Overview

Museums and other cultural heritage and collecting institutions and their workforces engage in the collection, preservation, study, and exhibition of objects and specimens of historical, cultural, scientific, and educational value. These establishments consist of art museums and non-retail art galleries; historical, military, natural history, science, and technology museums; archives; halls of fame; botanical gardens, aquariums, and zoos; traveling exhibitions; and more. Teaching and study collections within many academic campus departments and collection exhibits associated with specific corporations or governmental agencies are also included. These venues often have public faces that include displays, outdoor sculpture gardens, docent tours and lectures, performances and hands-on learning, student field trips, traveling exhibitions, and private events. The occupations that support the mission of museums include curation, conservation, art handling and preparation, scientific examination, education, exhibit design and fabrication, security, administration, maintenance, and more. Museums also collaborate locally and internationally to ship and receive loans and acquisitions (gifts as well as purchases) for temporary exhibits and ongoing research projects. As some restrictions have lifted and continue to be lifted, many uncertainties still remain. This document is intended to provide guidance and considerations for small and medium-sized museums and other cultural heritage and collecting institutions to implement health and safety measures to reduce the risk of transmitting COVID-19 to employees and visitors. Consistent with CDC guidance, AIHA supports vaccination as a COVID-19 control strategy, and strongly encourages everyone able to keep up to date with their vaccine regimen. While the scope of these guidance documents does not cover workplace testing or specific 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.

Museum employers and administrators 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, visitors, and volunteers with consideration for the care and integrity of the diverse collection material types and environments?
- 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 visitor has tested positive for or is suspected to have COVID-19?
- What do we do if an employee or visitor is sick or not following guidelines?
- How do we handle high-traffic crowd management throughout the museum or institution, including during peak times?
- How do we deal with cleaning and disinfecting high-contact surfaces, such as check-in desks, computer keyboards, and door handles, regularly during the day?
- What can on-site vendors do to minimize COVID-19 transmission?
- What considerations should be given to developing a collections management policy for both living and educational collections?
In addition to the questions asked by museum employers and administrators, museum employees, volunteers, and visitors 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. Refer to CDC: Science Facts. 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. Refer to REALM Study. 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 the safe operations of museums and other cultural heritage and collecting institutions through prevention, early detection, and control of COVID-19. This document offers practical guidance to implement 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 and for high touch surfaces, 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 multilayered 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, OSHA), 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 museums and other cultural heritage and collecting institutions consistently monitor and evaluate the effectiveness of implemented mitigation strategies and alter their approaches as needed.

The following document addresses aspects of museums and other cultural heritage and collecting institutions 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 museums and other cultural heritage and collecting institutions, including construction sites, general office settings, libraries, warehouses (i.e., for collection storage areas), retail services, restaurants and dining halls, and childcare centers. Employers should consult AIHA’s resources list to connect with other museums and professional organizations, such as the American Alliance of Museums, for reopening plan examples, innovative practices, and recommendations for collections management policies.
Since museum layouts and events that occur at museums can differ, it is highly recommended that museums rely on health and safety professionals to tailor health and safety policies based on the unique circumstances present (e.g., the presence of unvaccinated individuals in a museum may warrant special risk mitigation strategies).

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 their employees, volunteers, and visitors?**

Museum leadership and other cultural heritage and collecting institutional employers are encouraged to continually monitor global (WHO), federal (CDC, OSHA), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 best management practices. These 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](https://www.osha.gov) and [OSHA’s Guidance on Mitigating the Spread of Covid-19 in the Workplace](https://www.osha.gov).

Due to the wide variety of types and sizes of museums and other cultural heritage and collecting institution buildings and spaces, it may not be possible for all institutions to implement all of the following guidelines. However, implementing as many as possible through a multilayered risk management approach can help reduce health risks and risk of transmission.

**Ventilation and Water Systems**

Heating, Ventilating and Air Conditioning (HVAC) and other building systems are important aspects to consider when reopening a museum or similar facility because their function and use can impact worker health and effect environmental change for collections.

- Keep heating, ventilation, and air conditioning (HVAC) systems operational to maintain thermal comfort and maximize outdoor air based on system design.
- Strive to maintain the relative humidity at 40–60%.
- Refer to [AIHA’s Engineering Controls Guidance Document](https://www.aiha.org).
- Confer with collections care employees or conservators on environmental needs in exhibit and collection storage areas.
- 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 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](https://www.aiha.org) 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 [AIHA’s Engineering Controls Guidance Document](https://www.aiha.org) for more information. Consider whether the noise of these units when they are turned on is appropriate for the particular application.
• If fans are disabled or removed, it is important to remain aware of and take steps to prevent heat hazards. However, 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.

• 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, given the environmental requirements of caring for the collection.

• Communicate ventilation concerns and risk control strategies with other tenants and occupants (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).

• Ensure that not only your building water systems are in readiness condition for occupancy, but also verify that specialized laboratory systems, fountains, water exhibits and eyewash/safety showers are properly prepared. Some measures include:
  – Flushing water systems to remove stagnant water that could support microbial growth such as Legionella bacteria, which can produce lethal infections.
  – Confirming water quality parameters such as water temperature, pH, and pressure are correct.

• If you don’t know how, ask a water systems professional, and see the American Water Works Association’s (AWWA) COVID-19 Resource Topic, the EPA’s Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use, and the Louisville Water Company Flushing Lines Video/Fact Sheet for more information.

Enhanced Cleaning and Disinfecting Practices

• Check with your preservation and conservation employees or consultants about whether cleaning and disinfection treatments are needed for certain collections or exhibit-containing areas.

• Make sure lending and borrowing institutions are able to maintain the level of health and safety protocols that are required by your institution.

• Conduct a risk assessment for exhibits made of materials that cannot be safely cleaned, such as historic surfaces, outdoor metal sculpture, or fragile stone, to determine if cleaning is necessary before making plans to enhance cleaning and disinfecting practices.

• If a needs determination is made, ensure that these products have been vetted and are safe to use for all collection components. Many disinfectants and treatment technologies, such as ultraviolet germicidal irradiation (UVGI), may be unsafe for use or ineffective for use on collection items or historic surfaces.

• Disinfection of some collections and exhibition materials may not need to be performed. Use good hand hygiene before and after handling collections and exhibition materials.

• Refer to the Canadian Conservation Institute’s guidance on caring for heritage collections during the COVID-19 pandemic and the Northeast Document Conservation Center’s guidance for disinfecting books and other collections.

• The employer should evaluate the museum or institution to determine the most appropriate application methods for enhanced cleaning and disinfection. Please refer to EPA’s guidance on the use of different methods for applying disinfectants to learn more.

• 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
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DISCLAIMER: These are meant to be general guidelines to help you re-open your establishment. Always follow local, state and federal laws and guidelines.

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 newly introduced cleaning products 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.

- 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 manufacturer specifications for cleaning and disinfecting.

- Allow for appropriate ventilation during cleaning and disinfecting.

• Discourage hands-on demonstrations unless safe cleaning, disinfection, and physical distancing protocols can be maintained to keep employees, volunteers, and visitors safe.

- Provide appropriate signage regarding cleaning and disinfecting measures being taken, if needed.

- Place signage and barriers to keep visitors from touching exhibit barriers, signs, information booths, vitrines, and other frequently touched surfaces.

- Ensure any commonly used items and high-touch surfaces (e.g., pens, desks, chairs, benches, wheelchairs, microscope oculars, camera equipment, scanners, copiers, and online catalog lookup stations, etc.) are cleaned and disinfected on a frequent/regular basis, and/or after each use.

- Sharing equipment and workspaces should be discouraged wherever possible. Equipment that must be shared should be cleaned and disinfected before and after use.

- 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.

Personal Hygiene

• Establish a “before, during and after work” handwashing or sanitizing protocol for all employees and volunteers.

• Provide handwashing stations or, if not feasible, touch-free automated hand sanitizer dispensers at high-traffic locations (e.g., at the institution’s main entrance, 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. Institution leadership should follow all local, state, or federal physical distancing requirements.
- Limit number of staff receiving loans in closed loading dock areas. Consider virtual courier assistance, if needed.
- Modify or adjust workstations to minimize close contact (e.g., within six feet or less for a cumulative 15 minutes over a 24-hour period) of employees and volunteers with other employees and volunteers, visitors, and others, when possible.
- Creating one-way foot traffic patterns, especially on stairs and through special exhibitions or galleries, may be appropriate to mitigate crowding and prevent clustering of people.
- Use methods to physically separate employees, volunteers, and visitors throughout the facility (e.g., break rooms, elevators, inside galleries, theaters or exhibition spaces, and entrance and exit areas), when possible.
- Use visual cues, such as floor markings and signs, to encourage physical distancing.
- Consider cordonning off 8-foot sections on benches or remove benches and replace them with distanced chairs if feasible.
- Use barriers, such as screens, when possible. Be mindful that barriers can disrupt ventilation and airflow. Ropes with stanchions can help maintain distance between exhibits and visitors.
- If necessary, reduce the number of galleries that are open, particularly for dead-end areas where airflow is limited or, more importantly, if the airflow in an area is poor and is supplied with unfiltered recirculated air.
- Consider capacity limits (i.e., reducing the number of people allowed in the museum), following local, state, or federal public rules or guidelines.
- Consider timed-entry or ticketing for your institution or at least for popular exhibitions.
- Limit person-to-person contact, monitor the number of visitors, and restrict access to certain areas, such as elevators (signs should state a maximum number of people per elevator per physical distancing guidelines), galleries (especially small, enclosed spaces with less ventilation), and gift shops.
- Suspend coat and bag checks that may result in long lines and require staff to be in contact with visitors. Consider other means such as self-serve lockers reserved via an app, or guest self-checks in a space monitored at distance by staff.
- For exhibits that do not allow adequate distancing of six feet between visitors, assess to determine if installations can be relocated elsewhere in the gallery or if barriers can be installed. If these measures are not feasible, consider temporary closure of these exhibit areas.
- Cancel or limit the number of participants in group visits, guided tours, public programs, and special or private events, following local and state guidelines.
- Consider online tours or app-based audio tours with use of personal headphones.
- Consider holding events in outdoor areas, or screenings on outdoor museum walls, as an alternative. Keep these events short to minimize overcrowding where outdoor mask wearing is not mandated.
- Limit access to storage and workrooms to essential personnel. Consider strategies for alerting others that rooms are occupied.
- Limit the number of visitors and seating in libraries, common spaces, or reading rooms to provide physical distance between visitors using collection materials.
- Reduce capacity for areas that require seating or extended occupancies such as theaters, education spaces, meeting rooms, and employee and visitor
transportation. Remove or block off seating, if possible.

- Ensure that seating meets occupancy limits and social gathering number limits required by local and state guidelines.
- Assigned seating should be used when appropriate (e.g., in theatres and for shows or demonstrations) such that guests are not seated next to one another, except for household groups.
- Stagger screening, show, and event times so that visitors for one event do not arrive at the same time as those for another, or while a previous audience is exiting the same space.
- Post clear direction signs to ensure that entrances and exits, which preferably are separate from each other to accommodate one-way traffic patterns, to and from auditoriums, common areas, or meetings spaces are not areas of congregation or congestion.

**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 they do offer some protection to the wearer and others. Use of face coverings is not a substitute for physical distancing, engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.
- 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 on the next page and to CDC's guidance on how to wear masks.
- Encourage employees and volunteers to wear face coverings at all times, particularly when physical distancing cannot be maintained.
- Encourage employees and volunteers to wear face coverings if using public transportation to get to the museum. Refer to CDC’s guidance on safe use of public transportation during COVID-19.
- Additional information on face coverings can be found in CDC’s guidance for using masks to slow the spread of COVID-19.

**Restrooms**

- Post signage as a reminder for proper physical distancing and to remind visitors, volunteers, 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.
  - Consider controlling access to bathrooms with a key so that disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.
- If possible, allow main doors to multi-stall restrooms to be opened and closed without touching handles.
• 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 sinks and toilets (i.e., avoid creating aerosols, 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 reusable 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 and volunteers on cleaning and disinfection products used in the museum 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 and volunteers on how to correctly maintain, handle, wear, clean, and dispose of 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 (without exhalation valve) 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.
• Make SDS for cleaning and disinfection products available and ensure employees and volunteers are aware of the hazards of use. Incorporate new hazards into your existing OSHA Hazard Communication Program.
• Implement and inform employees and volunteers 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 employees regarding COVID-19 test results from employees and volunteers.

- Offer employees and volunteers 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 and volunteers manage stress and receive support.

- Offer special accommodations upon request for employees and volunteers at increased risk for severe illness, to allow them to perform their 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.

Communication

• Communication and training should be easy to understand, in languages preferred to be spoken or read by employees and volunteers, and include accurate and timely information.

  - Methods for communicating with employees and volunteers could include emails, texts, automated phone calls, websites, and signage.

  - Adopt a communication strategy that is customized to your institution and emphasizes transparency.

- Communicate to employees and volunteers 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 and volunteers to express concerns, questions, comments, and feedback.

  • If the institution is in a multi-tenant location or shared facility, consider establishing a communication pathway with other tenants and occupants for information, resolution of concerns and to inform each other of confirmed COVID-19 cases present in the building.

Employee Wellness

- Communicate to employees and volunteers the importance of being vigilant when monitoring personal health symptoms and contacting museum leadership 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.

- Employers are encouraged to explore work-from-home options, staggered work shifts and hours, and other flexible approaches for employees, if feasible.

- Conduct employee and volunteer 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 recommendations. Additional screening information and guidance can be found on CDC’s website.

  - Assign an employee or volunteer to manage and conduct temperature screenings while following...
CDC guidelines. If this is not possible, employees and volunteers can self-check their own temperatures.

- Screening should be done in a manner such that the privacy of employees and volunteers is respected.
- Perform visual inspections for other signs of illness (e.g., flushed cheeks, rapid or difficult breathing without recent physical activity, fatigue, or coughing).
- Employees who have a fever of 100.4° F (38° C) or above or other signs of illness should not be admitted into the facility.

- Museum leadership 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 and volunteers 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 or volunteer tests positive for COVID-19:
  - Follow federal, state, and local recommendations for any individuals that had close contact with the employee or volunteer.
  - Use trained personnel to perform enhanced cleaning and disinfecting of any surfaces that the employee or volunteer 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 and volunteers who are sick to stay home, and follow CDC Guidance. This includes:
    - People with flu-like symptoms or who live with someone with these clinical symptoms.
    - People who test positive for COVID-19, or who have come in close contact with someone who has COVID-19.

Institutional leadership is encouraged to educate employees and volunteers to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.

**What should an Employee or Volunteer do to reduce risk to themself and visitors?**

- Employees and volunteers 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.
• Disinfect shared equipment and high-touch surfaces frequently, and at least after each use.
• Maintain a clean face covering. Replace frequently, if needed, and replace after contamination.
  – When wearing a face covering, ensure both your nose and mouth are covered.
  – Change your face covering if it becomes wet, damaged, or contaminated.
  – Wash your hands before touching your face covering.
  – Wear a 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 wearers. When wearing a face covering, ensure both your nose and mouth are covered. Use of a 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 or volunteer who tests positive for COVID-19, or who has come in close contact with someone who has COVID-19, follow CDC Guidance.
• Wash and/or sanitize your hands when you arrive at work, throughout the day during various activities (e.g., before and after preparing food, after visitor interactions, and after using the bathroom), 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 or volunteer lead 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 you commute to the museum using public transportation:
  – Maintain physical distancing and wear tight-fitting face coverings over your nose and mouth at all times (a current federal transportation requirement).
  – Refrain from eating or drinking on public transit to prevent removal of face covering.
  – Commute at off-peak times, if possible.
  – Wash your hands and/or use hand sanitizer before the trip and as soon as possible after arriving.

Worker Rights
This document presents and supports workplace protections that are essential components of occupational health and safety systems and programs. These basic protections are worker rights, as well as essential ingredients of occupational health and safety systems.

What can a Visitor do to reduce the risk of transmission of COVID-19?
• Comply with instructions regarding COVID-19 precautions set forth by the museum or institution, including but not limited to restricted access, capaci-
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Guidance Document

Resources

AIHA: Effective and Safe Practices, Guidance for Custodians, Cleaning, and Maintenance Staff Guidance Document
AIHA: Joint Consensus Statement on Addressing the Aerosol Transmission of SARS-CoV-2 and Recommendations for Preventing Occupational Exposures
AIHA: Worker Rights White Paper
AIHA: Workplace Cleaning for COVID-19
American Alliance of Museums: COVID-19 Resources & Information for the Museum Field
American Alliance of Museums: Museums and COVID-19 Vaccinations
American Water Works Association (AWWA): COVID-19 Resource Topics
American Institute for Conservation (AIC): Resources – COVID-19 Pandemic
ASHRAE: Coronavirus (COVID-19) Response Resources from ASHRAE and Others
Canadian Conservation Institute (CCI): Caring for Heritage Collections During the COVID-19 Pandemic
CDC: COVID-19 – Cleaning and Disinfecting Your Facility
CDC: COVID-19 – COVID-19 Testing Overview
CDC: COVID-19 – General Business Frequently Asked Questions

• Maintain a distance of at least six feet from other visitors, volunteers, and employees when walking through the museum 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.

• If using public transportation to get to and from the museum or institution, 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.

• Wash your hands before and after you leave the museum 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 museum building.

• Wear a face covering (covering both the nose and mouth) as you enter and leave the museum building and while indoors.

• Evaluate your own 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.

• Check with the museum or institution, prior to going, regarding any current requirements for visitors and volunteers to follow specific to COVID-19.

• Use online and electronic services 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.

• If using public transportation to get to and from the museum or institution, 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 visitors, volunteers, and employees when walking through the museum 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: Joint Consensus Statement on Addressing the Aerosol Transmission of SARS-CoV-2 and Recommendations for Preventing Occupational Exposures
AIHA: Worker Rights White Paper
AIHA: Workplace Cleaning for COVID-19
American Alliance of Museums: COVID-19 Resources & Information for the Museum Field
American Alliance of Museums: Museums and COVID-19 Vaccinations
American Water Works Association (AWWA): COVID-19 Resource Topics
American Institute for Conservation (AIC): Resources – COVID-19 Pandemic
ASHRAE: Coronavirus (COVID-19) Response Resources from ASHRAE and Others
Canadian Conservation Institute (CCI): Caring for Heritage Collections During the COVID-19 Pandemic
CDC: COVID-19 – Cleaning and Disinfecting Your Facility
CDC: COVID-19 – COVID-19 Testing Overview
CDC: COVID-19 – General Business Frequently Asked Questions

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