods, such as engineering controls, work practices, and PPE, to reduce exposure. Further information on OSHA's BBP training regulations and policies is available for employers and workers on the OSHA [Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics](#) page.

OSHA's [Training and Reference Materials Library](#) contains training and reference materials developed by the OSHA Directorate of Training and Education as well as links to other related sites. The materials listed for Bloodborne Pathogens, PPE, Respiratory Protection, and SARS may provide additional material for employers to use in preparing training for their workers.

OSHA's [Personal Protective Equipment Safety and Health Topics](#) page also provides information on training in the use of PPE.

(d) Interim guidance for specific worker groups and their employers

This section provides information for specific worker groups and their employers who may have potential exposures to COVID-19. Guidance for each worker group generally follows the hierarchy of controls, including engineering controls, administrative controls, safe work practices, and PPE. However, not all types of controls are provided in each section; in those cases, employers and workers should consult the interim general guidance for U.S. workers and employers of workers with potential occupational exposures to COVID-19, above.

Excerpt from OSHA.gov <https://www.osha.gov/SLTC/covid-19/controlprevention.html>

V. Employee Staffing

Due to the challenging nature of this emergency an alternative staffing plan may need to be implemented to accommodate daycare restrictions, school closings, dual working households and telecommuting. Staff will work with associated unions on a specific letter of understanding to accommodate the conditions of the COVID-19 Emergency and the needs of the City and Staff.

VI. Finances

During the duration of this emergency all expenditures outside of normal operations will be specifically tracked to meet State and Federal reimbursement guidelines if funds become available.

VII. Communications

The City will utilize the city website, social media, email and other channels to communicate with residents and staff. It is encouraged to have residents utilize city alerts through email.

VIII. Resources

Occupational Safety and Health Administration (OSHA) <https://www.osha.gov/SLTC/covid-19/controlprevention.html#health>

Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Minnesota Department of Health
<https://www.health.state.mn.us/diseases/coronavirus/index.html>

Hennepin County Department of Health
<https://www.hennepin.us/residents/emergencies/covid-19>

League of Minnesota Cities (LMC) <https://www.lmc.org/>

Metro Cities <https://www.metrocitiesmn.org/covid-19---resources-for-city-officials>

Federal Emergency Management Agency (FEMA) <https://www.fema.gov/>