UNIVERSAL BEST PRACTICES

STATE OF NEW HAMPSHIRE

GOVERNOR'S ECONOMIC REOPENING TASKFORCE

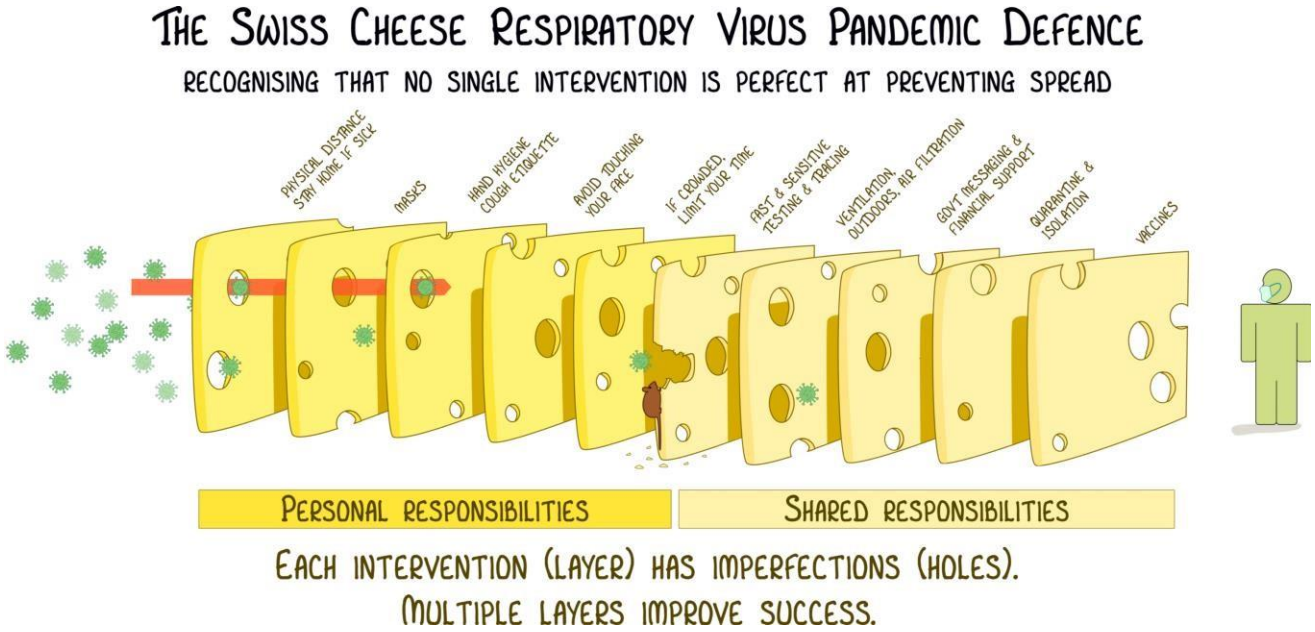
Effective May 8, 2021, this document replaces all existing "Safer at Home 2.0" business operations guidance in place since March 2020. These Universal Best Practices are recommendations for all individuals, businesses, and organizations to consider and implement for the operation of their business. Nothing in this document or other guidance precludes any business, organization, or individual business operators from taking additional precautions for the health and safety of its employees and consumers.

In addition to the best practices outlined here, businesses, organizations, and individual business operators should review the following:

- Center for Disease Control and Prevention (CDC) guidance for COVID 19
- New Hampshire Department of Health and Human Services (DHHS) COVID resource page
- Best Practices for Overnight Congregate Settings for Kids
- Long-Term Care Facilities (LTCFs) and Assisted Living Facilities (ALFs): U.S. Centers for Medicare and Medicaid Services (CMS) guidance and NH DHHS guidance and resources for Long Term Care Facilities
- K-12 schools: NH Department of Education Grades K-12 Back-to-School Guidance and recent public health guidance discussed and shared with schools.
- Residential Schools, Colleges and Universities: NH DHHS Recommendations for Responding to COVID-19

The Continued Importance of Layered Protective Measures

There is no single intervention that will stop spread of COVID-19, especially because the coronavirus can infect people and be spread both from people with symptoms of COVID-19 (including people who may only show very mild symptoms), and from people without any symptoms ("asymptomatic"). Therefore, implementing multiple layers of protection (i.e., layered mitigation measures) will be most effective at stopping COVID-19 from spreading (see Swiss Cheese Model graphic below).



(Image from Dr. Ian Mackay at virologydownunder.com)

The same general steps and actions to control the COVID-19 virus that have been used throughout this pandemic continue to be important and recommended, including the following:

1. Good planning and communication to staff and consumers
2. Vaccination against COVID-19
3. Identifying and excluding people with symptoms of COVID-19 or risk factors for exposure
4. Testing people with symptoms of, or risk factors for, COVID-19
5. Social/physical distancing
6. Face mask use
7. Cohorting (i.e., grouping individuals together and keeping them together)
8. Modifying layouts and limiting group sizes
9. Good and frequent hand hygiene
10. Cleaning and disinfection of frequently touched surfaces and avoiding shared objects
11. Increasing and improving room and building ventilation (ventilation involves replacing stagnant indoor air that may contain peoples' respiratory droplets with new fresh outdoor air)
12. Contract tracing, isolation, and quarantine

These Universal Best Practices have been re-organized into topic-based sections below for individuals, businesses, and organizations to apply in layers.

Best Practices: Preventing the Spread of COVID-19

1. **Planning and Communication:** It is important for business and organizations to consider developing COVID-19 protection policies and process that help prevent the introduction and spread of COVID-19 within an organization or business. It is also helpful to set expectations and clearly communicate those expectations to staff, visitors, attendees, customers, etc.
    a. This document can assist in developing organizational and workplace policies and processes aimed at preventing the introduction and spread of COVID-19.
    b. A communication plan can educate all persons about the health and safety practices and expectations. Such communication plans can include, but not be limited to, online methods (e.g., website, social media sites), email, other electronic communication such as reservations or confirmations, and print materials and mailings to the customers.

2. **Vaccination against COVID-19:** There are currently three different COVID-19 vaccines authorized for use in the U.S., including the Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J) Janssen COVID-19 vaccines. All three vaccines are safe and highly effective. Vaccination is one of the most important things that your staff, visitors, and customers can do to protect your business, organization, and the surrounding community. A person is considered "fully vaccinated" when they are at least 14 days beyond completion of a recommended COVID-19 vaccine series.
    a. Having a high employee vaccination rate will help protect your business operations in the event that someone with COVID-19 is identified to have exposed staff, visitors, or customers at your organization or business, because people who are fully vaccinated and remain without symptoms (i.e., are "asymptomatic") are not required to quarantine after an exposure (although they should still follow other protective measure, including social distancing and face mask use).
    b. Consider providing paid time off, or other incentives, for employees to get vaccinated against COVID-19.

3. **Identifying and Excluding People with COVID-19, Symptoms of COVID-19, or Risk Factors for Exposure to COVID-19:** Identifying people who have, or might have, COVID-19 is important to protect your business and organization. One of the first "lines-of-defense" to prevent introduction of COVID-19 is to identify people who might have COVID-19 and recommending testing. Screening questions have been outlined in the NH DPHS Employer Travel, Screening, and Exclusion Guidance to assist in identifying people who might have signs/symptoms of COVID-19 or risk factors for exposure.

a. Consider active screening or daily self-attestation of staff and volunteers each day before work for fever, symptoms of COVID-19, or risk factors for exposure, especially for those who provide services requiring close prolonged contact between staff and customers (people are within 6 feet of each other for 10 minutes or longer).
b. Establish a process where all staff, volunteers, visitors, customers, etc. are informed and proactively educated that they should stay home if they meet any of the screening questions outlined in the NH DPHS Employer Travel, Screening, and Exclusion Guidance,
c. Consider developing employment policies that are supportive of employees who may need to stay home because of new or unexplained symptoms of COVID 19 and have yet to be tested.

4. **Testing for COVID-19:** Testing for COVID-19 is one important measure to determine if someone has COVID-19 so that others can be identified and others can be notified of their potential risk of developing infection in order to stop COVID-19 from spreading. There are two general types of testing: "diagnostic" testing and "screening" testing. Diagnostic testing involves testing people with signs or symptoms of COVID-19, or testing asymptomatic people with an identified risk factor for exposure. Screening testing involves testing asymptomatic persons who do not have a known or suspected exposure to COVID-19 for the purposes of early identification. Diagnostic testing is universally recommended. Screening testing can be adopted by business and organizations, if desired, but it is also recommended to be implemented in certain high-risk congregate living situations (including long-term care facilities, residential schools, and overnight summer camps).
   a. Any person with new or unexplained symptoms of COVID-19 (even new mild cold symptoms) should be evaluated for COVID-19 testing using a PCR or antigen-based test
   b. Any person who is identified as a "close contact" to another person with COVID19 should also be tested for COVID-19 as outlined in the NH DPHS guidance on self-quarantine after an exposure.
   c. Screening testing should be implemented in congregate living settings that are high-risk for transmission in order to prevent introduction and spread of COVID.
      a. People who are fully vaccinated (i.e., at least 14 days or more beyond completion of a recommended COVID-19 vaccination series), or who are within 90 days of a previously diagnosed COVID-19 infection can be exempted from participation in screening testing programs (asymptomatic testing), unless otherwise required to be tested by federal regulators (e.g., CMS requirements for long-term care facilities).

5. **Social/Physical Distancing:** The coronavirus that causes COVID-19 is spread through close prolonged contact to an infected person's respiratory droplets that are exhaled when a person breaths or talks. Spread of COVID-19 over longer distances is possible, especially when there are activities which can increase the production of smaller respiratory droplets (called aerosols) that can remain suspended in the air and travel further distances. This risk can be minimized with combined use of physical distancing, face mask use, and increasing a building/room ventilation (discussed below). Here are some practices to consider:
    a. Capacity can be limited to the number of people where physical distancing is maintained between individuals or groups of related household contacts while seated and during transit through the facility. If a business or organization chooses to develop processes that allow un-related people to be closer than 6 feet from each other than additional layers of protection can be considered (avoid moving about, hold event outdoors, consider face coverings, etc)
    b. Work to maintain a distance of at least 6 feet or more of physical separation between people or related groups when possible.
    c. Customers visiting bars and restaurants should stay seated as much as possible to prevent close contact between customers.
    d. In certain situations where there may be increased risk of respiratory aerosol production and risk of further spread of COVID-19, physical distancing between people is suggested to be 8-10 feet, including during any group activities that involve forced and heavy breathing indoors (e.g., indoor group fitness classes), singing (chorus/choir), or wind instrument playing (band performances).
    e. Physical distancing on buses and transportation vehicles can be challenging and often 6 feet of physical separation is not possible, consider additional layers of protection such as face mask use, increasing outdoor air ventilation, assigned seating, etc.).

6. **Face Mask Use:** Throughout the pandemic, face mask use has increasing been shown to be an important measure for controlling the spread of COVID-19. The CDC has estimated that at least 30% of people infected with the novel coronavirus are asymptomatic (do not have symptoms), but these individuals are still able to spread the virus. Other people may be asymptomatic early in their infection but go on to develop symptoms days later. NH testing data in long-term care facilities has found similar rates of asymptomatic infection. Therefore, face mask use is important to prevent spread of COVID-19 from people who are infected but may not be aware or have signs/symptoms of infection. Face mask use protects both the person wearing the mask, and others around that person in the event that they are asymptomatically infected. Consider the following:

a. Encourage face mask use or both staff and customers who are required to be within 6 feet of each other (or other customers) for at least 10 minutes or longer for delivery of service. If face masks need to be removed (e.g., for eating and drinking), then people should ideally be separated by at least 6 feet. As an alternative, other business process adaptations can be considered, such as ridged plastic barriers between people who are separated by less than 6 feet.
b. Should they chose to, businesses, organizations and event organizers are able to require employees, visitors, and customers wear face masks upon entering their facility or venue as a best practice but please keep in mind:
    i. Face masks should not be required for people who are under the age of 2 years ii. Face masks should not be required for a person with a valid medical or developmental reason that prevents that person from wearing a face mask (see CDC guidance).
c. Customers can be asked to wear face masks when entering and exiting a facility or business, waiting in lines, buying tickets or food/drink, transiting through a facility/event, and in general when physical distancing is difficult to maintain.
d. Face masks can also particularly important for staff caring for people who are at high-risk for severe illness from COVID-19.

7. **Cohorting and Limiting Group Sizes:** "Cohorting" involves creating small groups of individuals, keeping those individuals consistently together in one group, and preventing interaction between people of different groups. Cohorting is an important COVID-19 control/mitigation strategy because if COVID-19 is introduced into one group, it limits spread ideally only to those within that one group, and prevents spread between groups. This allows a business or organization to continue operations even while some people may be required to quarantine due to an exposure. The other benefit of strict cohorting is that it potentially allows for relaxed restrictions within a group where physical distancing or consistent mask use may not be able to be maintained due to the prolonged duration of interaction between individuals (e.g., childcare agencies, day camps, overnight residential summer camps, etc.). The smaller the group sizing, the more protective the cohorting/grouping, but smaller groups may be less feasible for businesses. Additionally, cohorting may not be possible in all situations, so it should be applied in the context of other layered mitigation measures. Keys to success cohorting include:
    a. Avoid mixing or interaction between groups. If staffing is an issue and staff are required to "float" between groups, then staff should be selected who are fully vaccinated.

b. If possible and staffing allows, larger groups should be separated into smaller groups.
c. Ideally group sizes should be limited to 20 people or fewer, although exact group sizes will vary depending on situation and local context.
d. Social/physical distancing, face mask use, and other mitigation measures should still be considered and implemented within the cohorting/grouping as feasible.

8. **Modifying Layouts and Processes:** Business and organizations processes should be modified to implement the layers of mitigation/protection outlined in this document. This section highlights the importance of thinking through business processes and looking for ways to incorporate multiple layers of protection into processes. Here are some practices to consider:
    a. Maintain unidirectional flow of customers to the extent possible (especially at larger events), incorporate as much physical distancing into all business processes as possible (including while waiting in lines), and avoid congregating and groups gathering/loitering (including developing processes to avoid development of lines).
    b. Physical barriers (e.g., plastic or acrylic shields or barriers) should be placed between staff and customers at check-in/out, ticketing and other service counters.
    c. Modify employee and volunteer schedules to reduce the frequency and duration of physical interactions, including staggering shifts, breaks, and meals (maintain compliance with wage and hour laws and other requirements).
    d. Arrange employee and volunteer work-space layout to allow for at least 6 feet of social distancing when possible.
    e. Stagger any customer/client appointments, arrivals, drop-off, pick-up times, etc. to limit customer interaction to allow sufficient time for any needed cleaning and disinfection between appointments when possible.
    f. Limiting waiting areas to avoid congregating and any waiting areas should have seating for customers spaced at least 6 feet apart, while encouraging customers/clients to wear a face masks while in the waiting room.
    g. Avoid waiting lines when possible and provide demarcated spacing for people to stand/wait at least 6 feet apart.
    h. When possible, develop check-in and check-out processes that involve electronic or other non-touch options, including with financial transactions. Businesses and organizations can also take steps to limit self-service options. For example, consumer samples, communal packaging, food/beverages (e.g. candy dishes, common creamers at coffee stations).

9. **Hand Hygiene:** Many different respiratory infections, including COVID-19, can be spread after an infected person touches their eyes, nose, or mouth (i.e., mucous membranes) where viral pathogens can live and then spread to other people through touch, or contamination of commonly touched surfaces. While the risk of spreading COVID-19 from contaminated surfaces is believed to be low, it remains important to incorporate and promote frequent hand hygiene (regularly washing hands or using hand sanitizer) into all business processes.
    a. Consider making alcohol-based hand sanitizer readily available to employees, volunteers, and customers/clients throughout the facility or event venue, including upon entry and exit to a facility, at check-in and check-out, in eating areas, outside restrooms, etc.
    b. Promote frequent hand hygiene for employees, volunteers, and customers.
    c. For staff overseeing children, supervise and help young children to ensure they are washing/sanitizing hands correctly. When soap and water are not readily available and hand sanitizer is used with young children, it should be used under direct supervision of staff.

10. **Cleaning and Disinfection and Avoiding Shared Objects:**
    a. Employers should provide training to all employees about cleaning and disinfection prior to assigning cleaning and disinfection tasks, and employers should consider creating a checklist to guide cleaning and disinfection procedures.
    b. Use disposable gloves to clean and disinfect. Follow other instructions for personal protective equipment (PPE) use, contact time, etc. on product labels. Staff should wash hands after cleaning and disinfection occurs.
    c. Cleaning and disinfecting supplies should be made readily available by the business.
    d. When disinfecting, use an EPA-approved disinfectant effective against the novel coronavirus.
    e. CDC recommends that when no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning high-touch surfaces once a day is usually sufficient to remove virus that may be on surfaces. If a sick person, or someone with COVID-19, has been within a facility or space within the last 3 days, then cleaning and disinfection of that space should occur. If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.
    f. Cleaning and disinfection of high-touch surfaces can be considered more frequently than once a day, especially if there is high community transmission of

COVID-19, low mask compliance or poor hand hygiene, or if the space is used by people at increased risk for severe illness from COVID-19.

g. Maintain other routine facility cleaning and disinfection procedures.
h. Avoid shared objects, if possible.
i. Clean and disinfect shared objects between use, especially if objects might be contaminated with a person's respiratory secretions or saliva (e.g., toys in childcare classrooms). At a minimum, ensure hand hygiene is practiced by all persons before and after use of a shared object.
    i. Objects that are not able to be cleaned or disinfected (e.g., books, papers, etc.) can still be shared, if necessary, but focus should be on good hand hygiene before and after use of shared objects.

11. **Improving Building, Room, and Space Ventilation:** Evaluate ventilation systems to increase room and overall building ventilation, including increasing the number of air exchanges with outdoor air, limit internal air circulation, improve central air filtration or other upgrades to HVAC systems. CDC guidance on ventilation in buildings provides helpful information for evaluating and improving building, room, and other space ventilation. Ventilation is also important to increase in other non-building spaces, such as on buses or public transportation – in such situations, a vehicle's ventilation can be increased by opening windows (if weather permits) or using the vehicles air system to bring in outdoor air and avoid re-circulating internal air. In enclosed spaces, improving ventilation should be combined with attempts to maximize physical distancing between people and face mask use.

12. **Public Health Contact Tracing, Isolation and Quarantine:** "Contact tracing" refers to the act of investigating who has been in close contact with a person diagnosed with COVID-19 so that the person infected can be "isolated" and the people who have been in close contact can be "quarantined" to reduce further spread of the virus. Contact tracing, isolation, and quarantine, should be a collaborative effort between the New Hampshire Division of Public Health Services (DPHS), Bureau of Infectious Disease Control (BIDC) and the business or organization where the COVID-19 exposure occurred.
    a. COVID-19 exposures at businesses and organizations should be promptly reported to NH DHHS DPHS Bureau of Infectious Disease Control at 603-2714496. Reporting of infectious diseases and furnishing requested infectious disease-related business information (including patron and employee information) is a requirement under NH RSA 141-C.
    b. NH DPHS can provide assistance with contact tracing and guidance to prevent/control spread of COVID-19, including in outbreak situations.

c. To assist with identifying "close contacts" of people with COVID-19, and to avoid the need for possible public notification, it is recommended that businesses and organizations maintain attendance / customer lists and seating charts, including having assigned seating in situations where it's feasible (e.g., buses, school classrooms, etc.)