# **Ramsey County Workplace 2.0 Plan**

# Department name:

# Division name:

# Location(s) – Building/Suite:

# Date:

Each department must have a Workplace 2.0 Plan specific to their staff, office work areas and service delivery in accordance with the Ramsey County COVID-19 Preparedness Plan. Plans for other work environments such as congregate care or home visits are handled separately.

Departments must also submit revised Workplace 2.0 Plans with any Service Delivery redesign request that either brings more employees or more residents into county buildings.

Instructions

1. Draft your site-specific Workplace 2.0 Plan using this template.
2. Resources are available in the [Ramsey County COVID-19 Preparedness Plan](https://www.ramseycounty.us/sites/default/files/Projects%20and%20Initiatives/Coronavirus/COVID-19/COVID-19%20Preparedness%20Plan.pdf) and through other information all of which are available on the [Ramsey County website](https://www.ramseycounty.us/coronavirus-disease-2019-covid-19-information). The [HR Guidance documentation](https://www.ramseycounty.us/covid-19-info/county-employee-information/hr-guidance-exposure-covid-19-and-leave-time) and your HR Generalist are contacts for questions on leave time resources available for employees. The COVID-19 Workplace 2.0 team - Public Health, Property Management, and HR Occupational Health & Safety are also available to assist.
3. Send your completed plan to your Deputy County Manager with your Service Delivery Redesign forms for review and approval.
4. Your plan will be reviewed by the COVID-19 Workplace 2.0 team.
5. Upon approval your Workplace 2.0 Plan will be returned for implementation in accordance with the COVID-19 Preparedness Plan.

# General information

### **Department and contact information**

|  |  |
| --- | --- |
| Department Head |  |
| Deputy County Manager |  |
| Contact name |  |
| Contact email |  |
| Contact phone |  |

### **Indicate if this is an initial Workplace 2.0 Plan or an update due to a change in Service Delivery (For changes in Service Delivery, include the date of your corresponding Service Delivery Check-in form).**

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| --- |
|  |

### Overview of programs and locations affected by the change in service delivery

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program | Location (Facility and floor) | # of employees impacted | Anticipated daily # of clients/residents | Proposed return date | Hours of Operation |
|  |  |  |  |  |  |
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### Shared spaces with other departments or divisions

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| --- |
| Do you share space with anyone else? Does your plan impact any other departments’ area(s)? Does your plan impact any non-County entities that use the space? |
|  |

# Ramsey County COVID-19 Preparedness Plan

A countywide plan is in place that sets the minimum standards and serves as the overarching plan for Ramsey County’s approach to workplace redesign in response to Service Delivery changes, while promoting workplace safety during COVID-19.

The countywide plan will be posted at work site(s) and is available [electronically](https://www.ramseycounty.us/sites/default/files/Projects%20and%20Initiatives/Coronavirus/COVID-19/COVID-19%20Preparedness%20Plan.pdf).

# **Personal Protective Equipment (PPE) and Cleaning Supplies**

### Personal protective equipment and supplies are available through a centralized procurement and distribution process managed by Public Health. Public Health and HR Occupational Health and Safety are available to assist in determining appropriate PPE for staff. Public Health will determine the priority of distribution when PPE and supplies are limited.

[Supply/Equipment Requisitions](https://ramseynet.us/sites/default/files/Ramsey%20News/Supply-Equipment%20Requsition%20Form%20Rev%20062320.pdf) should be submitted to PH-Logistics@ramseycounty.us.

Based on the job duties of staff in the department, identify the personal protective equipment that will be provided to employees particularly those who work in proximity to residents, clients, or inmates and the rationale for their use:

|  |  |  |
| --- | --- | --- |
| PPE | Explain why the PPE is needed by the department | X |
| Coveralls |  |  |
| Face shields |  |  |
| Gloves |  |  |
| Safety glasses |  |  |
| Gowns |  |  |
| Masks – Cloth | [Face Covering Policy](https://ramseynet.us/content/covid-19-face-covering-policy#overlay-context=service-teams-departments/health-and-wellness/public-health/resources/current-public-health-issues/coronavirus-disease-2019-covid-19/covid-19-cloth-mask-policy)*Cloth masks are not considered personal protective equipment but can be used if no similar personal protective equipment is required. While working at a county facility or providing close contact services in the field, employees are required to wear face coverings. Cloth masks have been provided to employees.* | X |
| Masks – Surgical/Disposable | Masks are not considered personal protective equipment but can be ordered and provided to residents seeking services at county buildings. |  |
| Masks – N95 | Only for staff working 24/7 providing direct care for residents or inmates and for those working with infectious patients. Use requires medical evaluation and fit testing. Contact HR Occupational Health and Safety for additional information, 651-266-2929. |  |
| Other: (insert name) |  |  |

|  |
| --- |
| Describe additional information or requirements for site-specific PPE |
|  |

|  |
| --- |
| Describe how the visitor mask requirement will be communicated and how masks will be made available to visitors |
|  |

Safety data sheets ([SDS](https://ramseynet.us/job-information-training-benefits/employee-resources/occupational-health-safety/safety-data-sheets) forms) for cleaning supplies are available. Identify cleaning supplies that will be provided to employees and the intended use:

|  |  |
| --- | --- |
| Supplies | X |
| Hand sanitizer |  |
| Sanitizing wipes |  |
| Disinfecting spray |  |
| Other: Insert name |  |

|  |
| --- |
| Describe additional information or requirements for site-specific supplies |
|  |

### PPE and Supplies Point of Contact

A department must have identified an employee(s) as the point of contact who is responsible for requesting, receiving, managing and reporting on cleaning supplies and personal protective equipment at each site in use. Tasks for this point of contact include:

* Organize physical layout of supply area;
* Establish procedures for operating supply area;
* Maintain inventory of cleaning supplies and personal protective equipment;
* Develop and maintain security requirements of supply area;
* Requisition PPE and supplies;
* Ensure that requested PPE and supplies are received in accordance with requisitions.

The point of contact is:

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Phone |  |
| Location(s) |  |

*Add additional tables if there are point of contacts at different locations.*

# Social distancing

### **Public spaces**

For the purposes of this plan, public spaces are defined as areas that are open to clients, customers, residents or the general public and that are assigned to a specific department or division. Property Management will implement social distancing measures in common spaces such as building lobbies, elevators and elevator lobbies, stairwells, restrooms, building amenity spaces.

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| --- |
| Describe site-specific or suite-specific procedures for limiting the number of people in public spaces. Include plans for use of appointment-based services or other measures to control access. Describe where interactions will occur. |
|  |

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| --- |
| Describe physical changes (such as signage, floor markings, and physical barriers) that will be implemented to promote social distancing in public spaces.  |
|  |

### **Employee workspaces**

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| --- |
| Indicate the maximum occupancy for the workspace and describe site-specific procedures for limiting the number of employees in employee workspaces (i.e. rmote work, staggered shifts, workspaces are more than six feet apart). |
|  |

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| Describe physical changes that will be implemented to promote social distancing in employee workspaces. Identify any traffic flow changes necessary to maintain social distancing in the employee workspaces. |
|  |

### **Meeting and shared spaces**

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| Describe site-specific procedures for limiting the use of meeting and shared spaces within the maximum occupancy levels established for each space (i.e. signage, training). |
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| --- |
| Describe physical changes that will be implemented to promote social distancing in conference/meeting rooms and shared spaces such as removal of furniture. |
|  |

### **Document exchange**

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| Describe changes to document exchange procedures that will be made to promote social distancing (such as mail-in services, drop-boxes, Service Centers, contact less pick-up, package handling, etc.) |
|  |

### **Other measures**

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| --- |
| Describe any other procedural or physical space changes that will be implemented to promote social distancing. |
|  |

*Attach drawings of the building/suite as may be appropriate to delineate the areas covered by this Plan and the measures being implemented to promote social distancing.*

# Cleaning and disinfecting

Property Management continues to maintain enhanced cleaning services in the common areas of the buildings and has indicated below its cleaning responsibilities and frequency in department specific spaces in county owned buildings they manage. The department remains responsible for cleaning and disinfecting the remaining items on the list below in your work areas. (Property Management is available to assist in defining cleaning and disinfecting responsibilities in other buildings upon request.) Identify site-specific cleaning and disinfecting assignments and frequencies for the items below that are available for employee use. If each employee is instructed to clean and disinfect before and after each use indicate “User”.

|  |  |  |
| --- | --- | --- |
| Assigned office or workstation | Assignment | Frequency |
| Desktop surfaces | *User* | *As used* |
| Workstations, workstation cabinets, drawers |  |  |
| Computers/laptops, keyboards, computer mouse |  |  |
| Printers |  |  |
| Phones |  |  |
| Office chair |  |  |
| Office doorknobs/handles |  |  |
| Lockers |  |  |
| Personal items in your workspace |  |  |
| Office supplies |  |  |
| Hoteling space | Responsibility | Frequency |
| Desktop surfaces |  |  |
| Workstations, workstation cabinets, drawers |  |  |
| Computers/laptops, keyboards, computer mouse |  |  |
| Printers |  |  |
| Phones |  |  |
| Office chair |  |  |
| Office doorknobs/handles |  |  |
| Lockers |  |  |
| Personal items in your workspace |  |  |
| Office supplies |  |  |
| Kitchenette areas | Responsibility | Frequency |
| Refrigerator interior/exterior, microwaves interior/exterior, other appliances |  |  |
| Silverware/small ware |  |  |
| Tabletops, counter tops, fixtures, basins | Property Mgmt. | Daily |
| Refrigerators exterior | Property Mgmt. | Daily |
| Conference/meeting/huddle rooms/copy and common work areas | Responsibility | Frequency |
| Phones, tv/conferencing equip |  |  |
| Tables |  |  |
| Chairs |  |  |
| Multi-Function Devices |  |  |
| Other office supplies i.e., Staplers, Staple removers, 3-hole punches, pens, clipboards, etc. |  |  |
| Program specific equipment, tools, materials, devices |  |  |
| Department/division lobby areas & public spaces | Responsibility | Frequency |
| Light switches |  |  |
| Doors |  |  |
| Doorknobs, handles, push plates |  |  |
| Public work surfaces, public reception/receiving counters |  |  |
| Public seating |  |  |
| Public tables |  |  |
| Electronic equipment such as public computers, keyboards, MFDs |  |  |
| Medical exam and client counseling rooms furniture and equipment |  |  |
| Restrooms | Responsibility | Frequency |
| Paper towel dispensers | Property Mgmt. | Daily |
| Changing stations | Property Mgmt. | Daily |
| Fixtures, sinks, toilets | Property Mgmt. | Daily |
| Shelves, counters | Property Mgmt. | Daily |
| Hand dryers | Property Mgmt. | Daily |
| Door handles, knobs, push plates | Property Mgmt. | Daily |

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| Describe specifically how multi-user spaces and public spaces will be cleaned and disinfected between users. |
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| --- |
| Describe how you will handle back-up coverage for cleaning and disinfecting assignments for vacations and illnesses. |
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# Other measures

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| --- |
| Describe any other procedural (e.g. screening) or physical space changes that will be implemented. |
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# Communication Plan

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| Describe planned communications to advise the public of this plan and any changes that affect their access to services (e.g. website, signage, other). |
|  |

# Plan development

You must consult employees returning to the workplace in the development of this plan.

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| Describe how employee suggestions and feedback were requested, how such suggestions were integrated into the plan and how employee concerns have been addressed.  |
|  |

# Training

Supervisors must ensure that all employees have either completed the required training on COVID-19 or will complete it immediately upon returning to the workplace. Training programs are available through the [Learning Management System](https://ramsey-learning.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67&tab_id=-1). Supervisors must ensure that all employees are familiar with the department/site specific Workplace 2.0 Plan and the Ramsey County COVID-19 Preparedness Plan. Supervisors must ensure that all employees are trained in the use of PPE necessary for their job duties.

|  |
| --- |
| Have you ensured that all employees returning to the workplace have completed or will complete the required training? Is there site-specific training that needs to occur? If so, how will that training be conducted? |
|  |

# Monitoring

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| How will you observe employee and public interactions to ensure compliance with this plan and determine the need for additional training or adjustments? |
|  |

# Posting of plan

This plan must be posted onsite and available electronically to employees.

|  |
| --- |
| This plan will be posted onsite in the following location(s): |
|  |

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| --- |
| This plan will be posted online: |
|  |

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| --- |
| In addition to posting, how else will this plan be communicated to employees? |
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| --- |
| Describe how employees can submit feedback on the plan or how they can submit concerns or questions. Designate an individual that is responsible for responding to employee feedback, concerns, and questions. (Consider designating the Workplace Emergency Coordinator.) |
|  |

# Implementation Checklist

# A checklist for implementing and maintaining the Workplace 2.0 Plan in the department workspace is provided on the following page. A regular schedule of reviewing this checklist is recommended to ensure on-going compliance.

Department COVID-19 Workplace 2.0 Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Department and Building: Insert Name |  |  |  |
|  |  |  |  |  |
| SCREENING | YES | NO | NA |
|  | Employees trained on COVID-19 symptom, self-screening, leave protocols |   |   |   |
|  | Employees advised to self-monitor and remain at home if ill |   |   |   |
|  | COVID-19 signage posted in department workspace |   |   |   |
|  |  |  |  |  |
| SOCIAL DISTANCING |  |  |  |
|  | Employees working from home to maintain social distancing & occupancy limits |   |   |   |
|  | Workstation spacing adequate for social distancing |   |   |   |
|  | In/Out traffic flow through workspace designated to promote social distancing |   |   |   |
|  | Distancing signage with masks throughout public areas & workspace |   |   |   |
|  | Distancing decals at transaction counters  |   |   |   |
|  | Occupancy limit signage for conference/meeting rooms and work areas |   |   |   |
|  | Occupancy limit signage for kitchenettes and break rooms |   |   |   |
|  | Plexiglass barriers at transaction counters with high traffic |   |   |   |
|  | Plexiglass barrier for client meeting room with more than 1:1 interaction |   |   |   |
|  | Public and common area furniture removed or limited/cleaned |   |   |   |
|  | Waiting areas free of materials, forms, toys, etc. |   |   |   |
|  | In person meetings discouraged |   |   |   |
|  | Any staff sharing of workstations, equipment or tools |   |   |   |
|  |  If sharing of workstations/equipment/tools, is cleaning protocol in place |   |   |   |
|  | Vehicle travel limited to one person per vehicle; two if masks are worn |   |   |   |
|  |  |  |  |  |
| HANDWASHING |  |  |  |
|  | Handwashing signage posted in all restrooms and kitchenettes/break rooms |   |   |   |
|  | Hand towels and soap available in all restrooms and kitchenettes |   |   |   |
|  | Hand sanitizer at public counters |   |   |   |
|  | Hand sanitizer for common work areas |   |   |   |
|  | Protocols established for mail, courier and package handling |   |   |   |
|  |  |  |  |  |
| RESPIRATORY ETIQUETTE |  |  |  |
|  | Cloth mask information flyer posted in workspace |   |   |   |
|  | Mask requirement compliance for everyone on-site and off-site work |   |   |   |
|  |  |  |  |  |
| CLEANING/DISINFECTING |  |  |  |
|  | Employees designated for cleaning of conference rooms and break areas, etc. |   |   |   |
|  | Staff advised to clean individual workstations |   |   |   |
|  | Staff assigned cleaning duties for public & shared work areas, equipment, tools |   |   |   |
|  | Supplemental cleaning services by Property Management |   |   |   |
|  |  If yes, list: |   |   |   |
|  | Adequate PPE and cleaning supply inventory |   |   |   |
|  | Point of contact designated for PPE and supplies |   |   |   |
|  |  |  |  |  |
|  | Completed by: (Insert name) | Date: |   |   |

# Approvals – Department and COVID Workplace 2.0 Team

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| Department Director |  |  |
| Property Management |  |  |
| Public Health |  |  |
| Human Resources – Occ. Health & Safety |  |  |
| COVID Planning - Service Delivery  |  |  |
|  |  |  |