

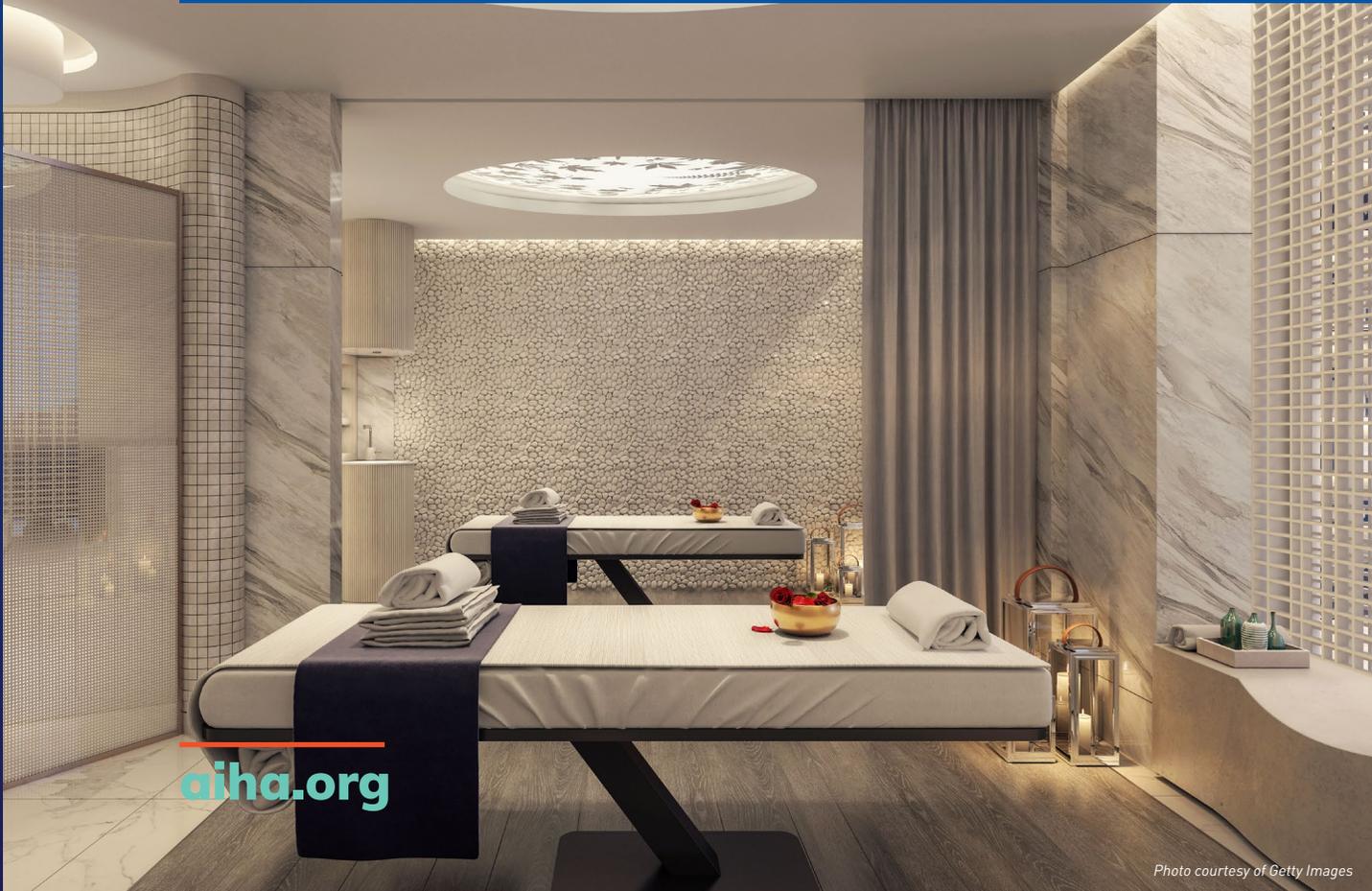


HEALTHIER WORKPLACES | A HEALTHIER WORLD

Back to Work Safely: Guidance for **Body Workers, including Physical and Occupational Therapy, Chiropractic, and Massage Therapists**

Guidance Document, 2nd edition

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Overview

The practice of working on a human body to improve flexibility, strength, recovery, vitality, endurance, and wellness involves close contact with patients or clients. While many body workers initially suspended seeing and working with patients after the pandemic's onset or chose to perform services outdoors when possible, body workers are now returning to working with patients in person again, often in indoor settings. Thus, there is a need for guidance on reducing the risk of transmission for both body work employees and customers. This document is intended to provide guidance and considerations for body workers, including physical and occupational therapists, chiropractors, and massage workers. It is not intended to apply to healthcare workers in in-patient acute care hospital settings or long-term care facilities. As the scope of these guidance documents does not cover workplace testing or vaccination guidance, please refer to state, local, and federal guidance on these topics, such as the Centers for Disease Control and Prevention (CDC)'s COVID-19 [testing](#) and [vaccine](#) webpages.

As some restrictions have lifted and continue to be lifted, many uncertainties still remain. Body work companies and employers are faced with difficult questions that must be addressed as they reopen, resume normal operations, or continue normal operations, such as:

- How can we best protect the health and safety of our employees and customers?
- What communication is needed to keep everyone informed of the preventive steps being taken?
- What steps can we take to minimize the risk of disease transmission?
- What training is needed for our employees?
- What health and safety measures do we need to take regarding new virus variants?

- What do we do if an employee or customer has tested positive for or is suspected to have COVID-19?
- What do we do if an employee or customer is sick or not following guidelines?
- How do we handle high-traffic crowd management throughout the workplace, including during peak times?
- How do we deal with cleaning and disinfecting high-contact surfaces such as check-in desks, computer keyboards, massage tables, and door handles regularly during the day?

In addition to the questions asked by employers and companies, employees and customers are also thinking of ways that they can protect themselves.

The current scientific evidence indicates that SARS-CoV-2, the virus that causes COVID-19, is spread primarily by airborne transmission, through exposure to respiratory aerosols or droplets in air that carry the virus. These respiratory aerosols and droplets are generated by the human respiratory system during normal activities, including breathing, speaking, shouting, singing, coughing, and sneezing. Exposure to these respiratory droplets in poorly ventilated or crowded indoor spaces is particularly of concern, and infection can occur through exposure to mucus membranes, such as the eyes, nose, and mouth. In addition, while not the primary route of exposure, people may also become infected from touching surfaces contaminated with the virus. It has also been shown that the virus can survive in aerosols for hours and on surfaces for days, depending on the type of surface. Measures can be taken to reduce the risk of spreading COVID-19 from person to person or by contact with potentially contaminated surfaces.

The purpose of this guidance document is to provide clear and actionable steps towards safe operations for body workers through prevention, early detection, and control of COVID-19. This document offers practical guidance for body work employers to implement



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multiple layers of risk mitigation strategies through the hierarchy of controls, a system used to minimize or eliminate exposures to hazards. The hierarchy of controls ranks hazard control approaches in order of most effective to least effective—through the elimination of a hazard, substitution of a hazard, use of engineering controls, use of administrative controls, and correct use of personal protective equipment (PPE). Specifically, to reduce the risk of transmitting COVID-19, the controls we focus on in this document are engineering controls, such as ventilation; administrative controls, such as physical distancing, enhanced cleaning and disinfecting practices, and personal hygiene; and PPE, such as gloves and face coverings. Aside from the hierarchy of controls, we also focus on mitigation strategies to use within restrooms, employee wellness, training, waste and laundering, and communication. No single mitigation strategy will be sufficient to address COVID-19 health and safety risks; rather, a multi-layered risk management approach using controls, which can include vaccines, is recommended to limit the spread of COVID-19.

It is important to continue to monitor the global (World Health Organization or WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 risk management best practices. It is also important that body work employers and employees consistently monitor and evaluate the effectiveness of implemented mitigation strategies and alter their approaches as needed.

The following document addresses aspects of the body work industry that have not been previously evaluated in other AIHA guidance documents. Please refer to the “Resources” section for links to AIHA guidance documents concerning other areas that may have characteristics in common with and guidance applicable to the body work industry, including office settings, gyms, and workout facilities.

Any relaxation or modification of the recommendations herein (e.g., based on employee vaccine status) should be based on and comply with federal, state, and local requirements, as well as best practices.

What should an Employer do to reduce risk for themselves, their employees, and their customers?

Employers are encouraged to continually monitor global (WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 best management practices. Employers should also consider developing a knowledgeable team to monitor, assess, and implement new strategies as they become available and as knowledge evolves regarding SARS-CoV-2 transmission, vaccines, new virus variants, and other aspects of the virus.

Employers are also encouraged to complete a task-based risk assessment or job hazard analysis to best determine, by job task, where engineering or administrative controls can be implemented to reduce or eliminate virus transmission. Refer to the [OSHA Job Hazard Analysis document](#).

Due to the wide variety of types and sizes of buildings and spaces, it may not be possible for all companies or employers to implement all of the following guidelines. However, implementing as many as possible through a multi-layered risk management approach can help reduce health risks and risk of transmission.

Ventilation

- Keep heating, ventilation, and air conditioning (HVAC) systems operational to maintain thermal comfort and maximize outdoor air based on system design.



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- Strive to maintain the relative humidity at 40-60%.
 - Refer to the [AIHA Indoor Environmental Quality document](#).
 - If you need assistance on HVAC issues, ask an HVAC professional and see the American Society of Heating, Refrigerating, and Air-Conditioning Engineers' (ASHRAE) [COVID-19 preparedness resources](#) updates for more information.
 - AIHA occupational and environmental health and safety (OEHS) science professionals and industrial hygienists are also well-versed in general dilution ventilation. AIHA has a [consultants list](#) of such qualified professionals.
 - Consider using portable high-efficiency particulate air (HEPA) filtration units with variable flow control or other ventilation-related engineering controls to accommodate differing room sizes and ventilation needs. Refer to the [AIHA Indoor Environmental Quality document](#) for more information. Consider whether the noise of these units when they are turned on is appropriate for their particular application.
 - If fans, such as pedestal fans or hard mounted fans, are used, take steps to minimize air blowing from one person directly at another individual. If fans are disabled or removed, it is important to remain aware of and take steps to prevent [heat hazards](#).
 - Be mindful of using portable pedestal or overhead ceiling fans, as these may contribute to spread of the virus.
 - Use natural ventilation by opening windows and doors to increase air flow, if possible.
- Enhanced Cleaning and Disinfecting Practices**
- Consider developing a standard operating procedure, checklist, or audit system to consistently train employees on enhanced cleaning and disinfecting practices or to track when and how cleaning and disinfecting is conducted, including cleaning and disinfection of spaces previously occupied by someone confirmed to have had COVID-19. Refer to [AIHA's guidance document on workplace cleaning for COVID-19](#).
 - Make Safety Data Sheets (SDS) for cleaning and disinfection products available and ensure employees are aware of the hazards of use. Incorporate new hazards into the existing OSHA Hazard Communications Program.
 - Use disposable wipes or rags when available. Ensure reusable rags are maintained, handled, and cleaned per manufacturers' instructions. For more information, see the "Laundering" section below.
 - All items should be allowed to dry thoroughly after cleaning.
 - Establish a disinfection routine and ensure disinfection protocols follow product instructions for application and contact time.
 - Select appropriate disinfectants.
 - The U.S. Environmental Protection Agency (EPA) has developed a list of products that meet EPA's criteria for use against SARS-CoV-2, [EPA List N](#).
 - Do not mix different EPA-registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach), or hydrogen peroxide.
 - Review product labels and SDS and follow manufacturers' specifications for cleaning and disinfecting.
 - Allow for appropriate ventilation during cleaning and disinfecting.
 - Provide appropriate signage regarding cleaning and disinfecting measures being taken, if needed.
 - Ensure any commonly-used items and high-touch surfaces (e.g., pens, desks, tables, beds, equip-



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ment, chair arms, and doorknobs) are cleaned and disinfected on a frequent or regular basis and after each use.

- Clean and disinfect rooms and equipment according to CDC’s 2008 guidelines for healthcare facilities.
- Clean, disinfect, or discard instruments, supplies, or equipment in dedicated areas to reduce cross-contamination. If a dedicated processing area is not available, a single employee should perform processing within the room.
- If instruments, weights, bands, calipers, etc. are used by multiple employees, disinfect or sterilize them between shared uses.
- Clean and disinfect chairs and beds between each patient or client.
- Consider consulting an occupational and environmental health and safety (OEHS) science professional or industrial hygiene expert if additional advice is needed. AIHA has a [consultants list](#) of such qualified professionals.
- The employer should evaluate the workplace to determine the most appropriate application method for disinfection. Please refer to EPA’s guidance on use of different methods for application of disinfectants to learn more.
 - Currently, CDC does not recommend fogging, fumigation, or wide-area or electrostatic spraying as a primary method for surface disinfection in most cases. Refer to [CDC’s COVID-19 webpage](#) on cleaning and disinfecting facilities.

Personal Hygiene

- Establish a “before and after work” handwashing or sanitizing protocol for all employees.
- Ensure employees wash or sanitize their hands between helping each patient or client, after contact with potentially contaminated surfaces or equip-

ment, and before and after handling PPE.

- Provide handwashing stations or, if not feasible, touch-free automated hand sanitizer dispensers at high-traffic locations (e.g., at the front of the establishment, at exits, near elevators, and outside restrooms). These should contain hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol.
 - If providing neither a station nor a dispenser is feasible, then at a minimum, consider providing hand sanitizer at high-traffic locations. This sanitizer should contain at least 60% ethanol or 70% isopropyl alcohol.
 - Post signs at each hand sanitizer station to encourage proper use and illustrate proper hand sanitizing techniques.

Physical Distancing

- Physical distancing can help limit transmission. Employers should follow all local, state, or federal physical distancing requirements.
 - This may include minimizing the number of employees who work in each treatment room throughout the day, which in turn minimizes the number of patients in each treatment room.
- Modify or adjust workstations, beds, machines, and equipment areas to minimize close contact (i.e., within six feet or less for a cumulative 15 minutes over a 24-hour period) of employees with other employees, customers, and others, when possible.
- In addition to work areas, identify other areas that may lead to close contact among employees and patients. For example: waiting rooms, break rooms, cafeterias, locker rooms, check-in areas, and routes of entry and exit.
 - Consider eliminating reception seating areas and requesting for guests to phone ahead before entering, using a phone app for a virtual queue, or installing a plastic partition at the reception area.



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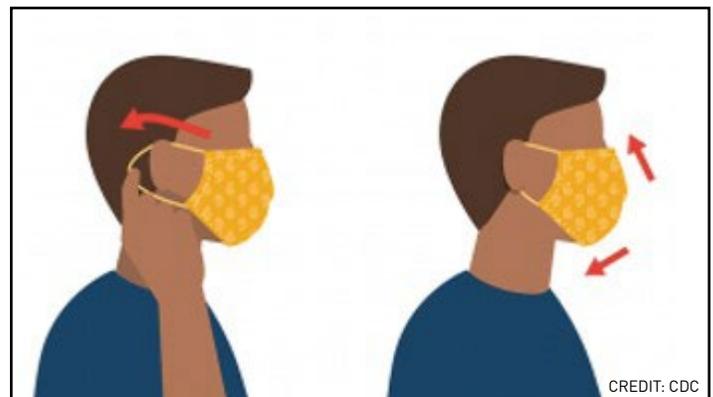
- Use methods to physically separate employees and customers in the facility (e.g., break rooms and entrance and exit areas), when possible.
 - Use visual cues such as floor markings and signs to encourage physical distancing.
 - Space chairs at least six feet apart. Use barriers like screens when possible.
 - Be mindful that barriers can disrupt ventilation and airflow.
 - Remove communal objects like magazines, remote controls, and toys from waiting room areas.
 - If used in a treatment area, cover the computer keyboard with a disposable, flexible, clear barrier, such as plastic wrap, and change this barrier between patients or clients.
 - Post signs around the facility as reminders to maintain physical distancing at all times.
 - Limit guests accompanying patients to the minimum that is necessary. Consider closing waiting areas—patients can remain outside or in their cars until they are either called or texted to come inside for their scheduled appointment. When patients must wait within the facility, consider spacing waiting room chairs as far apart as possible for the anticipated volume.
- Train employees on the proper way to maintain, wear (covering both the nose and mouth), handle, and clean face coverings, as discussed by CDC. Refer to the graphic below and to [CDC's guidance on how to wear masks](#).
 - Encourage employees to wear cloth or disposable face coverings at all times, particularly when physical distancing cannot be maintained.
 - Encourage employees to wear cloth or disposable face covering if using public transportation to get to work. Refer to [CDC's guidance on safe use of public transportation](#) during COVID-19.
 - Additional information on cloth face coverings can be found in [CDC's guidance for using masks](#) to slow the spread of COVID-19.

Restrooms

- Post signage limiting restroom occupancy, to allow for proper physical distancing, and to remind customers and employees to wash their hands before and after using the restroom.
- Minimize touchpoints when entering and exiting restrooms, if possible.
 - If the door cannot be opened without touching the handle, provide paper towels and a trash can by the door, so that a paper towel can be used when touching the handle and then discarded.

Face Coverings

- Face coverings can help limit transmission. Employers should follow all local, state, or federal face covering requirements.
- Cloth or disposable non-medical face coverings are NOT PPE, but do offer some protection to the wearer and others and should be worn while near other people in common spaces or shared workspaces. Use of face coverings is not a substitute for physical distancing, engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.



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- Consider controlling access to bathrooms with a key so disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.
 - If possible, allow doors to multi-stall restrooms to be opened and closed without touching handles.
 - Place signs as reminders to close toilet lids (if present) before and after flushing.
 - Use no-touch faucets, towel dispensers, soap dispensers, and waste receptacles when possible.
 - Hand soap should be readily available for use by occupants.
 - Provide paper towels in restrooms.
 - Refer to [AIHA's guidance document on using hand air dryers during COVID-19](#) for more information.
 - If feasible, work with HVAC professionals to ensure that bathrooms are well ventilated and, if filtration is used, that proper filtration practices are being followed.
 - Increase frequency and efforts to keep bathrooms clean and properly disinfected and maintain a record of sanitary work practices.
 - Take precautions when cleaning or maintaining showers, sinks, and toilets (i.e., avoid creating aerosols, close toilet lids before flushing, and use disposable gloves).
- ### Waste and Laundering
- Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
 - Any reused cloth materials should be washed and dried on the highest temperature setting allowable for the fabric.
 - When handling dirty laundry, wear gloves and a mask and do not shake.
 - Clothes hampers or laundry baskets, if used, should be cleaned according to manufacturers' instructions.
 - Wash hands after handling dirty laundry.
- ### Training
- Provide awareness training to employees on cleaning and disinfection products used in the workplace, following [OSHA's Hazard Communication Standards](#).
 - For employees who will use cleaning and disinfecting products, training should also include proper use, PPE, disposal, and relevant precautionary measures.
 - Provide instruction and training to employees on how to correctly maintain, handle, wear, clean, and dispose of cloth or disposable face coverings.
 - Provide appropriate training and education for all PPE, including disposable and reusable gloves.
 - **NOTE: If an employer chooses to provide or the employee supplies their own N95 respirator, please fully consider all the potential OSHA requirements.**
 - Use videos and in-person visual demonstrations of proper PPE donning and doffing procedures, while maintaining physical distancing during these demonstrations.
 - Emphasize that care must be taken when putting on and taking off PPE to ensure that the worker or the item does not become contaminated.
 - PPE should be: (1) disposed of; or (2) properly disinfected and stored in a clean location when not in use.
 - Stress hand hygiene before and after handling all PPE.
 - Correct maintenance on handling, wearing, cleaning, and disposing of PPE.



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- Make SDS for cleaning and disinfection products available and ensure employees are aware of the hazards of use. Incorporate new hazards into your existing [OSHA Hazard Communication Program](#).
- Implement and inform employees of supportive workplace policies, as applicable.
 - Provide flexible sick leave policies consistent with public health guidance. Providing paid sick leave is important to encourage employees to stay home when sick.
 - Refer to [CDC's guidance for businesses and employers](#) regarding COVID-19 test results from employees.
 - Offer employees the flexibility to stay home to care for sick family members.
 - Implement human resources policies consistent with public health guidance and state and federal workplace laws. For more information on employer responsibilities, visit the [Department of Labor](#) and [Equal Employment Opportunity Commission](#) websites.
 - Provide employee assistance programs and community resources to help employees manage stress and receive support.
 - Offer special accommodations upon request for employees at increased risk for severe illness, to allow them to perform their job duties safely, while also protecting sensitive employee health information.
- Post signs and reminders at entrances and in strategic places to provide instructions on hand hygiene, respiratory hygiene, and cough etiquette. Include signs with images for non-English readers, as needed.
- Train employees on new or modified working schedules, how they can stay up to date on new scheduling requirements, and how to make requests for schedule changes if a need arises.

Other Control Measures

- If scrub uniforms and lab coats are worn, they should not be worn home after a shift. Encourage personnel to change into street clothes after a shift if possible.
- Employees and patients or customers should be encouraged to stay home if they are symptomatic.
 - Ask that patients or customers cancel or reschedule any non-emergency services if they have COVID-19, have been in contact with someone who has COVID-19, or are living with someone exhibiting symptoms of COVID-19.
- Employers are encouraged to explore work-from-home options (if feasible, such as for administrative staff), staggered work shifts or hours, and other flexible approaches for employees.
- If employees commute to work using public transportation, consider asking them to:
 - Use other forms of transportation, if possible.
 - Maintain physical distancing and wear cloth or disposable face coverings.
 - Commute at off-peak times, if possible.
 - Wash their hands before the trip and as soon as possible after arriving.
 - Change into scrubs or work clothes after arriving at the workplace.
- Educate employees on recognizing the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.
- Although perhaps not necessary if handwashing protocols are rigorously followed, consider providing disposable gloves to employees, especially for cleaning and disinfecting, removing waste materials, and cleaning the restrooms.
 - If gloves are worn, change them regularly; wearing gloves is not a substitute for handwashing.



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- If worn, inspect gloves frequently. Remove or replace any gloves that are torn, damaged, or contaminated.
- Plan for employee absences by developing flexible attendance and sick-leave policies, plan for alternative coverage, and monitor and track employee absences related to COVID-19.
- If your facility was unoccupied for an extended period, follow [CDC's guidance for reopening buildings prolonged shutdowns](#) and [AIHA's guidance for recovering from COVID-19 building closures](#).
- Stay informed of local and state COVID-19 information and updates in your geographic area.

Communication

- Communication and training should be easy to understand, in languages preferred to be spoken or read by the employees, and include accurate and timely information.
 - Methods for communicating with employees could include emails, texts, automated phone calls, websites, and signage.
- Adopt a communication strategy that is customized to your organization and emphasizes transparency.
 - Communicate to employees what is being done to mitigate the spread of COVID-19 (e.g., disinfection routines, health policies for staff, and health and safety measures in place).
 - Establish formal and informal routes of communication for employees to express concerns, questions, comments, and feedback.
- If the workplace is in a multi-tenant location, consider establishing a communication pathway with other tenants to inform each other of confirmed COVID-19 cases present in the building.
 - Communicate ventilation concerns and response with other tenants (e.g., HVAC systems can be

shared by multiple tenants and therefore adjusting the system in one area may have negative effects in another area).

Employee Wellness

- Communicate to employees the importance of being vigilant when monitoring personal health symptoms and contacting their employers or managers if or when they start to feel sick.
- Revisit your sick leave program to allow for time off and follow all HR policies and HIPAA or other regulatory requirements.
- Conduct employee temperature screenings and wellness checks before each shift. **(NOTE: Comply with [OSHA's Access to Employee Medical and Exposure Records Standard](#) for confidentiality.)**
 - Temperature screening methods can include a manual thermometer (use non-contact infrared thermometers) or thermal camera meeting [FDA's recommendations](#). Additional screening information and guidance can be found on [CDC's website](#).
 - Assign an employee to manage and conduct temperature screenings while following CDC guidelines. If this is not possible, employees can self-check their own temperatures.
 - Screening should be done in a manner such that the privacy of employees is respected.
 - Perform visual inspections for other signs of illness (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or coughing).
 - Employees who have a fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or above or other signs of illness should not be admitted into the facility.
 - For larger practice settings, screening may require incrementally staggered employee start times.



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- Employers can consider incorporating a wellness questionnaire similar to [CDC's general screening survey](#). However, we encourage checking your regional health department websites. For example, there is a [personnel screening form](#) available on the San Francisco Department of Health's website.
- Refer to [CDC's guidance for businesses and employers](#) regarding employees who have symptoms or signs of COVID-19 (i.e., fever, cough, or shortness of breath) or who have had close contact with someone who has COVID-19.
- If an employee tests positive for COVID-19:
 - Follow federal, state, and local recommendations for reporting and communicating cases while remaining compliant with regulations and guidelines pertaining to protecting private health information, such as confidentiality required by the Americans with Disabilities Act (ADA). [See OSHA for guidance on reporting workplace exposures to COVID-19](#).
 - Engage HR immediately and enforce all applicable HR rules and regulations.
 - Follow federal, state, and local recommendations for any individuals that had close contact with the employee.
 - Use trained personnel to perform enhanced cleaning and disinfecting of any surfaces that the employee may have come into contact with.
 - Encourage the trained personnel to wear face coverings and gloves, dispose of their gloves after use, and wash their hands and faces when complete. Visibly dirty surfaces should be cleaned using a detergent or soap and water PRIOR to disinfection.
 - For disinfection, use only EPA-registered disinfectants on [List N](#).
- Encourage employees who are sick to stay home. This includes:
 - People with flu-like symptoms or who live with someone with these clinical symptoms.
 - People with COVID-19, people who live with someone with COVID-19, or people who have been exposed to someone with COVID-19.
- Employers are encouraged to educate employees to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.

Patient and Client Screening

- Screen all patients or clients for signs or symptoms of respiratory illness, fever higher than 100.4 degrees Fahrenheit, cough, shortness of breath, and other COVID-19 symptoms listed by CDC.
 - Follow all state and local guidance on treating patients who may be experiencing COVID-19 symptoms or who have a positive COVID-19 test result.
- Even when personnel screen patients for respiratory infections, they may unknowingly treat a patient or client who is later confirmed to have COVID-19.
 - Follow [CDC's guidance for healthcare personnel with potential exposure](#).

What should an Employee do to reduce risk to themselves and customers?

- Employees should evaluate their health continuously; if they are sick, have a fever or symptoms, or have someone sick at home, then they should remain home.
 - **NOTE: Employer HR policies, HIPAA guidelines, and other laws should be followed at all times.**
- Ensure any commonly used items and high-touch surfaces (e.g., pens, desks, tables, beds, equipment, chair arms, and doorknobs) are cleaned and disinfected on a frequent or regular basis and after each use.



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- Clean and disinfect rooms and equipment according to [CDC's 2008 guidelines for healthcare facilities](#).
- Clean, disinfect, or discard instruments, supplies, or equipment in dedicated areas to reduce cross-transmission. If a dedicated processing area is not available, perform processing in room by a single employee.
- If instruments, weights, bands, calipers, etc. are used by multiple employees, disinfect or sterilize them between shared uses.
- Clean and disinfect chairs and beds between each patient or client.
- Maintain a clean cloth or disposable face covering. Replace frequently, if needed, and replace after contamination.
 - When wearing a face covering, ensure both your nose and mouth are covered.
 - Change face covering if it becomes wet, damaged, or contaminated.
 - Wash hands before touching your face covering.
 - Wear a cloth or disposable face covering while using public transportation.
 - Additional information on cloth face coverings can be found on [CDC's website](#). (**NOTE:** Cloth or disposable non-valved face coverings primarily protect other people but can also protect the wearer. When wearing a face covering, ensure both your nose and mouth are covered. Use of a cloth or disposable face covering is not a substitute for physical distancing.)
 - Have extra face coverings on hand.
- Maintain good hygiene practices by washing your hands with soap and water for at least 20 seconds or using a hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol. For more information, refer to [CDC's handwashing guidelines](#).
- If you are an employee who tests positive for COVID-19 or who has come in close contact with someone who has COVID-19, follow [CDC's guidelines](#).
- At minimum, wash your hands before and after seeing each patient or customer; after being in a public place; after touching your face covering; after blowing your nose, coughing, or sneezing; after using the restroom; after touching any common contact surfaces; and before eating. Avoid touching eyes, nose, or mouth with unwashed hands.
- Wash your hands when you arrive at work, throughout the day during various activities (e.g., before and after handling equipment, before and after preparing or eating food, before and after administering medication, and after handling garbage), after touching your face covering, when you leave work, and when you arrive home.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).
- Let your employer know if you have concerns about PPE or face coverings that may be provided to you and ensure that you are properly instructed on how to use them. CDC has recommended sequences for donning and doffing PPE.
 - **NOTE: If an employer chooses to provide an N95 respirator, please fully consider all the potential OSHA requirements.**
- If scrub uniforms and lab coats are worn, they should not be worn home after a shift.

Worker Rights

This document presents and supports workplace protections that are essential components of occupational health and safety systems and programs.



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These basic protections are worker rights, as well as essential ingredients of occupational health and safety systems.

What can a Customer do to reduce the risk of transmission of COVID-19?

- Comply with instructions regarding COVID-19 precautions set forth by the facility, including but not limited to physical distancing requirements and use of face coverings.
- Evaluate your health and your family's health continuously. If you are sick, stay home. If you have an elevated temperature, stay home. If someone in your house is sick, stay home. If you have allergies and uncontrollable sneezing, stay home.
 - Reschedule any non-emergency services if you or your family members are sick.
- Check with the facility, prior to going, regarding any current requirements for customers to follow specific to COVID-19.
- Use online and electronic services, such as tele-medical visits, in place of in-person services, if feasible.
 - If you anticipate needing to complete paperwork, consider filling this out at home prior to your visit or bringing your own pen.
- Wear a cloth or disposable face covering as you enter and leave the building, while indoors, or over-all more frequently.
- Wash your hands before and after you leave the building if possible, especially if touching common high-touch surfaces. If not feasible, use hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol when you enter and before you leave the building.
- If using public transportation to get to and from the facility, wash your hands when you enter and before you leave the building. If not feasible, use

hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol.

- Maintain a distance of at least six feet from other customers and employees when walking throughout the building, whenever possible.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).

Resources

[AIHA: Effective and Safe Practices, Guidance for Custodians, Cleaning, and Maintenance Staff Guidance Document](#)

[AIHA: Employers' Guide to COVID-19 Cleaning and Disinfection in Non-Healthcare Workplaces Guidance Document](#)

[AIHA: Joint Consensus Statement on Addressing the Aerosol Transmission of SARS-CoV-2 and Recommendations for Preventing Occupational Exposures](#)

[AIHA: Recovering from COVID-19 Building Closures Guidance Document](#)

[AIHA: Reducing the Risk of COVID-19 Using Engineering Controls Guidance Document](#)

[AIHA: Worker Rights White Paper](#)

[AIHA: Workplace Cleaning for COVID-19](#)

[American Chiropractic Association: Coronavirus \(COVID-19\)](#)

[American Massage Therapy Association: COVID-19 Resources for Massage Therapists](#)

[American Occupational Therapy Association: Infor-](#)



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[Information Pertaining to Occupational Therapy in the Era of Coronavirus \(COVID-19\)](#)

[American Physical Therapy Association: Coronavirus \(COVID-19\) Resources for the Physical Therapy Profession](#)

[ASHRAE: Coronavirus \(COVID-19\) Response Resources from ASHRAE and Others](#)

[CDC: COVID-19 – Cleaning and Disinfecting Your Facility](#)

[CDC: COVID-19 – COVID-19 Testing Overview](#)

[CDC: COVID-19 – General Business Frequently Asked Questions](#)

[CDC: COVID-19 – Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\)](#)

[CDC: COVID-19 – Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#)

[CDC: COVID-19 – How to Wear Masks](#)

[CDC: COVID-19 – Protect Yourself When Using Transportation](#)

[CDC: COVID-19 – Use Masks to Slow the Spread of COVID-19](#)

[CDC: COVID-19 – Vaccines for COVID-19](#)

[CDC: Facilities COVID-19 Screening](#)

[CDC: Infection Control – Guideline for Disinfection and Sterilization in Healthcare Facilities \(2008\)](#)

[Department of Labor: Coronavirus Resources](#)

[EPA: Can I Use Fogging, Fumigation, or Electrostatic Spraying or Drones to Help Control COVID-19?](#)

[EPA: List N](#)

[FDA: Non-Contact Temperature Assessment Devices During the COVID-19 Pandemic](#)

[OSHA: Access to Employee Medical and Exposure Records](#)

[OSHA: Hazard Communication Standards](#)

[OSHA: Heat](#)

[OSHA: Job Hazard Analysis](#)

[OSHA: Recording Workplace Exposures to COVID-19](#)

[OSHA: Safety Management – Recommended Practices for Safety and Health Programs](#)

[San Francisco Department of Public Health: Attachment A-1 – Personnel Screening Form](#)

[U.S. Equal Employment Opportunity Commission: Coronavirus and COVID-19](#)

[U.S. Equal Employment Opportunity Commission: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)



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