

Interim EPA COVID-19 Health & Safety Guidelines for Field Activities – July 6, 2020

Introduction and Applicability

These COVID-19¹ Health and Safety (H&S) Guidelines for Field Activities² represent an integrated set of safety and health guidance that provide timely and consistent information for employees conducting field activities. These Guidelines merge several Agency program-specific COVID-19 H&S guidance documents into an overall document to address COVID-19 safety concerns applicable to field activities.

These guidelines are specific to COVID-19 only and are not intended to supersede existing health and safety requirements or hazard assessments, such as Health and Safety Plans (HASP), the [Emergency Responder Health and Safety Manual](#), [Personal Protective Equipment \(PPE\) hazard assessment guidelines](#), [Job Hazard Analysis \(JHA\)](#), [Job Safety Analysis \(JSA\)](#), and [mobile/vessel laboratory Chemical Hygiene Plans \(CHP\)](#).

These H&S Guidelines for Field Activities are a supplement to the national COVID-19 official guidance provided by the Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), and Federal Emergency Management Agency (FEMA). This document was developed based on the current COVID-19 guidance from [CDC](#), including [NIOSH](#), and [OSHA](#), as of the date of this document. It is intended for internal use by EPA employees and may apply to EPA contractors and grantees depending on program or contract requirements. These Guidelines may be provided to federal, state, local, territorial and tribal organizations and applies as per existing agreements. The Agency will review and update these Guidelines when new information is received or the COVID-19 situation changes.

In addition, management should incorporate the U.S. Equal Employment Opportunity Commission (EEOC) Technical Assistance Questions and Answers document -- "[What you Should Know about COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)" -- into their safety and health decisions.

The management decision to conduct field work during the COVID-19 public health emergency should be made pursuant to applicable program guidance. All such field work is then conducted consistent with these Guidelines. These Guidelines should be integrated into existing field health and safety planning. These Guidelines are not intended to apply to work inside EPA facilities.

The main body of the H&S Guidelines for Field Activities are arranged in the following order:

1. [Respiratory Protection](#)
2. [Safety Training and Medical Clearance](#)
3. [Pre-Travel Considerations](#)
4. [Travel Related Recommendations](#)
5. [Additional General Recommendations](#)

¹ The term "COVID-19" will be used throughout this document even though in some cases it is referring to the virus (SARS-CoV-2) that causes the disease (COVID-19).

² In general, field activities are defined as EPA program activities that are conducted by EPA employees outside of EPA administered facilities (EPA Order 1440.2). Consult with the local Safety, Health and Environmental Management Program Manager to determine applicability to the Region's or Program's field activities. These Guidelines do not apply to field work performed in support of a criminal investigation or the protective service detail.

6. [Workplace Illness and Injuries](#)
7. [Resources, including the EPA COVID-19 Job Hazard Analysis/Job Safety Analysis Template](#)

The appendices provide specific recommendations applicable to various EPA programs and supplement the main body of these guidelines. The respective appendices are:

- [Appendix A – Civil Inspections, On-site Compliance Monitoring, Compliance and Technical Assistance for all programs except programs covered in Appendix B](#)
- [Appendix B – Conducting Superfund Site, Resource Conservation and Recovery Act \(RCRA\) Corrective Actions, Oil, and Emergency Response Work](#)

1. Respiratory Protection³

For on-going Agency work, all PPE previously required to safely conduct work during normal circumstances (prior to the current COVID-19 health emergency) is still required as outlined in other official Agency [PPE hazard assessments](#). If an EPA-coordinated work activity involves direct contact to a known COVID-19 source or presents a high potential for exposure to a COVID-19 source ([OSHA defined high risk for COVID-19](#)), field staff, supervisors, and the local Safety, Health and Environmental Management Program (SHEMP) managers should follow OSHA guidelines, which have been integrated into this document, for conducting a hazard assessment⁴ to determine if respirator usage or additional PPE is required (See the EPA COVID-19 Job Hazard Analysis/Job Safety Analysis Template found in the [Resources Section](#)).

[Table 1](#) summarizes the various OSHA requirements for the use of respirators, disposable surgical masks and cloth face coverings when required by the Agency or used voluntarily, and either provided by the employer or provided by the employee.

a. Disposable Surgical Masks and Cloth Face Coverings

- i. EPA requires the use of cloth face coverings or disposable surgical masks for EPA employees where state or local jurisdictions or facilities require their use. When a hazard assessment shows respirator use is not required and at least six feet social distancing cannot be easily and consistently maintained, EPA requires face coverings or disposable surgical masks for all operations (indoor and outdoor). Disposable surgical masks or cloth face coverings may not be used when a respirator is required.
- ii. Cloth face coverings and the use of disposable surgical masks (in lieu of cloth face coverings) for source control are not considered PPE. However, Agency-required disposable surgical masks used for worker protection during specific tasks are considered PPE and have additional training requirements (see [Table 1](#) below). [CDC is advising the use of cloth face coverings](#) to slow the spread of the virus by helping people who may have the virus and do not know it from transmitting it to others.
- iii. Employees should consult with their supervisors about acquiring clear masks for interaction with others who may need to lipread to communicate. More information is

³ Adapted from the June 19, 2020 EPA Safety, Health and Environmental Management Program – Interim Guidance on the Employee Use of Respiratory Protection Equipment During the COVID-19 Pandemic.

⁴ “Hazard assessment” will be used throughout the document as the term to encompass job hazard analysis (JHA), job safety analysis, task hazard analysis, activity hazard analysis and any other formal workplace safety hazard assessment and risk analysis.

available through the [Job Accommodation Network \(JAN\)](#), including free, expert, and confidential guidance on workplace accommodations.

- iv. A cloth face covering is not a substitute for social distancing, so employees wearing cloth face coverings should continue to maintain at least six feet between themselves and others. Face coverings (or respirators used as face coverings) with an exhalation valve may not minimize the potential transmission of COVID-19. [Cloth face coverings](#) can be fashioned from household items or made from common materials (multiple layers of fabric) at low cost and are now readily available for purchase and do not require training or medical clearance. [Cloth face coverings should be laundered after each use](#), if possible.
- v. Face coverings or disposable surgical masks should not be worn when they create a new hazard (e.g., heat and physical stress while performing strenuous work). In that case, they should be replaced with different PPE that provides protection (e.g., face shields), administrative and/or engineering controls. Additionally, if face coverings or disposable surgical masks become wet, soiled or visibly contaminated during a work shift, they should be exchanged for clean items. At the end of the work shift or when leaving the Site, employees should remove the face covering or disposable surgical mask and don clean ones.

b. N95 Respirators

- i. An N95 respirator represents one of the nine types of [NIOSH-approved filtering facepiece respirators \(FFR\)](#). Recommendations and requirements outlined in this document for N95 respirators also apply to the use of other filtering facepiece respirators. Disposable surgical masks or face coverings are not N95 respirators. An N95 respirator is certified by NIOSH to filter at least 95 percent of airborne particles and may or may not possess an exhalation valve depending on the specific respirator.
- ii. As a respirator, required use of an N95 respirator by EPA employees as part of their assigned duties requires enrollment in the Agency's Respiratory Protection Program (RPP), medical clearance, fit testing and proper training prior to use. (Note that in the case of employees who maintain facial hair either based on a disability or religious practice, supervisors should be prepared to offer such employees a reasonable accommodation, which may include supplying the employee with an alternative respirator that fits properly over facial hair, e.g. Powered Air Purifying Respirators (PAPRs)).
- iii. N95 respirators should not be recommended for use without being identified through a hazard assessment. Based on the hazard assessment, N95s or other types of respirators may be appropriate, such as during some emergency response operations or missions directly involving COVID-19.
- iv. Voluntary use of a respirator is defined as the use of respirators by employees even when an exposure/hazard assessment shows respirator use is not required. Voluntary use of N95 respirators in atmospheres which are not considered hazardous does not require fit testing, medical clearance, or other components of the agency's RPP to be in place. Voluntary use of an N95 filtering facepiece respirator and other FFRs by an employee is covered under [Appendix D of the OSHA Respiratory Protection Standard](#). Before an employee can voluntarily use a respirator, the Agency must ensure that the respirator is cleaned, stored, and maintained so that its use does not present a health

hazard to the user ([1910.134\(c\)\(2\)\(ii\)](#)), whether or not the respirator was provided by the employer or provided by the employee. Voluntary use of an employee-provided N95 respirator requires pre-approval by the local SHEMP manager.

- To meet the requirements of Appendix D of the OSHA Respiratory Protection Standard, EPA's Safety and Sustainability Division (SSD) has developed online training that employees must take. The training is available at [U.S. EPA Voluntary Filtering Facepiece \(e.g. N95 Respirator\) User Training](#). The training includes all the requirements found in Appendix D of the OSHA Respiratory Protection Standard.
- v. For decontamination and reuse of N95 respirators and other FFRs, see [OSHA's Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the COVID-19 Pandemic](#) and the [Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the COVID-19 Pandemic](#).
- Extended use or reuse of N95 respirators may be permitted if the respirator maintains its "structural and functional integrity and the filter material is not physically damaged, soiled, or contaminated." The primary hazard of extended use and reuse of respirators is risk of contact transmission during donning and doffing; therefore, it is important that the user follows the [NIOSH guidance for extended use and limited reuse of N95 respirators](#).

c. Air Purifying Respirators (APRs) and Powered Air Purifying Respirators (PAPRs)

- Many EPA field employees, Special Agents, and emergency responders are enrolled in the RPP and are medically cleared to wear a respirator. Some of these EPA employees have been fit tested, trained and provided elastomeric APRs and PAPRs as part of their duties. Voluntary use of an employee-provided elastomeric respirator requires pre-approval by the local SHEMP manager, medical clearance and [U.S. EPA Voluntary Filtering Facepiece User Training](#).
- When used in conjunction with the proper filtering cartridge (e.g., P100), these types of respirators offer the wearer superior protection over wearing N95 respirators. However, unlike an N95 respirator without an exhalation valve, a standard APR or PAPR with a P100 cartridge does not provide filtration upon exhalation, so if the wearer is already infected with COVID-19 and is contagious, that person may potentially expose those around them to the virus. Wearing a respirator is not a substitute for social distancing, so employees should continue to maintain at least six feet between themselves and others whenever possible while wearing a respirator.

d. EPA Recommendations

- For most field activities, the use of a cloth face covering or a disposable surgical mask is sufficient. Respirators generally are not needed to meet the [CDC recommendations for COVID-19 protection](#) and the [OSHA Guidance on Preparing Workplaces for COVID-19](#). EPA will follow OSHA guidance for identifying COVID-19 risk levels in the workplace and determining appropriate control measures, including reserving the use of N95 respirators for high exposure risk jobs to COVID-19 (e.g., an EPA Emergency Support

Function (ESF)-10 COVID-19 related response or Special Agents in close personal contact to individuals).

- EPA employees should be assigned respirators (e.g., N95s, APRs or PAPRs) for a specific field activity if the hazard assessment indicates respirator use is necessary. However, the employee must meet all the OSHA regulatory prerequisites. As previously noted, there are many EPA employees who already meet the prerequisites to wear specific respirators; therefore, no further action is needed to use their assigned respirators.
- Do not cover an exhalation valve or place a face covering/disposable surgical mask over the respirator since this can alter the function of the respirator.
- Task specific hazard assessments must be completed by the field employee, supervisor, and the local SHEMP manager, following the [OSHA Guidance on Preparing Workplaces for COVID-19](#), which have been incorporated into this document, and using the EPA COVID-19 Job Hazard Analysis/Job Safety Analysis Template found in the [Resources Section](#).

TABLE 1 - OSHA Requirements for Respirators, Surgical Masks and Cloth Face Coverings

	Respirator N95, APR, PAPR Agency Provided and Required Use	Respirator N95, APR, PAPR Employee Provided and Voluntary Use	Surgical Mask FDA or non-FDA Approved Agency Provided and Required Use	Surgical Mask FDA or non-FDA Approved Agency Provided and Voluntary Use	Surgical Mask FDA or non-FDA Approved Employee Provided and Voluntary Use	Cloth Face Covering Agency or Employee Provided, Voluntary or Required Use
Medical Clearance Required (OSHA)	Yes	No (N95 filtering facepiece/dust mask) Yes (Elastomeric facepiece, APR/PAPR)	No	No	No	No
User Training Required (OSHA)	Yes Doffing/Donning Minimize Cross Contamination	Yes ⁵ Supply OSHA Appendix D and SSD Training	Yes Minimize Cross Contamination	No Recommended correct use	No Recommended correct use	No
Respirator Fit Test Required (OSHA)	Yes	No (N95 filtering facepiece/dust mask) No (Elastomeric facepiece, APR/PAPR)	No	No	No	No
Job/Hazard Analysis (OSHA)	Yes	No ⁶	Yes	Yes	No	No

⁵ OSHA does not require training; however, EPA is requiring the SSD Online training for the voluntary use of all respirators.

⁶ Although not required for employee provided voluntary use under the OSHA Respiratory Protection Standard, EPA still requires field work to have a hazard assessment / JHA completed as per the OSHA PPE Standard.

2. Safety Training and Medical Clearance for Field Activities

Field personnel must be properly trained for field activities:

- a. Field Health and Safety Training: Initial 24-hour Field Health and Safety Training is required. If the annual 8-hour Field Health and Safety Refresher Training could not be completed due to the COVID-19 Public Health Emergency, annual certifications are temporarily extended by six months as determined by EPA in consultation with OSHA.
- b. HAZWOPER Regulated Activities: Initial 24-hour or 40-hour HAZWOPER training is required for field personnel working on Superfund and RCRA Corrective Action Sites and for field personnel responding to the release or threat of release of hazardous substances. If the annual 8-hour HAZWOPER Refresher Training could not be completed due to the COVID-19 Public Health Emergency, annual certifications were also temporarily extended by six months.

Some field personnel may also need medical clearances:

- a. Medical Clearance: Field employees enrolled in the Occupational Medical Surveillance Program (OMSP) had their medical clearances temporarily extended by six months from date of expiration due to the COVID-19 public health emergency as determined by EPA in consultation with the Office of Federal Occupational Health (FOH). If an employee's health status changes significantly during the extended clearance period, the employee is expected to self-report the change to the SHEMP manager and their supervisor.
- b. RPP Enrollment: Field employees who are enrolled in the RPP must also receive a respiratory medical clearance. These clearances have been temporarily extended by six months. [Annual respiratory protection training and current respirator fit tests are also extended by six months for FFRs.](#)
- c. Vaccinations: Currently, there is no vaccine or medical prophylaxis for COVID-19. Check with local SHEMP manager for any other vaccine requirements.

3. Pre-Travel Considerations

- a. [Local, state, territorial or tribal governments may have more stringent requirements](#) than those found in these guidelines (e.g., 14-day quarantine upon arrival). Field staff traveling to areas outside their home jurisdictions should check for additional requirements and include them in their field work planning and in the hazard assessment process.
- b. Follow the steps outlined in the [EPA Self-Assessment to Stop the Spread of COVID-19](#) tool to make sure employees are not ill or symptomatic. Please perform this self-assessment prior to departing and daily before reporting to work.
- c. [CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\), May 2020](#) also provides **guidance for general workers who may have had a potential exposure to COVID-19 but are asymptomatic.** If field employees believe they were exposed to COVID-19 (close personal contact with a person symptomatic or confirmed positive for COVID-19), follow the [CDC Public Health Recommendations for Community-Related Exposure](#):
 - Stay home until 14 days after last exposure and maintain social distance (at least six feet) from others at all times.
 - [Self-monitor for symptoms.](#)

- Check temperature twice a day.
 - Avoid contact with [people at higher risk for severe illness](#).
 - Follow [CDC guidance](#) if symptoms develop.
 - Follow the [CDCs Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings Guidance](#) prior to conducting field work if were previously ill.
- d. For emergency response and Superfund/RCRA corrective action site work, CDC has issued Interim Guidance for [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). This CDC **guidance applies to critical workers, including hazardous material responders from government and private sector, who may have been potentially exposed to COVID-19**. To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community. A potential exposure means being a household contact or having close contact within six feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of 48 hours before the individual became symptomatic. See [Appendix B](#) for specific practices and screening information.
- e. COVID-19 is a new disease and there is limited definitive information regarding risk factors. Based on currently available information and clinical expertise, [older adults and people of any age who have serious underlying medical conditions](#) might be at higher risk for severe illness from COVID-19. Consider underlying medical conditions during field activity assignments. Any health screening of personnel must be compliant with [CDC guidance](#) and [EEOC guidance](#). [Follow Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) requirements to safeguard medical and personal identifiable information \(PII\)](#). General recommendations for employees and supervisors handling protected medical information include:
- If possible, rely on self-assessments/self-reporting and do not record the information.
 - If documentation is required, only record the needed information (e.g. COVID-19 symptom status, temperature checks).
 - All records that are created must be kept on a password protect computer or under lock and key. After completion of field activities, consult local records management specialists for retention of records.
- f. Prior to performing field work at a specific location, the field staff, their supervisor and the local SEMP manager must perform a supplemental hazard assessment addressing COVID-19. An example of such a supplemental hazard assessment is provided in the [Resources Section](#) below. If an EPA-coordinated work activity involves direct contact with a known COVID-19 source or presents a high potential for exposure to a COVID-19 source the supervisor and local SEMP manager must follow OSHA guidelines for conducting a hazard assessment to determine if respirator usage or additional PPE is required. [OSHA Guidance on Preparing Workplaces for COVID-19](#) provides four exposure risk categories. The level of risk depends in part on the industry type, need for contact within six feet of people known to be, or suspected of being, infected, and the need for repeated or extended contact with persons known to be, or suspected of being, infected. To help employers determine



appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. **Most EPA field activities will likely fall in the lower exposure risk (caution) category** and, less frequently, will fall into the medium risk category in areas where there is ongoing community transmission and contact with the general public. Review the EPA COVID-19 Job Hazard Analysis/Job Safety Analysis Template found in the [Resources Section](#) and integrate, as appropriate, into existing safety plans and JHAs.

- g. Prior to travel, assess the prevalence of COVID-19 in the area(s) that employees are traveling to or performing field work.
 - Specific COVID-19 information can be found on state/territorial/local government and health department websites. Available sources include the [CDC State, Territorial, Local and Tribal Health Department Search Tool](#), [CDC COVID-19 Tracker](#), [Johns Hopkins University Coronavirus Resource Center](#)⁷, the [COVID Tracking Project](#)⁷, the [U.S. Census Bureau's Coronavirus \(COVID-19\) Pandemic Site](#) and other expert sources.
 - EPA also developed the [EPA Facility Status Dashboard](#) to aid in facility reopening decisions. The Dashboard provides information on the status of each gating criterion in the commuting area surrounding our facility locations.
 - Consider both work-related and community exposure potential. Further information for considering ongoing community transmission of COVID-19 is contained in the EPA COVID-19 Job Hazard Analysis/Job Safety Analysis Template found in the [Resources Section](#).
- h. Consult with the SHEMP manager to determine what additional PPE may be required, such as gloves, Tyvek suits, eye protection, and, if necessary, respiratory protection.
- i. Cloth face coverings or disposable surgical masks are required to be worn in the field when social distancing cannot be maintained and/or when respiratory protection is not being worn to address field hazards. When planning field work, a sufficient number of cloth face coverings or disposable surgical masks should be available to the field employee to account for required change-out at the end of the shift and if they become wet, dirty or contaminated.
- j. PPE should be selected to address all hazards present, including COVID-19.
- k. Employees should identify and obtain all PPE needed to complete the task. Employees should not use or wear shared or borrowed PPE (e.g. flame-retardant coveralls supplied by a facility).
- l. Nitrile or similar disposable gloves may afford some COVID-19 protection for the employee when hand sanitizer is not available, or when hand washing is not feasible.
- m. All EPA staff should take extra care not to touch their faces, especially after any time they touch a known or potentially contaminated surface.

4. Travel Related Recommendations

- a. Supervisors and SHEMP managers should encourage all personnel to drive rather than fly when possible. Consider staffing field work with personnel that can get to the site by vehicle, because it affords additional flexibility to adjust plans based on changing conditions in the local area or work site. Attempt to maintain one person per vehicle; if not practical, consider separating passengers in the vehicle as much as possible (e.g., front seat/back seat) and don face

⁷ Non-federal sites are included for informational purposes only and do not constitute any endorsement by EPA or its employees.

coverings. Ensure that face coverings do not impair visibility when driving. Maximize fresh air flow in the vehicle.

- b. If driving to the site/facility is practical, EPA employees may wish to use their personally owned vehicle (POV) to minimize the need to disinfect fleet or rental car vehicles. This also may be more efficient if it eliminates the need for field staff to travel to a downtown location to pick up a fleet or rental car. Per recent Office of General Counsel determination, employees driving POVs should be able to claim the higher mileage rate even if a rental or fleet vehicle was available.
- c. Field staff should:
 1. Review criteria in the [EPA Self-Assessment to Stop the Spread of COVID-19](#) tool daily while on travel or conducting field work.
 2. Prior to departing, obtain [EPA COVID-19 registered disinfectants](#)⁸ and [FDA approved hand sanitizers](#)⁹. Use EPA's [List N Tool: COVID-19 Disinfectants web-based tool](#) to quickly identify disinfectant products that meet EPA's criteria. Read and follow the label instructions on these products, for example disinfectant contact times, PPE requirements, etc.
 3. Prior to travel by air, review and follow all airline-specific and Transportation Security Administration (TSA) requirements and guidance. This could include required use of face coverings during the entire flight, social distancing while seated, and the use of disinfectants. See the [TSA COVID-19 information](#) for details.
 4. Disinfect vehicles (wipe down commonly-touched surfaces, such as the steering wheel, door handles, touch screens, etc.) prior to checking out or renting a vehicle. See the EPA Office of Mission Support (OMS)-SSD Vehicle Utilization, Cleaning and Disinfection Recommendations in the [Resources Section](#) for more information.
 5. Seek out lodging facilities with in-room food storage and food preparation options (e.g., refrigerator, microwave oven, etc.).
 6. Disinfect hotel room. Use the "No Housekeeping" sign to limit access to hotel room.
 7. Avoid hotel breakfast buffets or only consume unopened food items (wash any fresh fruit prior to eating).
 8. Minimize trips to the grocery stores and cook meals in the hotel room with in-room food storage and food preparation options (e.g., refrigerator, microwave oven, etc.). If in-room facilities are not available, consider a meal delivery service, takeout, or curbside pickup. Consider alternatives to indoor seating at restaurants if possible.
 9. Change out field clothing and launder in hot water immediately upon returning home.
 10. Keep any work-related gear that cannot be easily laundered (e.g., safety boots, high visibility vests, coats, hard hats, etc.) outside the residence or lodging (e.g., in a plastic bag in a vehicle or garage) and consider donning disposable coveralls (e.g., Tyvek) to reduce clothing contamination. Work-related gear or equipment that cannot be easily

⁸ "Disinfectant" and "Disinfect" will be used throughout the document and refers to use of products found on the [EPA List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#).

⁹ "Hand sanitizer" will be used throughout the document and refers to [FDA approved hand sanitizers](#) or alcohol-based hand sanitizer that contains at least 60 percent alcohol (also referred to as ethanol or ethyl alcohol).

disinfected should remain bagged for three to seven days in an unoccupied area when possible based on similar guidance.

5. Additional General Recommendations for Staff to Follow While in the Field

- a. Avoid large crowds or groups.
- b. Practice social distancing – maintain six-foot distance from others.
- c. If field employees encounter a potentially unsafe situation (e.g., improper social distancing, large crowds, areas with ongoing COVID-19 transmission, etc.), they should remove themselves from that situation, if possible, and contact their supervisor and SHEMA manager for additional guidance.
- d. Make sure all personnel wash their hands frequently, prior to taking a break, prior to eating, after use of the bathroom, upon leaving the field for the day, etc. Encourage adherence to prescribed handwashing guidelines, see the [CDC handwashing guidance](#).
- e. Augment field handwashing equipment. Ensure that soap and water handwashing facilities are available in the field. If handwashing facilities are not immediately available, use hand sanitizer that contains at least 60% alcohol.
- f. Limit restroom use in convenience stores, gas stations and public facilities.
- g. Do not use shared coolers for field hydration fluids. Encourage employees to bring and use their own coolers for drinking water.
- h. Do not shake hands. Use other forms of non-contact greeting.
- i. Avoid sharing items (e.g., pens, cameras, clipboards, tape measure) with others as much as possible. Do not pass around a clipboard and pen.
- j. Conduct [initial check-in/screening](#) for all personnel entering the site. Use one person to log in personnel or use virtual tools that may be available in MS Teams, SharePoint, etc.
- k. Keep meetings to a minimum; update federal partners, state, local, territorial and tribal personnel via conference calls/emails rather than site (face-to-face) visits.
- l. If the field activities involve work at multiple different locations, doff PPE and disinfect prior to moving to the next location.
- m. When field equipment is handled by multiple people, disinfect the equipment, following manufacturer recommendations, between uses.
- n. Follow manufacturer's instructions and use an approved disinfectant when cleaning sensitive equipment such as air monitoring instrumentation.
- o. Clean or disinfect work areas daily or as needed based on use. Focus cleaning on common touchpoints.
- p. Disinfect vehicles (wipe down the steering wheel, door handles, touchpoints, etc.) daily, including when checking the vehicle out and when returning. During fueling operations, consider disinfecting touch screens and pump handles, or use hand sanitizer post fueling. See the EPA OMS-SSD Vehicle Utilization, Cleaning and Disinfection Recommendations in the [Resources Section](#) for more information.
- q. Respiratory aerosols, secretions, perspiration, and other potentially infected body fluids can accumulate in PPE. Coach crews to pay closer attention to disinfecting respirators. Emphasize social distancing while donning and doffing PPE and a thorough hand, arm, and face wash after each entry. Attempt to don PPE without an attendant. If an attendant is necessary, the attendant should don respiratory protection or a face covering and protective gloves.

- r. In general, used cleaning supplies (wipes, paper towels, etc.) and PPE used solely for COVID-19 protection are not considered regulated medical waste. These items are typically disposed as municipal solid waste. Review and follow the waste disposal procedures listed on the disinfectant/cleaning product label. Review and follow any special waste disposal procedures found in the field specific HASP. See the [CDC Waste Disposal Guidance](#) for further details.

6. Workplace Illness and Injuries

The following procedures should be followed for illness or injuries (COVID-19 and non-COVID-19 related):

- a. Contractors and employees should call 911 immediately if they are experiencing a life-threatening medical emergency.
- b. If a contractor or employee becomes ill or is injured while on travel, he or she must follow the procedures listed in the HASP or other field work safety document.
- c. Contractors and employees should contact their supervisors/safety officers (SHEMP manager) to report their illness status. EPA supervisors and SHEMP managers should follow [EPA COVID-19 Guidance for Contact Tracing and Employee Notifications for EPA Managers and Supervisors](#).
- d. EPA personnel, who require medical treatment from a workplace injury or illness, should seek initial emergency medical assistance immediately and contact supervisor and local SHEMP manager as soon as possible. The [Department of Labor \(DOL\) Form CA-16](#) is completed by supervisor, local SHEMP manager, or site supervisor and submitted to the medical facility to initiate payment for work-related injury or illness. Most medical facilities now have these forms electronically or the supervisor or the Agency can provide a hard copy. The employee should not provide their private health insurance to the medical provider when a DOL Form CA-16 is used.
- e. If field employees experience symptoms related to COVID-19, they should self-isolate at home or in their hotel room until given instructions to do otherwise (Contact the supervisor and medical provider). **If an employee is ill or experiencing symptoms of COVID-19, he or she should return to work only after following [CDC guidelines](#) or as advised by a physician.** Follow [CDC guidance](#) as required. EPA employees should refer to [EPA COVID-19 intranet site](#) for Agency-specific procedures.
- f. If symptoms become severe, such as shortness of breath or respiratory distress, the individual should contact 911 or proceed immediately to the nearest hospital.
- g. EPA employees experiencing symptoms of an illness that may be workplace-related should contact their supervisors immediately. Employee and supervisors should complete the [OSHA/EPA 301 – Accident, Illness and Near Miss Report](#), in consultation with their SHEMP manager.
- h. If an employee returns from field work and begins to experience COVID-19 symptoms, they should contact their primary care physician for instructions and notify his or her supervisor. It is required to self-isolate at home (avoiding close contact with family members). EPA employees should not report to an FOH clinic (who would likely refer the individual to his or her personal physician or local health department in accordance with CDC guidance.)

OSHA recordkeeping requirements (29 CFR Part 1904) mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log.

Under OSHA’s recordkeeping requirements, COVID-19 is a recordable illness, and employers are responsible for recording cases of COVID-19, if:

1. The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
2. The case is work-related, as defined by 29 CFR 1904.5; and
3. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first-aid, days away from work).

Determining whether an employee who contracted COVID-19 did so due to exposures at work may be difficult. Employees should contact their SHEMP manager to determine if a COVID-19 illness is recordable on their OSHA 300 log.

DOL Information on Federal Employees’ Compensation Act (FECA) Coverage for COVID-19

DOL has created new procedures to specifically address COVID-19 claims. Employees filing a claim for workers' compensation coverage as a result of COVID-19 should file [Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation](#), and FECA has provided guidance for [Federal Employees Contracting COVID-19 in Performance of Duty](#).

All federal employees who develop COVID-19 while in the performance of their federal duties are entitled to workers' compensation coverage pursuant to FECA.

An employee or their supervisor with questions about a potential worker’s compensation claim related to COVID-19, should contact their [Worker’s Compensation Coordinator](#) in their Office or Region.

7. Resources

- EPA COVID-19 Job Hazard Analysis/Job Safety Analysis Template (includes a list of considerations to assess local conditions prior to travel and an example JHA)
- [EPA OMS-SSD Vehicle Utilization, Cleaning, and Disinfecting Recommendations 4/27/20](#)
- [U.S. EPA Voluntary Filtering Facepiece \(e.g. N95 Respirator\) User Training](#)
- [OSHA Guidance](#)

Appendix A

Civil Inspections, On-site Compliance Monitoring, Compliance and Technical Assistance

Applicability

Appendix A applies to EPA employees and contractors, states, tribes, and Senior Environmental Employees (SEE) grantees and other entities as follows:

- Anyone with EPA inspector credentials performing an inspection. Such persons are designated as “credentialed EPA inspectors” in this Appendix.
- Any EPA employee conducting other non-inspection compliance activities, including on-site compliance monitoring activities, and on-site compliance (or technical) assistance, such as Drinking Water sanitary surveys and other site visits. Such persons are designated as EPA compliance staff in this Appendix.

This Appendix applies to both routine compliance field work and non-routine field work, such as responding to an acute situation to address a potential or known imminent and substantial threat to human health or the environment.

Identifying Appropriate Inspections and Inspectors

The management decision to do an inspection should be consistent with applicable Agency priorities, which include:

- 1 To address acute threats to human health or the environment where there is a risk of, or a known acute or imminent threat to human health or the environment and an inspection is necessary to understand the problem and address it.
- 2 Statutory requirements.
- 3 Regional Strategic Plans.
- 4 [National Compliance Initiative \(NCI\) Strategies](#);
- 5 One of the five [Compliance Monitoring Strategies](#);
- 6 Agreements with states pursuant to [Office of Enforcement and Compliance Assurance’s \(OECA\) Partnership Policy](#), including both periodic inspection planning and more immediate requests from our partners;
- 7 Tips and complaints from the public.
8. Inspector training: Senior inspectors providing inspectors-in-training with their required on the job training so they can become credentialed, or senior inspectors training junior inspectors.
9. Priorities established by other National Program Managers with inspection authority and resources

A site-specific hazard assessment shall be conducted before an employee is sent into the field following the EPA COVID-19 Job Hazard Analysis/Job Safety Analysis Template provided in the [Resources Section](#) above. If the site-specific hazard assessment shows that respirator usage or additional PPE is required, then the supervisor should confirm that the on-site activity (e.g., inspection) is still necessary or whether off-site compliance monitoring or other alternatives may be more appropriate. If an on-site activity is still warranted, EPA compliance staff must meet all the prerequisites (medical clearance, fit testing, training, etc.) to use that PPE. If the employee does not

meet all requirements for use of the required PPE, then the supervisor should identify a different employee who does meet all the requirements. If the employee is part of a high-risk group as defined by the CDC and has any reservations about conducting the on-site activity, those situations should be addressed by the supervisor on an individual basis.

Facility Notification of Inspection or Other Compliance Related Site Visit

At least 24 hours before the expected start of the compliance field work, EPA compliance staff should contact the facility unless there is a compelling reason not to, or it is not practical (e.g., stormwater construction inspections). This advance communication is intended for EPA to determine what COVID-related risks may be at the facility, such as whether the facility is practicing social distancing, using face coverings for their employees and had recent confirmed COVID-19 cases among its employees on-site. EPA can also inform the facility that EPA will be taking precautions as well. EPA should ask the facility what protective measures the facility is using for its employees and visitors so that EPA can know in advance whether these are reasonable requests and, if reasonable, how EPA can follow the requests.

Facility Access for Inspections and other compliance visits (including health screens and protective equipment)

EPA is not changing its long-standing policy on facility access and PII for inspections. With limited exceptions, EPA compliance staff shall not provide any PII as a condition to gaining entry to a facility to conduct field work.¹⁰ Credentialed EPA inspectors are expected only to show their EPA-issued inspector credentials to gain access to a facility to conduct an inspection. Further, per EPA Order 3510, credentialed EPA inspectors are prohibited from relinquishing physical control of these credentials to another entity, such as allowing facilities to make copies of their credentials.

The [May 2020 CDC guidance](#) states that employers opening their business should consider conducting daily in-person or virtual health checks (e.g., symptom and/or temperature screening) of employees before they enter the facility, in accordance with state and local public health authorities and, if available, occupational health services.

If a facility requests a COVID-related health screening of EPA compliance staff prior to granting access to enter its facility and this request is the same health screen the facility applies to all its employees or visitors, then EPA compliance staff should comply with this request, if reasonable. If the screening is more rigorous for EPA than for employees or visitors who enter the facility, then the EPA compliance staff may decline the screening (after consulting with his or her supervisor) and consider this a denial of access. If the EPA compliance staff is not comfortable with completing the standard COVID-19 health screening that the facility uses for all its employees/visitors, then the EPA compliance staff may choose not to conduct the inspection/site visit after discussing the situation with his or her supervisor and this is not considered a denial of access.

If the facility requests that the EPA compliance staff take specific protective measures to reduce the spread of COVID-19, such as use a cloth face covering, wear gloves, sanitize their hands upon entering the facility and periodically thereafter, or use PPE, the EPA compliance staff should comply with these requests if such requests are consistent with practices done for all visitors and staff, and the facility

¹⁰ There may be limited exceptions when additional information is necessary for inspections at federal facilities. Updated guidance from OECA for federal facility inspections will be available in late June 2020 with additional protocols to follow at federal facilities with military, intelligence, nuclear-related functions or other special security and access requirements necessitated by their mission.

provided EPA with advance notice of this requirement. In general, EPA compliance staff should not share PPE. EPA compliance staff, in certain circumstances, have discretion to use facility-provided hand sanitizer and don clean/disinfected PPE in certain sterile/cleanroom environments. EPA compliance staff should consult with supervisor and SHEMP manager for additional guidance.

Site Safety Plan

As required with all inspections, credentialed EPA inspectors shall complete an ECAD Site Safety Plan. Considerations for COVID-19 should be placed in the Biological Hazards section of the Site Safety Plan. See the [National Quality Assurance Field Activity Procedures SharePoint site](#) for more information on each region's Site Safety Plan.

For wastewater facility inspections and other compliance visits, EPA compliance staff should review and follow the [CDC compiled wastewater operator workplace safety information](#) as required.

For non-inspection compliance visits, such as Drinking Water Sanitary Surveys, there has not been a National expectation for completing a Site Safety Plan. If the EPA COVID-19 Job Hazard Analysis indicates that the COVID-19 exposure risk is above the low exposure level, as described in [OSHA Guidance on Preparing Workplaces for COVID-19](#), the SHEMP manager may require a Site Safety Plan.

General Recommended Inspection and Other Compliance Visit Precautions

1. EPA compliance staff (such as the inspector) should consider conducting opening and closing conferences by conference call, video conference or outdoors, rather than in confined spaces where social distancing may not be possible (make sure to document time and date in field notes if they take place apart from the on-site field work). EPA compliance staff may conduct the opening conference, or elements of it, in advance, of the inspection.
2. To the extent practicable, the EPA compliance staff should review relevant facility documents prior to an inspection. If the EPA compliance staff must review paperwork on-site, they should come prepared with questions and avoid reviewing documents in a small confined space that does not promote social distancing, when possible. EPA compliance staff should wash their hands or use hand sanitizer after touching any documents, files or materials provided by the facility.
3. The EPA compliance staff should plan in advance to limit the number of personnel present during the compliance site visit from EPA, the facility, and other parties to a minimum and talk with the facility in advance how to do such meetings outdoors or in large indoor spaces where social distancing of at least six feet.

Appendix B

Conducting Superfund Site, RCRA Corrective Actions, Oil, and Emergency Response Work

EPA recommends that its field staff and contractor personnel follow these practices while responding to emergency incidents, oil spills and conducting work on Superfund and RCRA Corrective Action sites. To start, all field staff and supervisors should review the [Office of Land and Emergency Management \(OLEM\)/OECA Interim Guidance on Site Field Work Decisions Due to Impacts of COVID-19](#) prior to planning field activities.

CDC has issued interim guidance on [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). This guidance applies to critical workers, including hazardous material responders from government and the private sector, who may have been potentially exposed to COVID-19.

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within six feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of 48 hours before the individual became symptomatic.

Hazardous material responders from government and the private sector (Critical Infrastructure Workers) who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

1. **Pre-screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, [temperature checks](#) should happen before the individual enters the facility ([Follow HIPAA requirements to safeguard medical and other PII](#)).
2. **Regular monitoring:** If the employee doesn't have an elevated temperature or symptoms, he or she should self-monitor under the supervision of the employer's occupational health program.
3. **Wear a face covering:** The employee should always wear a face covering while in the workplace for 14 days after last exposure. Employers can issue face coverings or can approve employees' supplied cloth face coverings in the event of shortages.
4. **Social distance:** The employee should maintain at least six feet and practice social distancing as work duties permit in the workplace.
5. **Disinfect and clean workspaces:** Clean and disinfect all areas, such as offices, bathrooms, common areas, and shared electronic equipment, routinely.

Monitor for Illness and Enforce Safety Measures

It is critical that all response personnel are continuously monitored daily and strictly follow the site HASP. Depending on the size, duration, scope of the hazards, and number of personnel involved with the site, an effort should be made to have an Emergency Medical Technician (EMT) or access to an EMT on site. Possible sources of personnel with EMT training include response contractors, the U.S.

Coast Guard (USCG) Strike Team, and local fire departments. The EMT or Site Safety Officer should make daily observations of COVID-19 safety compliance and consider monitoring response workers for symptoms.

Additional Considerations and Safety Best Practices

1. Suspend after-hours recreational activities involving gathering of others (no cookouts, sports, etc.).
2. Mobilize bathroom facilities even if Site activities are a short duration.
3. Do not hold in-person public meetings. Cancel, postpone or reschedule face-to-face meetings, or consider the use of virtual meeting tools if meetings are necessary. See the [Comprehensive Environmental Response, Compensation, and Liability Act \(CERCLA\) Interim Guidance on Public Engagement During COVID-19](#) for details.
4. Secure a large place or area to facilitate social distancing during briefings. Break up safety and other operational briefings into small groups. Use MS Teams, Skype or other virtual communication tools for Unified Command meetings.
5. For incidents involving numerous response personnel, consider assigning a special safety team that focuses on health status screening, social distancing, handwashing protocol compliance, and other COVID-19 risk reduction protocols. Consider staffing a healthcare professional on this designated special safety team.
6. If trailers are needed, use multiple office trailers/command posts to aid in social distancing as needed. Maximize outside air flow. Consider multiple trailers for EPA and contractors to separate workers.
7. Clean or disinfect site trailers, command posts, porta johns, handwash stations, etc. daily and as needed. Focus on common touchpoints.
8. Do not share respirators (PAPRs, SCBAs, SARs). Issue the PAPRs, SCBAs, SARs to personnel for the duration of the response. All site workers must be fit tested on the specific respirator they are issued. Conduct thorough decontamination and disinfection, following manufacturer recommendations, and inspect respirator components for cracked, damaged and missing parts prior to returning equipment.
9. EPA's Chemical Management Advisory Division (CMAD) has developed additional information on precautions, PPE, decontamination, cleanup and waste management: SARS-CoV-2 Information for On-Scene-Coordinators. This document is located on [CMAD's 2019 Novel Coronavirus Information](#) for OSCs, on Response.epa.gov.
10. [CDC has developed coronavirus waste management information that is listed on their website.](#)

Residential Site Work and Emergency Response Safety Best Practices

Consider these best practices, in addition to all other discussed previously, when site work or emergency response activities require direct interaction with the public.

1. Ensure that only essential personnel enter homes and/or communities, keep the personnel resources to a minimum.
2. Limit face-to-face interactions to only those necessary.
3. Maintain at least six feet distance.
4. Call via phone instead of knocking/ringing doorbell if possible. When knocking on doors, knock, and step back from the door entryway at least six feet. Consider temporarily removing any face coverings/respirator while introductions are made.

5. It is preferred that written documents, such as an access agreement, are acquired via email. If this is not possible, place completed documents into a plastic bag and disinfect the outer plastic bag.
6. During the actual removal/remedial action, if the resident needs to engage with the crew, do it from a safe distance.
7. Final building/property walk-throughs should be cancelled unless the property owner wants to meet to talk about something. If everything is satisfactory, consider using email to document approval.
8. If relocation is recommended, encourage relocation with family or friends with whom the residents have already had close contact. Consult with the Agency for Toxic Substances and Disease Registry or public health officials on relocation guidelines.