**WORK HAZARD ASSESSMENT AND EXPOSURE RISK LEVEL ASSIGNMENT**

**ANNEX B**

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| **Work Area or Activity Type** | **Hazards/Risks** | **Mitigations or Control Measures** ***\*Use of N95 Respirators requires medical clearance, training and fit test***  | **Typical Exposure Risk Level****May be modified by OSHS based upon unique task risks** |
| EMS Field Operations | Patient Exposures* Direct patient care
* Hands on treatment
* Invasive procedures
* AGP
* Patient movement activities
 | Engineering Controls:* Separate patient compartment from drivers by physical means such as door or wall with window that can be closed

Safe Work Practices: * PSAP Dispatch Queries (Calls screened prior to dispatch of first responder)
* Limiting of personnel with patient and citizen contact
* Clean/disinfect patient contact surfaces and equipment used post-call and end of shift, and practice routine cleaning of hands
* Place clinical mask on patient for source control of exposure
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Responder self-monitoring prior to shift for health condition/wellness and duty status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* EMS’s Operational Medical Director (OMD) has strictly controlled AGP during this Pandemic.

PPE/Protective Resources:* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles), Nitrile Exam Gloves, N95\* Respirators and Gowns/Coveralls (incl hair bouffant and shoe covers where indicated by practice protocols). Clinical mask acceptable for driver physically separated from patient compartment.
 | EMT/Paramedics – Very High Risk Potential during AGPEMTs: High Risk Potential |
| EMS Community (type) efforts | Community Relations* Outreach
* Instruction
* Public Interaction Activities
 | Engineering Controls: * Where feasible, utilize tables with plexiglass/Lexan barriers to provide best physical separation of citizen and staff

Safe Work Practices: * Limit hands’ on contact with public, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Citizen contacts: Cloth face mask or covering.
 | Medium Risk Potential |
| Fire Dept co-response w/EMS Field Operations | Patient Exposures* Direct patient care
* Hands on treatment
* Invasive procedures
* AGP

Patient movement activities supporting EMS | Engineering Controls: N/ASafe Work Practices: * PSAP Dispatch Queries (Calls screened prior to dispatch of first responder)
* Limiting of personnel with patient and citizen contact
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands
* Clean/disinfect patient contact surfaces and equipment used post-call and end of shift, and practice routine cleaning of hands
* Place clinical mask on patient for source control of exposure

Administrative Controls:* Responder self-monitoring prior to shift for health condition/wellness and duty status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* EMS’s Operational Medical Director (OMD) has strictly controlled AGP during this Pandemic.

PPE/Protective Resources:* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles), Nitrile Exam Gloves, N95\* Respirators and Gowns/Coveralls (incl hair bouffant and shoe covers where indicated by practice protocols). Clinical mask acceptable for driver physically separated from patient compartment.
 | EMT/Paramedics –Very High Risk Potential during AGPEMTs: High Risk Potential |
| OSHS Operations | Clinic Patient Exposures* Direct client care and support
* AGP
* General hands on patient contact
* Minor clinical procedures
* Respirator Fit-Testing for public safety and care-giver/provider community assistance programs

Field Exposures* AGP
* Clinical Field Support
* Vaccination programs and TB risk screenings
* Safety Field Support
* Routine field efforts with direct public and contractor contact

Potential for working closely with colleagues and co-workers in vehicles and on numerous job sites or in buildings conducting field inspections, investigations, training and contractor or regular workforce interactions | Engineering Controls:* Perform necessary AGP outside of facility if feasible. (e.g., conducting PCR Swab or similar specimen collection from workforce during this Pandemic. AGP is only authorized by the OSHS Manager.

Safe Work Practices: * Evaluation of clinical cases with medical potential/impact and exposure risk
* Limit personnel with direct clinical client and public or contractor workforce contact
* Post call for service - Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands
* Clinical practices follow American Medical Association standards for clinical disinfection before and after patient encounters in exam rooms, testing/evaluation rooms and following use of exposure to testing instruments and equipment

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Written department quality and practice protocols for health and safety of personnel with public interface
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Clinical client contacts: Appropriate EyePro (i.e., face shield w/safety glasses, or goggles), Nitrile Exam Gloves, clinical face mask or cloth face covering and gowns/coveralls (incl hair bouffant and shoe covers where indicated by practice protocols) - upgrade to N95\* for patient contact with suspect or confirmed COVID-19 case.
* Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
* For field work tasks: Appropriate additional PPE for job hazards (i.e.; safety eyewear (goggles where potential for liquid/splash hazard exists), gloves, footwear, respirator, hearing protection, etc) upgrade to N95\* for patient contact with suspect or confirmed COVID-19 case.
 | Clinical Staff –Very High Risk Potential during AGPMedium Risk PotentialMedical Assistants/Nurses – High Risk Potential during Clinical Examinations, Laboratory efforts, and Vaccinations of (high-risk) Public Safety staffSafety Engineers - High Risk Potential during QNFT and QLFT fit-testing for respirators |
| Fire Dept Field Operations | Patient Exposures* No routine direct patient care
 | Engineering Controls: N/ASafe Work Practices: * PSAP Dispatch Queries (Calls screened prior to dispatch of first responder)
* Limiting of personnel with patient and citizen contact
* R Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands
* Clean/disinfect patient contact surfaces and equipment used post-call and end of shift, and practice routine cleaning of hands
* Place clinical mask on patient for source control of exposure

Administrative Controls:* Responder self-monitoring prior to shift for health condition/wellness and duty status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness

PPE/Protective Resources:* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles), Nitrile Exam Gloves, N95\* Respirators and Gowns/Coveralls. Clinical mask acceptable if not in direct/close patient contact.
 | Medium Risk Potential |
| Fire Dept Community (type) efforts | Community Relations* Outreach
* Instruction
* Public Interaction Activities
 | Engineering Controls: * Where feasible, utilize tables with plexiglass/Lexan barriers to provide best physical separation of citizen and staff

Safe Work Practices: * Limit hands’ on contact with public, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Citizen contacts: Cloth face mask or covering.
 | Medium Risk Potential |
| Police Dept co-response w/EMS Field Operations | Patient Exposures* Hands on treatment such as hands-only CPR or use of an AED.
* Narcan application for suspect OD cases

Minimal patient movement activities supporting EMS, typically scene protection and control of resources and public interactions for safety | Engineering Controls: N/ASafe Work Practices: * PSAP Dispatch Queries (Calls screened prior to dispatch of first responder)
* Limiting of personnel with patient and citizen contact
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands
* Clean/disinfect patient contact surfaces and equipment used post-call and end of shift, and practice routine cleaning of hands
* Place clinical mask on citizen/suspect for source control of exposure

Administrative Controls:* Responder self-monitoring prior to shift for health condition/wellness and duty status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness

PPE/Protective Resources:* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles), Nitrile Exam Gloves, N95\* Respirators and Gowns/Coveralls. Clinical mask acceptable if not in direct/close contact.
 | Medium Risk Potential |
| Police Dept response to law enforcement calls for service | Suspect Exposures* Direct citizen/suspect management or handling
* Response to non-medical (type) calls
* Hands on treatment such as detaining for lawful reasons or restraining for safety purposes.
* Transportation of suspects for processing at precincts or jail as appropriate

Special Operations* SWAT, Aviation, EOD, and similar small-unit operations
 | Engineering Controls:* Where feasible, separate Officer/driver from citizen/suspect with plexiglass/Lexan separation vs wire or metal-mesh barrier

Safe Work Practices: * PSAP Dispatch Queries (Calls screened prior to dispatch of first responder)
* Limiting of personnel with direct suspect and citizen contact
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands
* Place clinical mask on citizen/suspect for source control of exposure
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

Administrative Controls:* Responder self-monitoring prior to shift for health condition/wellness and duty status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness

PPE/Protective Resources:* EyePro, Gloves, Clinical face mask as appropriate (Standard EyePro of issued safety glasses must upgrade/change to goggles or face shield, gloves and N95\* respirator if citizen/suspect is coughing/sneezing near Officer and there is risk of direct contact with a suspected or confirmed positive COVID19 person.) Disposable Gowns are also recommended if available and able to be donned prior to contact.
* During Special Operations (type) incidents such as piloting aircraft, performing building entry, working with ordnance, or similar PPE designed for infection control/medical uses may not be appropriate and may interfere with the safe performance of the operations being undertaken. During planning or situational briefs, event debriefs/hot-wash or after-action gatherings, face masks/coverings are required if the workforce is unable to maintain required physical distancing.
 | Medium Risk Potential |
| Police Dept Community (type) efforts | Community Relations* Outreach
* Instruction
* Public Interaction Activities
 | Engineering Controls: * Where feasible, utilize tables with plexiglass/Lexan barriers to provide best physical separation of citizen and staff

Safe Work Practices: * Limit hands’ on contact with public, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Citizen contacts: Cloth face mask or covering.
 | Medium Risk Potential |
| Human Services and Housing Resource Center – Direct Client/Patient Care (type) Activities | Client Exposures* Direct client care and support (including JDC)
* General hands on contact
* Minor clinical procedures
* Client movement, bathing, feeding and daily care

Client Movement Activities* Non-Medical Transportation for basic clinical support
* Field retrieval or pick up operations
* Within facility or home
 | Engineering Controls:* Where feasible, separate driver from client with plexiglass/Lexan or other structural separation barrier

Safe Work Practices: * Evaluation of cases with medical potential/impact and exposure risk
* Limit personnel with direct citizen/client contact
* Post call for service - Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Written department quality and practice protocols for health and safety of personnel with public interface
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Client contacts: Appropriate EyePro (i.e., face shield w/safety glasses, or goggles), Nitrile Exam Gloves, clinical face mask or cloth face covering and gowns/coveralls (incl hair bouffant and shoe covers where indicated by practice protocols) - upgrade to N95\* for patient contact with suspect or confirmed COVID-19 case.
 | Medium Risk PotentialClinical Positions – High Risk Potential during Clinical Examinations, Laboratory efforts and/or Vaccinations |
| Critical Infrastructure Staff (Public Works and Public Utilities, Landscape Management) | Potential Direct Contact Exposures* Direct support in Buildings
* General contact with surfaces
* Minimal direct employee contact

Potential Indirect or Field Exposures* Field Support
* General field efforts with minimal direct citizen or contractor contact
* Potential for working closely with colleagues/co-workers in vehicles and on job sites.

Potential Exposures from Daily Activity* Oncoming/Outgoing Actions
* General potential for contact receiving daily tasking and meetings with supervisors at a central location
* Changing work clothing/PPE with others nearby
 | Engineering Controls: N/ASafe Work Practices: * Evaluation of cases with medical potential/impact
* Limit personnel with direct contact opportunities
* Stagger start/stop times for personnel to minimize employees gathering in enclosed or small indoor areas
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
* For work tasks: Appropriate additional PPE for job hazards (i.e.; safety eyewear (goggles where potential for liquid/splash hazard exists), gloves, footwear, respirator, hearing protection, etc)
 | Medium Risk Potential |
| Custodial Staff | Potential Direct Contact Exposures* Direct support in Buildings
* General contact with surfaces
* Minimal direct employee contact

Potential Indirect or Field Exposures* Field Support
* Potentially working closely with colleagues or co-workers in vehicles and on job sites.

Potential Exposures from Daily Activity* Oncoming/Outgoing Actions
* General potential for contact receiving daily tasking and meetings with supervisors at a central location
* Changing into/out of work clothing/PPE at a central location with others nearby
 | Engineering Controls: N/ASafe Work Practices: * Evaluation of cases with medical potential/impact
* Limit personnel with direct staff or citizen contact
* Stagger start/stop times for personnel to minimize employees gathering in enclosed or small indoor areas
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles) and appropriate gloves if necessary, for working with liquid hazards during cleaning/disinfecting efforts.
* For work tasks: Appropriate additional PPE for job hazards (i.e.; safety eyewear (goggles where potential for liquid/splash hazard exists), gloves, footwear, respirator, hearing protection, etc)
 | Medium Risk Potential |
| Child-Care/Client-Care (type) Activities | Out of School and After School Programs, or Client Assistance Programs (physically or intellectually disabled or challenged);* Direct supervision and support of Children or Clients
* General hands on contact (potential)
* Movement, education, feeding and assistance with daily activities

Juvenile Detention Center (JDC);* Direct Juvenile supervision and support
* General hands on contact (potential)
* Juvenile movement, education, feeding and assistance with daily activities
 | Engineering Controls: N/ASafe Work Practices: * Evaluation of cases with medical potential/impact
* Remove potentially soiled or contaminated protective clothing prior to eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Mandatory twice-daily COVID19 screening process including temperature check, recording of information and engage with OSHS Safety Office for support of resources/equipment, cleaning guidance and management of suspect illnesses.
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Staff and Child/Parent contacts: Cloth face mask or covering
* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles) and appropriate gloves if necessary, for working with liquid hazards during cleaning/disinfecting efforts.
 | Medium Risk Potential |

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| Public-Facing Field Work Environments | Inspections, Permits, Human Services, P&R Outdoor/Landscape, Public Works and Public Utilities field crews, VBSO Civil Processing, or similar;  | Engineering Controls: N/ASafe Work Practices: * Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Citizen/Staff contacts: Cloth face mask or covering.
* Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
* For work tasks: Appropriate additional PPE for job hazards (i.e.; safety eyewear, gloves, footwear, hearing protection, etc)
 | Medium Risk Potential |
| Maintenance Field Operations | Building Maintenance and Field Trades, or similar; | Engineering Controls: N/ASafe Work Practices: * Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Staff contacts: Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
* For work tasks: Appropriate additional PPE for job hazards (i.e.; safety eyewear, gloves, footwear, hearing protection, etc)
 | Medium Risk Potential |
| Veterinary & Animal Control or Animal Handling | Live Animal Care/Management* Captive
* Field Efforts
* Laboratory/Medicine

Stranding, Research and Rehabilitation* Captive
* Field Efforts
* Laboratory/Medicine
 | Engineering Controls:* If feasible, separate personnel by use of plexiglass/Lexan barriers to provide best physical separation between staff

Safe Work Practices: * Limiting of personnel with staff and citizen contact
* Staff divided or assigned to working groups, rotating schedules to limit overall workforce exposures
* Clean/disinfect common contact surfaces and equipment used start of shift and end of shift, and practice routine cleaning of hands
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Employee self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness

PPE/Protective Resources:* General staff/citizen contacts: Cloth face mask or covering.
* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles), Nitrile Exam Gloves, Respirators and Gowns/Coveralls (incl hair bouffant and shoe covers where indicated by practice protocols)..
 | Medium Risk Potential |
| VBSO Corrections and Corrections Support (incl transport) | Suspect Exposures* Direct citizen or inmate/prisoner management or handling
* Response to non-medical (type) calls
* Hands on treatment such as detaining for lawful reasons or restraining for safety purposes.
* Transportation of inmate/prisoner for processing at precincts, court or jail as appropriate
 | Engineering Controls:* Where feasible, separate Deputy/driver from citizen, inmate/prisoner with plexiglass/Lexan separation vs wire or metal-mesh barrier

Safe Work Practices: * Limiting of personnel with direct inmate/prisoner and citizen contact
* Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands
* Place clinical mask on citizen, inmate/prisoner for source control of exposure
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

Administrative Controls:* Deputy self-monitoring prior to shift for health condition/wellness and duty status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Inmates/prisoners screened by medical at entry and quarantined in Jail until medically cleared for general confinement

PPE/Protective Resources:* EyePro, Gloves, Clinical face mask as appropriate (Standard EyePro of issued safety glasses must upgrade/change to goggles or face shield, gloves and N95\* respirator if citizen, inmate/prisoner is coughing/sneezing near Deputy and there is risk of direct contact with a suspected or confirmed positive COVID19 person.) Disposable Gowns are also recommended if available and able to be donned prior to contact.
 | Medium Risk Potential |
| General (internal) Office-Space Work Environments | Common/typical Interoffice engagements; | Engineering Controls: N/ASafe Work Practices: * Remove potentially soiled or contaminated protective clothing prior to eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Limit occupancy of common and gathering areas, flex work functions and minimize opportunities for close contact with staff
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Staff contacts: Cloth face mask or covering.
 | Low Risk Potential |
| Public-Facing Office-Space Work Environments | Counter-top or similar face-to-face interactions; | Engineering Controls:* Where feasible, install an approved physical barrier (i.e., plexiglass/Lexan or similar) to separate clients from staff

Safe Work Practices:* Limit or restrict cash and ticket or similar transactions.
* Remove potentially soiled or contaminated protective clothing prior to eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Limit or restrict client/customer interface to “by appointment only”
* Limit occupancy of common and gathering areas (both standing and seating), flex work functions and minimize opportunities for close contact with staff
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Citizen/Staff contacts: Cloth face mask or covering.
 | Low Risk Potential |
| Powered Industrial Truck or Mechanized Equipment Operation | Both Shop and Field Operations; | Engineering Controls: N/ASafe Work Practices: * Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Staff contacts: Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
* For work tasks: Appropriate additional PPE for job hazards (i.e.; safety eyewear, gloves, footwear, hearing protection, etc)
 | Low Risk Potential |
| Maintenance Shop (type) Operations | Garage or Shop Operations; | Engineering Controls: N/ASafe Work Practices: * Remove potentially soiled or contaminated protective clothing prior entering vehicle or buildings, or eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Staff contacts: Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
* For work tasks: Appropriate additional PPE for job hazards (i.e.; safety eyewear, gloves, footwear, hearing protection, etc)
 | Low Risk Potential |

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| Information Technology (IT) and Communications | Field Support Efforts;*Other Internal Services are covered under General (internal) Office-Space Work Environments listed above)* | Engineering Controls: N/ASafe Work Practices: * Maintain physical distancing from others
* Remove potentially soiled or contaminated protective clothing prior to eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* General client contacts: Cloth face mask or covering.
* Cloth face mask or covering. *(Cloth face covering/simple masks for COVID-19 protection only when working close to co-workers i.e., in work vehicles or unable to separate, not for industrial risks or hazards from the performance of their work)*
 | Low Risk Potential |
| Facilitator, Educator, Administration of Meetings or Training (both internal and public facing), and Employees Attending Training or Meetings | Community Relations or Education* Outreach
* Instruction
* Public Interaction Activities
* Workforce Meetings
 | Engineering Controls: * Where feasible, utilize tables with plexiglass/Lexan barriers to provide best physical separation of citizen and staff

Safe Work Practices: * Limit all face-to-face or near person contact with public and staff, and practice routine cleaning of hands
* Separate tables or workstations to provide at least 6’ distance (prefer 10’) between each attendee.

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Citizen and employee contacts: Cloth face mask or covering.
 | Low Risk Potential |
| Food Prep/Catering Staff | Potential Direct Contact Exposures* Direct support in Buildings
* General contact with surfaces
* Minimal direct employee contact

Potential Exposures from Daily Activity* Changing into/out of work clothing/PPE at a central location with others nearby
 | Engineering Controls:* Where feasible, install an approved physical barrier (i.e., plexiglass/Lexan or similar) to separate clients from staff

Safe Work Practices: * Limit personnel with direct staff/client contact
* Remove potentially soiled or contaminated protective clothing prior to eating, drinking, using phones or common daily tasks, and practice routine cleaning of hands

Administrative Controls:* Staff self-monitoring prior to shift for health condition/wellness and work status
* Potential self-monitoring with delegated supervision for workforce health conditions/wellness
* Clean/disinfect frequently touched surfaces and equipment, at start of shift, frequently/after each use, and at end of shift as appropriate

PPE/Protective Resources:* Staff and client contacts: Cloth face mask or covering
* Appropriate EyePro (i.e., face shield w/safety glasses, or goggles) and appropriate gloves if necessary, for working with liquid hazards during cleaning/disinfecting efforts.
 | Low Risk Potential |
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| **Prepared by:** Scott Kalis  | Date: September 2020  |