

# COVID-19 Safety Procedures for Businesses

PROTECTING CUSTOMERS AND EMPLOYEES WORKING IN THE COMMONWEALTH

## Requirements for Businesses Authorized to Continue In-Person Operations:

### Health and Cleaning

- Provide masks for employees to wear at all times.
- Clean and disinfect the building frequently, especially high-touch areas.
- Make sure employees have access to soap and water, hand sanitizer, and disinfectant wipes.
- Tell employees they should notify their supervisor if they are sick and stay home.

### Social Distancing

- Prevent large groups from entering or leaving the building at the same time.
- Limit the number of employees in common areas.
- Conduct meetings virtually. For in-person meetings, limit the number of employees to 10 and maintain a distance of six feet.
- Don't allow non-essential visitors.

### If there is a COVID-19 exposure in your building

- Establish a plan for employee COVID-19 exposure, that includes building cleaning and notifying affected employees. See COVID-19 Safety Guidance at [pa.gov](http://pa.gov) for more details.
  - Secure and clean the exposed areas.
  - Take each employee's temperature before they enter the building and send home those who have a temperature of 100.4°F or higher.
  - Employees should notify their supervisor if they have symptoms and go or stay home.
- Advise sick employees to follow CDC recommended guidance on home isolation.

## Additional Safety Guidance for Any Retail Operations at Your Location

- Conduct business with the public by appointment only, when possible.
- Limit the number of people inside the building to no more than 50% of the total maximum occupancy.
- Modify business hours so there is enough time to clean and restock.
- Install shields at check-out areas to separate cashiers and customers.
- Provide delivery or pick-up options and encourage online ordering.
- Designate a specific time for people at high risk to use the business at least once a week.
- Require customers to wear masks or face coverings.
- Limit check-out lanes to every other register and rotate every hour to allow for disinfection.
- Schedule handwashing breaks for employees at least every hour.
- Assign an employee to wipe down carts and handbaskets before the customer uses it.

## Questions or Concerns?

### Businesses

Contact the Department of Health at 1-877-PA-HEALTH (1-877-724-3258).



### Employees or Customers

If you feel unsafe at your workplace relative to COVID-19 concerns, file a complaint with:

- A local health department or law enforcement agency.
- The Occupational Safety and Health Administration at [OSHA.gov](http://OSHA.gov).
- The PA Department of Health at [health.pa.gov](http://health.pa.gov).

## Remember These Important Steps to Stop the Spread of COVID-19

- Maintain a distance of at least 6 feet from other individuals.
- Wash hands with soap and water for at least 20 seconds as frequently as possible, or use hand sanitizer if soap and water are not available.
- Cover coughs or sneezes with a sleeve or elbow.
- Do not shake hands.
- Regularly clean high-contact surface areas.
- When sick, stay at home.
- Do not gather in groups larger than 10 people.



## NOTICE

All businesses in the Commonwealth that elect to maintain in-person operations, if permitted to operate under the Orders of the Governor and Secretary of Health, must strictly adhere to the guidance published by the Pennsylvania Department of Health, and must prominently display this Notice and COVID-19 SAFETY PROCEDURES FOR BUSINESSES at each work location (building or worksite).

In addition, each business must, for each work location (building or worksite), identify a Pandemic Safety Officer to respond to employee and subcontractor questions regarding these requirements. This business's or work site's Pandemic Safety Officer is:

Name \_\_\_\_\_ Number \_\_\_\_\_ Email \_\_\_\_\_

As business owner/operator/site foreperson/manager, I acknowledge and understand the foregoing, and confirm that my business/worksite will adhere to these requirements, as may be amended by orders of the Governor or Secretary of Health.

Signature \_\_\_\_\_ Date \_\_\_\_\_