CONSIDERATIONS, CHECKLISTS, AND PROCEDURES FOR INSPECTORS

Updated September 2020

by the Energy Smart Academy
at Santa Fe Community College

with assistance from the
Building Performance Association
As many as half of the people infected with SARS-CoV-2 NEVER develop (or identify) symptoms. As a result, just because you, your co-workers, or your clients have no symptoms, does not mean you are not carrying the virus and are not infectious.

If someone is infected and going to present with symptoms, they usually present within 14 days.

Symptoms include: fever or chills, shortness of breath or difficulty breathing, cough, sore throat, congestion, fatigue, body aches, nausea or vomiting, diarrhea, and loss of taste or smell.

Symptoms differ depending on pre-existing health and age. Older populations experience more respiratory issues while younger, healthier adult populations experience more flu-like symptoms. Children present largely with gastrointestinal symptoms and are disproportionately likely not to be identified as carriers of the virus due to symptom-similarity to a variety of childhood illnesses.

The chances of developing Severe COVID-19 increase with age and presence of pre-existing conditions (including those that are currently undiagnosed).

Active infection is identified by respiratory swab test -- a PCR or "molecular" test identifying the virus’s RNA reproducing in body’s cells, or an antigen test identifying proteins from the virus. These tests can have false negatives -- a person can test negative and still have the virus.

A positive respiratory swab PCR or antigen test means active infection and infectiousness. Anyone with a positive PCR or antigen test should self-isolate for at least 10 days, despite if they have no symptoms.

Prior infection is identified by testing for IgG antibodies present in the blood. These tests are not effective until 10-14 days after infection and the test itself gives no indication of WHEN the test subject was infected -- only that past infection took place -- and does not imply any future immunity to reinfection.

SARS-CoV-2 is transmitted primarily via respiratory droplets – when talking, breathing, eating, laughing, sneezing, singing, etc. – landing on someone else’s mouth, nose or eyes.

Transmission is most likely to occur during close contact: physical contact, close contact (within 6 feet for 10 minutes or more), shared environment (e.g., households, offices and restaurants), shared food and bathrooms, and shared beds.

Without any precautions taken, most active cases of SARS-CoV-2 will infect an average of 2-3 other people. With basic precautions, such as physical distancing, wearing a face covering and frequent hand-washing, that number can be reduced to 1 or less.

A person infected with SARS-CoV-2 starts being infectious 2 days before they first have symptoms (but they may not develop symptoms at all). Infection lasts at least 10 days and patients are infectious the entire time.

SARS-CoV-2 carriers are determined to be no longer infectious at least 10 days after the onset of symptoms. They also must have improving symptoms and have gone at least 24 hours feverless without the aid of medication. They may still test positive up to 3 months after infection.

For those who never develop symptoms, 14 days after a positive respiratory swab PCR or antigen test they are considered to be no longer infectious.

If each infected person infects just 2 other people, by the 7th step of infection, over 100 people will be infected and at least 1 person will die. By the 20th step, the number of infected people is over 1 million and the death toll rises to 14,000.

Contact tracing works quickly to inform those who have been in close contact with someone who is COVID+ that there is potential they may be infected. This is important because, on average, there is a 3-day window between the time that Person 1 is infectious and passes the virus to Person 2 and the time Person 2 becomes infectious themselves. If Person 2 can self-isolate before they become infectious, they eliminate the risk of spreading the virus to others.
Check with local health department for recommended procedures

Notify local health officials, staff and clients (if possible) immediately of a possible case while maintaining confidentiality as required by the ADA

Employee's space and any areas the employee may have been in contact with should be closed down for 24 hours

Inform co-workers who may have had close contact with employee and create opportunity to work from home and self-isolate

Send all employees who may have had even minimal contact with infected person for PCR or saliva testing in the next three days, if available in your area

Open outside doors and windows, if possible, to increase air circulation in office spaces

Wait 24 hours before cleaning and disinfecting affected areas, including desk, vehicle, staff bathroom, tools and equipment

Don proper PPE and replace HVAC air filter

Ask employee with COVID+ test to speak with local health department and appropriate contact testing agency

Pass recorded work-related contact tracing information of any COVID+ workers along to local health department, with information about presumed levels of contact (time and proximity)

Check if infected employee and co-worker contacts have social support to get groceries, medication pick-up, etc. if needed during isolation (for those COVID+) or quarantine (for contacts).

Those who were not in contact with the employee may immediately and safely return to work after disinfection.

Be prepared to close for a few days if there is a case of COVID-19 in the workplace.

FROM OSHA’S ‘REVISED ENFORCEMENT GUIDANCE FOR RECORDING CASES OF COVID-19’ DATED 5/19/2020

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

1. The case is a confirmed case of COVID-19, as defined by the CDC
2. The case is work-related as defined by 29 CFR Section 1904.5
3. The case involves one or more of the general recording criteria set forth in 29 CFR Section 1904.7

“Given the nature of the disease and ubiquity of community spread, however, in many instances it remains difficult to determine whether a COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace...In light of these considerations, OSHA is exercising its enforcement discretion in order to provide certainty to employers and workers.

“Recording a COVID-19 illness does not, of itself, mean that the employer has violated any OSHA standard...Pursuant to existing regulations, employers with 10 or fewer employees and certain employers in low hazard industries have no recording obligations.”

**Check with your local OSHA Compliance Officer to verify current recording requirements.**
As part of intake process, have clients sign documentation (digitally, if possible) saying that they will disclose if a member of their household develops symptoms and/or is tested COVID+ -- need not disclose which household member, but should include what date the symptoms first developed and positive test was taken.

Determine if work in home needs to be stopped or deferred, and for how long.

If feasible, communicate community resources available to affected client household, including information for local public health office to begin contact tracing, local grocery and pharmacy services, and other support organizations.

Determine which, if any, of your workers had "contact" with the infected household – i.e., was inside the home for at least 10 minutes and communicated directly with a member of the household, even with masks on.

Isolate any workers who had "contact" and send for swab PCR or saliva test within the next 3 days, if available in your area.

Worker to stay at home while waiting for test results or for 14 days if no test is available

Implement work from home options, if possible, for affected workers.

Verify in files that any tools or equipment used in "infected household" were properly cleaned and disinfected before being transported to any additional houses or back to the warehouse that day.

Check back in with client after two weeks to determine if additional household members have gotten sick and when, and whether it is necessary to extend deferral, etc.
In and Around the Office – COVID-Safe Practices

Most important:

- Wash your hands often and thoroughly
- Keep your distance, at least 6 feet, from anyone not in your own household
- Don’t touch your face

General Protocols:

Know what to do if you start feeling symptoms

Know what to do if visitor is in building with symptoms or is later confirmed positive

Don’t congregate. This includes the lunch/break room and locker rooms

Wear face protection (can be homemade or surgical mask) when having face-to-face (physically distanced) conversations, or the entire day if preferred

Host meetings remotely, even when all participants are in the same office

Remind guests and delivery people to sign-in whenever they enter the office. Sheet should include space for date, name, and phone number for contact tracing purposes (see attachment). Put hand sanitizer by sign in sheet.

Establish secure location outside of office for deliveries. Consider setting up intercom or video camera so that delivery people can alert you to new package arrivals

Wash hands thoroughly after handling any deliveries/packages

Desk Maintenance:

Do NOT use isopropyl alcohol and hypochlorous solutions on the same surfaces! Choose one disinfecting solution and stick with it.

Wipe down desk with soapy cloth

- At the start of the day
- Before lunch
- After lunch
- At the end of the day

Do not share computers, phones or workspaces with co-workers

If you must share equipment, wear a face covering

Clean electronic equipment, such as landline and cell phones, keyboards and screens:

- Wipe with lightly dampened microfiber cloth with a 1:1 solution of water and isopropyl alcohol, or a pre-mixed hypochlorous solution
- Do NOT make cloth too wet! Lightly dampened is enough
- Do NOT mix solutions!
- Toothpicks or barely dampened cottons swabs can be used for small places (e.g., earbuds, keyboard)
In and Around the Office – COVID-Safe Practices

Tele-Communications with Clients:

Verify that client has method for signing documents digitally and can transmit documents via email or other non-contact method.

Be compassionate above all else. Stress levels are high, particularly among marginalized and vulnerable communities such as the low-income, elderly and disabled.

Listen to client concerns and make notes in digital file so that other employees can be aware of past interactions and potential issues that may arise.

Lunch Etiquette:

No large lunch tables and get rid of the company coffee pot and shared utensils.

Consider purchasing pre-packaged bamboo or compostable utensil packs for in-office use (and then start a composting program)

Consider outsourcing coffee needs to a local drive-through coffee shop.

If local shop is willing to use them, consider personalized reusable travel mugs (a lovely welcome-back gift for workers, to let them know you care)

Create small workspace in lunch room for prepping food

Wash hands thoroughly before prepping food

Clean high-touch points before and after prepping lunch, particularly if you’re the type that licks your fingers after stirring something

Wash reusable utensils immediately after use and before setting on horizontal surfaces – even if they are your own from home

At desk, move keyboard, mouse and any other vulnerable electronic equipment off to side and cover with cloth or paper towel

Don’t avoid talking to co-workers during lunch, but do keep distance. If you have to talk across the office, so be it.

Eat outside if and when you can, but keep physical distance of at least 6 feet!

Do not work through lunch. Maintain your sanity.

Office Maintenance:

Thoroughly clean individual workspaces once a week

Remove carpets in office where possible and, if desired, replace with washable area rugs

Launder area rugs regularly and in hottest water possible

For any washable fabrics/rugs, when dirty, place in sealable container until opportunity to launder

Nightly vacuuming with HEPA-filter equipped vacuum, then mopping with basic soap and water. Steam cleaning is ideal.
Communal Bathrooms:

Follow organization policy for bathroom use

At a bare minimum, when in bathroom:

- Have exhaust fan on the entire time you’re in the bathroom

Make sure lids are down on toilet before flushing

Wash hands thoroughly every time you go

Dry counter with paper towel to remove any pooling water

Wipe down high-touch and horizontal surfaces with disinfecting wipes

  - Flush handles
  - Stall door handles and door in general
  - Bars for handicap accessibility
  - Faucet handles
  - Paper towel and disinfecting wipe dispensers
  - Anywhere you may have put down personal items

Anywhere you might have breathed on a horizontal surface and someone else is likely to touch with their hands (i.e., not the floor)

- Keep trash can by door

- Open door with disinfecting wipe and toss it in the trash as you exit and leave the exhaust fan on

Ventilation and Filtration:

If minimal allergy issues, open windows to create airflow through the building

Do NOT open windows by parking areas, exhaust vents, or open windows of other offices

Portable air cleaners in individual offices are an option for at-risk individuals but must be verified not to produce ozone, cannot be shared around office and must always be cleaned as though contaminated

Spray disinfectants from EPA’s List N are designed to be used on surfaces, not in the air, and have long dwell times – do not use as air sprays. This is an inappropriate application for them and may exacerbate existing respiratory issues for co-workers.
**Inspection Considerations**

**Remote Options:**
- How much of the inspection can be done remotely or, if Multifamily, in vacant units?
- Is the home/housing complex clear on Google Earth?
- Did crew take and upload photos of work throughout the process?
- Do crew photos verify that COVID-19 Safe Work Practices were maintained throughout work?
- Can client take photos of any missing details via digital medium?
- Limit time in client homes by completing as much of the inspection remotely as possible.
- Review agency and grantee pandemic response plan, Health and Safety Plan, and check for updates
- Verify that funders will accept digital forms and reports

**Via Telephone with Client:**
- Has there been clear communication with the client throughout the work process – from intake to assessment to field work – with all questions answered?
- Gather client’s visitor contact tracing list information (either via dictation over the phone or via email – keep in digital format attached to client file)
- Ask if any occupants have had a change in COVID status since field work took place (have tested COVID+ via swab PCR test or presented with symptoms – client need not give names) and verify if it is safe to return to home for inspection, if necessary
- If COVID status of occupants have changed, narrow down dates for when occupants first presented with symptoms or tested positive (via swab PCR test) and, if within two weeks of when crews were onsite, determine if field crew may have been exposed
- Alert COVID-19 Point Person if assessor and/or crew may have been exposed

**At the Home:**
- Defer inspection if necessary due to medical concerns
- Wash hands when arriving and when leaving and in between activities as needed
- Verify that issues found in initial Job Hazard Analysis were remediated as necessary and possible
- Use situation-appropriate PPE at all times, including in attics, crawlspaces and basements
- Utilize blower door purge to minimize spread of contagion – depressurize home
- Emphasize the need to keep ventilation fan operating at calculated settings

**Before Next House:**
- Communicate to client (via telephone if you are not indoors) that you are leaving the premises
- In addition to cleaning and disinfecting tools and equipment, complete any notes for inspection in online client file and upload images
- Communicate to management any client concerns

Signature of Inspector: ____________________________ Date: ________________
Date:______________________  
Client File:________________________________________  
Team Member(s) / Vehicle Taken:______________________________________________  

Work Tasks for the Day: 1.  
2.  
3.  
4.  

<table>
<thead>
<tr>
<th>TASK #__:</th>
<th>PPE FOR TASK #__:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOOLS NEEDED</strong></td>
<td><strong>DISINFECTANT TO BRING</strong></td>
</tr>
<tr>
<td><strong>EQUIPMENT NEEDED</strong></td>
<td><strong>DISINFECTANT TO BRING</strong></td>
</tr>
</tbody>
</table>
VERIFY PPE AND CLEANING KIT:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Item</th>
<th>Quantity</th>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-95 Respirators</td>
<td></td>
<td>Box(es) of Nitrile Gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face Shields</td>
<td></td>
<td>Dish Pan(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-face Respirators</td>
<td></td>
<td>Water Containers Full</td>
<td>How many__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respirator Cartridges</td>
<td></td>
<td>Hand soap 1/worker in vehicle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Protection</td>
<td></td>
<td>Dish soap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tyvek Suits</td>
<td></td>
<td>Disinfecting Wipes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Gloves</td>
<td></td>
<td>Disinfectant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booties</td>
<td></td>
<td>Plastic Timer</td>
<td>Batteries working?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard Hats</td>
<td></td>
<td>Trash Bags</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall Harness</td>
<td></td>
<td>Five Gallon Buckets x 2</td>
<td>(Trash or Water catch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Pads</td>
<td></td>
<td>Sealable Laundry Containers – 1/worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear Plugs</td>
<td></td>
<td>Paper Bags if reusing N-95s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Walls?</td>
<td></td>
<td>Pre-cut Plastic Sheeting or Towels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paper Towels</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Any supplies low? ________________________________________________________________
Low supplies reported to: _______________________________________________________

I verify that all necessary tools, equipment, supplies and cleaning have been gathered and are in the vehicle to be used today. _______ (Initial)

THREE FINAL CHECKS:

Has client been called to verify household is asymptomatic? _______ Who called? ___________________________
Has client requested workers greet them with masks on or off? __________
If interior work, will occupants self-isolate or will physical barriers be needed? __________
Client Home Procedures – Assessment or Inspection

Most important:
- Wash your hands often and thoroughly
- Keep your distance, at least 6 feet, from anyone not in your own household
- Don’t touch your face

Arrival:
- Check client file/notes to verify if client would prefer to be greeted with or without you wearing a mask
- Knock on door and step back at least 10 feet
- Address client by name and introduce yourself
- Ensure you have a phone number for an occupant in the home THAT DAY
- Keep physical distance of at least 6 feet as much as possible, from client and co-workers
- For initial assessment, complete Job Hazard Analysis for any hazard encountered in or around the home (see attached form) noting what hazards must be dealt with before work can begin
- Complete outdoor tasks first, if possible. If you do not need to enter the home, do not enter the home.

Exterior Work:
- Wear situation-appropriate PPE for the task, even in crawl spaces, attics and basements. If task does not typically involve a mask, don an N95 mask.
- Take photos as you work and, if possible, upload to office ‘cloud’ right away
- Doff and dispose of potentially contaminated gloves between tasks and replace with new ones
- Restrict tool and equipment sharing. If they must be shared, clean and disinfect tools/equipment between uses

Interior Work:
- Limit equipment and tools to bring into home based on diagnostics needed
- Remember to include sanitizer and disinfecting wipes in toolbox
- Wash hands upon entering the home
- Do not shake hands or make physical contact with client
- Wipe down any high-touch surfaces before and after contact, including:
  - faucet knobs
  - light/fan switches
  - doorknobs
  - oven and fridge handles
  - stove controls
  - attic pulls
  - kitchen and bathroom counters
- Be alert to occupant health behaviors without prolonging interaction
- If respiratory issues arise among occupants, contact office to determine next steps
- Implement appropriate blower door procedures to minimize spread of contagion
Client Home Procedures – Assessment or Inspection

- Erect physical barriers if possible and/or necessary to create separation between workspace and occupants
- Use disposable plastic sheeting, cut to 3’x4’, or towels to keep tools and equipment off potentially contaminated surfaces
- Take sheeting/towel with tools and equipment outside as tasks are completed and leave in the sun, if possible
- Remove physical barriers as tasks are completed and dispose of plastic sheeting
- Alert client that you will be leaving
- Complete final wipe down of high-touch surfaces after all tools and equipment are removed
- Wash hands one last time and leave the house. Do not re-enter unless you absolutely must.

After Exiting Home:

- Doff and either clean and disinfect, store or dispose of PPE appropriately, depending on the item of PPE
  - N-95 masks can potentially be reused up to 3 times if stored in a closed paper bag for at least 72 hours. Bag should be labeled with name of worker to wear mask and date worn
  - Face shields, half or full-face respirators and eye protection can be cleaned and disinfected between houses – cartridges for respirators should be dealt with per manufacturer instructions
  - Tyvek suits, booties and nitrile gloves should be doffed properly and disposed of in a trash bag
- Wash or sanitize hands after removing all PPE
- Don new nitrile gloves before cleaning and disinfecting potentially contaminated equipment and tools
- Clean and sanitize all potentially contaminated tools and equipment, placing on new plastic sheeting/towel and tracking dwell times with plastic timer
- Dispose of used plastic sheeting in trash or place used towel into sealed laundry container
- Safely doff and dispose of nitrile gloves after all tools and equipment have been disinfected and dirty sheeting/towel has been dealt with
- Wash or sanitize hands after removing gloves
- Ensure all tools and equipment are dry before putting back in toolbox and/or packing away – “clean” plastic sheeting can be used as “clean” option at next home, but cannot be used in the next client’s home.
- Don a new face covering before entering the vehicle if traveling with co-workers

Signature of Assessor or Inspector: ____________________________________________  Date: _________________

See End of Day Procedures after Final Client Home
End of the Day Procedures

Before Returning to the Office

- Check in with scheduler and review work scope (ideally available in cloud file) for the following day and determine if supplies/materials are needed from vendor – has a curbside order already been placed? Is there an order ready for pick-up?

- If necessary, go to vendor AFTER completing work at client homes – Plan ahead so that you do not need to go to a vendor in the morning. This is the location with the highest chance for contamination. Don’t start your day off contaminated.

- Maintain social distance while at vendor – again, use curbside pick-up if possible

- Wipe down credit cards after transactions

- Wash or sanitize hands after being at vendor

Upon Returning to the Office:

- Stow individually assigned tools and equipment in appropriate locations not in vehicle, including reusable PPE – Do not bring PPE items home

- Remove all personal items from the work vehicle

- Remove laundry items from vehicle and place in appropriate location for office laundry pick-up

- Implement cleaning and disinfection procedures for vehicle

- Wipe with disinfecting wipe high-touch surfaces including steering wheel, gear shift, turn signal and windshield wiper stalks, rearview mirror, sideview mirror and radio controls, seatbelt buckles and clips

- Check cleaning and PPE supplies to see what needs restocking and alert appropriate person if supply is low

- Update your personal contact tracing file with those people/places where you’ve had contact since the last time you were in the office. Include phone numbers, if possible.

End of the Day:

- Remove contaminated shoes before entering common office or living spaces. Wipe down with disinfecting wipes or place in sealed bin.

- Remove contaminated clothes and place in appropriate office laundry hamper, separate hamper at home, or launder immediately, if possible.

- If laundry is not available through work, keep dirty work clothes separate from other clothes, particularly those of children and at-risk housemates, and launder in separate loads

- Shower, if possible, or at least wash hands thoroughly and put on clean clothes before entering common office or living spaces

- If taking public transportation, bring disinfecting wipes with you to wipe down high-touch areas, including hand-holds, ticket dispensers, change boxes and seats

- If changing clothes is not possible before entering personal vehicle, wipe down high-touch areas in personal vehicle as soon as possible and definitely before next trip. Vacuum driver seat upholstery (and others if carpooling) at least once a week.

- Relax and take a moment to decompress before tackling any tasks at home for the day
**Sources for COVID-19 Handouts**

**COVID-19 Fact Sheet for Workers and Clients**
Centers for Disease Control and Prevention, content last checked 4 September 2020.  

Johns Hopkins Coronavirus Resource Center, COVID-19 Case Tracker [https://coronavirus.jhu.edu](https://coronavirus.jhu.edu)


Johns Hopkins University, Bloomberg School of Public Health, Coursera.org COVID-19 Contact Tracing Course.  


[https://www.acpjournals.org/doi/10.7326/M20-3012](https://www.acpjournals.org/doi/10.7326/M20-3012)

[http://dx.doi.org/10.15585/mmwr.mm6923e4](http://dx.doi.org/10.15585/mmwr.mm6923e4)


**Have You Considered – Management Checklist**


OSHA’s COVID-19 – Control and Prevention/Construction Work updated content  

DOE WAP Memorandum 062, Weatherization Assistance Program’s Response to Guidelines for Opening Up American Again – Phase One & Frequently Asked Questions (FAQs)  
[https://www.energy.gov/sites/prod/files/2020/05/f75/wap-memo-062.pdf](https://www.energy.gov/sites/prod/files/2020/05/f75/wap-memo-062.pdf)

NASCSP’s COVID Considerations for Fieldwork  

CDC’s Interim Guidance for Employers with Vulnerable Workers  

CDC’s Cleaning and Disinfecting Your Facility  


CDC’s NIOSH National Personal Protective Technology Laboratory updated content https://www.cdc.gov/niosh/npptl/default.html

ASHRAE’s COVID-19 Preparedness Resources https://www.ashrae.org/technical-resources/resources


International Society of Indoor Air Quality and Climate (ISIAQ) Webinar Series: Spread of Infectious Diseases in Indoor Environments https://www.isiaq.org/webinars.php

Healthy Indoors Show, March and April episodes https://healthyindoors.com/healthy-indoors-show/


**OFFICE DAILY CHECKLIST AND OFFICE PROCEDURES**


International Society of Indoor Air Quality and Climate (ISIAQ) Webinar Series: Spread of Infectious Diseases in Indoor Environments https://www.isiaq.org/webinars.php

Healthy Indoors Show, March and April episodes https://healthyindoors.com/healthy-indoors-show/

Peccia J, Zulli A, Brackney DE, et al. SARS-CoV-2 RNA concentrations in primary municipal sewage sludge as a leading indicator of COVID-19 outbreak dynamics (not yet peer-reviewed) https://doi.org/10.1101/2020.05.19.20105999


SUGGESTED INTAKE QUESTIONS


Johns Hopkins Coronavirus Resource Center, COVID-19 Case Tracker https://coronavirus.jhu.edu

New England Journal of Medicine, updated content. www.nejm.org/coronavirus

ASSESSMENT CONSIDERATIONS AND INSPECTION CONSIDERATIONS


PREP FOR FIELD WORK CHECKLIST


CLIENT HOME PROCEDURES


COVID-19 CONTRACTED CHECKLIST


OTHER RECOMMENDED RESOURCES

National Association of County and City Health Officials: https://www.naccho.org/membership/lhd-directory to find your local public health office

COVIDExitStrategy.org, How We Safely Reopen: https://www.covidexitstrategy.org/ to monitor your state’s readiness to be reopened based on White House and CDC criteria

COVIDActNow.org, America’s COVID Warning System: https://www.covidactnow.org/?s=58173 to monitor your state’s risk level based on 4 criteria. Can be broken down by county.

COVID Reproduction Rates by state (Rt): https://rt.live/ to monitor your state's COVID reproduction rate. Anything over Rt=1.0 means the virus is spreading in your state.