



April 30, 2020

The Honorable Andy Beshear  
Governor  
Commonwealth of Kentucky  
700 Capitol Avenue, Suite 100  
Frankfort, Kentucky 40601

Dear Governor Beshear:

As we move toward returning more Kentuckians to their places of work, social interaction and civic engagement, the Kentucky Chamber of Commerce supports your approach of a gradual transition to help ensure the health and safety of all of our citizens.

As part of our “Restart Kentucky: A Responsible Plan for Returning to Work” initiative, the Chamber recently surveyed employers across the Commonwealth and found that 67 percent of respondents said they supported a phased-in approach to reopening. The stark impact of COVID-19 on businesses also was reflected in the survey results:

- 79% of respondents said they have lost revenue
- 55% face cash flow issues
- 33% have had to lay off employees
- 28% have had to suspend operations

As you know, employers face many challenges in restarting their businesses. Key among these is ensuring the safety of their employees and customers. To help address such issues, the Chamber established a task force of representatives from the various sectors of Kentucky’s economy to develop industry-specific guidelines on steps to safely return Kentuckians to work.

We are submitting the information provided by task force members in the following pages, organized by sector, to let you hear directly from employers. Much of this information is presented in the form of responses to a questionnaire we distributed to the members. However, some members provided more detailed documents about their phase-in plans to move forward, and we have included those in their entirety.

We have included the plans of other associations, specifically the Kentucky Restaurant Association and the Kentucky Hospital Association, as part of this submission. We

understand that other groups are continuing to develop their specific plans and we will incorporate those as they become available. Our goal is to facilitate complete communication among all Kentucky employers as we work together to achieve our shared goals of protecting and supporting Kentuckians.

This information conveys the business community's understanding of the importance of a safe reopening for our Commonwealth and their commitment to doing their part to make that happen.

You will find consistent references to following the guidelines your administration has recommended since the beginning of the shutdown but some variation on the businesses' access to the PPE that they know they will need.

Finally, several employers, in responding to the task force inquiry or in other conversations, have emphasized the need for available childcare to allow their employees to return to work. Recognizing the particular challenges this represents, the Chamber hopes all viable options will be considered for reopening these much-needed programs.

We suggest that the Governor's Office for Early Childhood Development establish standards that follow guidance from the Centers for Disease Control and Prevention to support increased social distancing and other health guidelines to maximum protection for children and providers.

Please do not hesitate to contact me if you have any questions or need additional information.

Thank you very much for all you continue to do to protect our Commonwealth and its citizens.

Sincerely,

A handwritten signature in cursive script that reads "Ashli Watts".

Ashli Watts  
President & CEO  
Kentucky Chamber of Commerce



**Kentucky Chamber**

*Uniting Business. Advancing Kentucky.*

## **TABLE OF CONTENTS**

### **Replied to Questionnaire:**

Agribusiness  
Construction  
Financial Institutions  
Hairdressers/Cosmetologists  
Horse Racing  
Hotels  
Long-Term Care Facilities  
Professional Services (CPAs/Law Firms – we included both responses)  
Railroads  
Retail  
Tourism (Visitor's Center)

### **Provided Longer Response:**

Kentucky Community & Technical College System  
Hospitals  
Manufacturing  
Refineries  
Restaurants  
Utilities

## **Agribusiness**

### **What is your industry's average level of interaction with customers and the general public?**

Physical interaction can easily be accomplished with social distancing (six feet or more).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: Curbside service and close retail showrooms

Safety Measure 2: Delivery to farm – promote this service and add drivers if needed

Safety Measure 3: Waive credit card signatures

Safety Measure 4: Masks for employees by May 11 if required

Safety Measure 5: Social distancing and increased hand washing

### **How will new safety standards be communicated to employees?**

Verbally by managers and in writing from ownership

### **How will new safety standards be communicated to customers?**

Social media, radio, monthly newsletter, signs on location/parking lots

### **What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but have access to obtain what is needed

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

Added manpower for curbside service and delivery if so needed

## **Construction**

### **What is your industry's average level of interaction with customers and the general public?**

Physical interaction can easily be accomplished with social distancing (six feet or more).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: To limit face-to-face interactions we will telework as much as possible and close all common areas.

Safety Measure 2: We will require proper PPE and mandate the use of masks.

Safety Measure 3: We will conduct health checks and temperature tests.

Safety Measure 4: We will sanitize our work environment, tools and equipment in the work place and jobsites.

Safety Measure 5: We will minimize non-essential travel and make accommodations to vulnerable workers.

### **How will new safety standards be communicated to employees?**

We will communicate new safety standards by telephone, conference calls, email and social distancing [6 feet or more] and weekly toolbox talks.

### **How will new safety standards be communicated to customers?**

We will communicate new standards of safety to our customers by telephone, conference calls, email and as a last option by social distance meetings of 6 feet or more.

### **What is your industry's need for personal protective equipment (PPE)?**

We have enough PPE to reopen.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

We will continue to monitor our employee's health, promote good hygiene, maintain adequate supplies of PPE and sanitizers and by staying up to date on COVID-19.

## **Construction**

### **What is your industry's average level of interaction with customers and the general public?**

Physical interaction can easily be accomplished with social distancing (six feet or more).

## **Financial Institutions**

**What is your industry's average level of interaction with customers and the general public?**

Requires physical interaction within less than six feet (social distancing is nearly impossible).

**What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: Encourage clients to use mobile banking

Safety Measure 2: Encourage clients to use ATMs and drive-thru banking

Safety Measure 3: Encourage bankers to maintain physical separation

Safety Measure 4: Encourage bankers to wash hands frequently

**How will new safety standards be communicated to employees?**

Through email

**How will new safety standards be communicated to customers?**

Posting on our mobile app and through signs at our branches

**What is your industry's need for personal protective equipment (PPE)?**

We do not need PPE to reopen (i.e. some businesses that operate remotely).

**How do you plan to prepare if COVID-19 cases spike later in the year?**

Re-examine our plan

## **Hair Dressers/Cosmetologists**

### **What is your industry's average level of interaction with customers and the general public?**

Requires physical interaction within less than six feet (social distancing is nearly impossible).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: No waiting area.

Safety Measure 2: Masks for employees.

Safety Measure 3: Require guests to wear masks.

Safety Measure 4: Require quarantine if sick until release from doctor.

Safety Measure 5: Use CDC guidelines.

### **How will new safety standards be communicated to employees?**

We will meet two days prior to opening and go over new standards of business.

### **How will new safety standards be communicated to customers?**

On our website and through our email lists.

### **What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but do not have access to obtain what is needed.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

Use our guidelines. Ask employees to be more vigilant with social distancing. I will also be encouraging everyone to vote.

## **Horse Racing**

### **What is your industry's average level of interaction with customers and the general public?**

Requires physical interaction within less than six feet (social distancing is nearly impossible).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: Racing without spectators to limit number of people.  
Safety Measure 2: Temp and symptom check prior to entering grounds.  
Safety Measure 3: Designated quarantine areas for backside employees.  
Safety Measure 4: Increased cleaning protocols throughout facilities.

### **How will new safety standards be communicated to employees?**

Email and Signage. We also use RedeApp since we have a significant number of employees with no company email.

### **How will new safety standards be communicated to customers?**

Will require significant PR/media effort for racing and sales customers.

### **What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but have access to obtain what is needed.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

Utilize road map of last three weeks and increase protocols in place to react quickly.



## **Hotels**

**What is your industry's average level of interaction with customers and the general public?**

**Requires physical interaction within less than six feet (social distancing is nearly impossible)**

**What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: Eliminate "stay over service" during a guest stay. Rooms will be cleaned and sanitized upon a guest checkout. Rooms will be cleaned and sanitized with hospital grade sanitizers by associates in disposable PPE. Room linen, terry and trash will be bagged in disposable plastic while in the room to reduce possible virus shed as product is transported. Linen and terry will be washed and sanitized with industry leading products at the highest water and drying temperatures recommended by the manufacturers.

Safety Measure 2: Public space seating arrangements will be reduced and spread out to facilitate six feet of separation. Entrance and exit doors will be automated wherever possible to reduce hand contact. High touch points will be cleaned and sanitized each hour and this activity will be recorded. Elevators will have signage recommending accommodations of two or less people at a time. Mobile Key technology will be the preferred protocol for guest access to rooms at hotels where the technology is available. Key Cards will have a drop box for key collection so that the keys are then handled by associates with appropriate PPE while sanitizing the keys for additional usage.

Safety Measure 3: Associates will be issued and be required to wear appropriate PPE for their work roles. This may include, but not limited to mask, gloves, disposable gowns, booties, face shields etc. Associates will be screened for temperatures not to exceed 100' prior to gaining access into the workplace. Any associate showing temperatures higher than 100' will be referred to medical attention. Associates will be trained to read guest cues in an attempt to identify possible illness so that guest can be isolated and referred to medical attention.

Safety Measure 4: Valet parking will be eliminated to reduce the risk of person to person contamination for high numbers of touch points in vehicles. Bell service will be on a request basis and provided with PPE and maintaining social distancing.

Safety Measure 5: Paper periodicals will be removed from guest rooms as these items are difficult or impossible to sanitize from one guest stay to the next. all unused terry or

individual unopened hygiene products will need to be removed from the room for additional sanitation.

**How will new safety standards be communicated to employees?**

Communication will be done as new protocol is adopted through verbal, written and role play practices daily.

**How will new safety standards be communicated to customers?**

We expect to be communicating through social media and company websites as well as national publication where applicable. Much of the communication will be done verbally directly to the customer as we interact and welcome them to our hotels. We will also be communicating through disposable printed in room collateral.

**What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but have access to obtain what is needed.

**How do you plan to prepare if COVID-19 cases spike later in the year?**

Act upon what we know and have learned thus far. Slowdown, assess and plan, repeat. We have concerns that there is not enough PPE available to provide what is required for hotel operations.

## **Long-Term Care Facilities**

### **What is your industry's average level of interaction with customers and the general public?**

Health Care - Requires Physical Interaction within less than six feet (social distancing is impossible).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

- Continue to use PPE based on the patient needs in each facility.
- We will continue to limit visitors until Phase 3 of the Federal Government's plan to re-open the economy (except end of life situations).
- When we begin to allow visitors in the facility, we will probably screen them like we do our staff today (temperature checks and screening questions). They will have to wear a mask if they come into the facility.

### **How will new safety standards be communicated to employees/customers?**

- We will perform a OneCall messaging system to send a unified message to all staff and families.
- Provide letters to all staff, residents and families.
- Provide distinct signage at the front of the facility on the new process.

### **What is your industry's need for personal protective equipment (PPE)?**

- We will need the PPE supply lines to open up closer to a more normal level or nursing homes will perpetually have issues with the COVID-19 virus. The lack of PPE will lead to facility closures as they will be unable to maintain proper infection control measures.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

- Staying ahead on the facts related to the virus.
- Understand potential treatment interventions to proactively decrease the spread.
- Continue to obtain PPE and other supplies to allow us to not fret over the lack of PPE supply chain.

## **Professional Services (CPAs)**

### **What is your industry's average level of interaction with customers and the general public?**

Physical interaction can easily be accomplished with social distancing (six feet or more).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: Social distancing within offices and at clients.

Safety Measure 2: Remote working as much as possible.

Safety Measure 3: PPE equipment available for employees in office and at clients.

Safety Measure 4: Closed door policy for physical offices.

Safety Measure 5: Hand sanitizer and cleaning supplies for employees and offices.

### **How will new safety standards be communicated to employees?**

Firm-wide email to employees as well as safety signs and placemats throughout the office.

### **How will new safety standards be communicated to customers?**

Customer-wide publication distributed via email informing them of our office safety initiatives and communication plan for client fieldwork (if needed).

### **What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but have access to obtain what is needed.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

We will implement required working from home for employees (similar to now) and work with our clients remotely.

## **Professional Services (Law Firms)**

### **What is your industry's average level of interaction with customers and the general public?**

Physical interaction can easily be accomplished with social distancing (six feet or more).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: Wearing face masks in the common areas of law firm offices. We do not believe that temperature taking is practical or should be required.

Safety Measure 2: Assessment of individual workspaces to determine whether any reconfigurations or other measures are warranted.

Safety Measure 3: Assessment of high-risk individuals and implementation of related precautionary measures.

Safety Measure 4: Initial soft opening of certain offices may be advisable.

### **How will new safety standards be communicated to employees?**

Continue to follow best practices, which would include electronic communications such as email, firm intranet and internet sites and virtual meetings, and comply with federal and state guidelines.

### **How will new safety standards be communicated to customers?**

Continue to follow best practices, which would include electronic communications such as email, firm intranet and internet sites and virtual meetings, and comply with federal and state guidelines.

### **What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but have access to obtain what is needed.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

We would reassess based on the facts and circumstances at the time and be prepared to transition back to a work environment that is predicated on working remotely.

## **Railroads**

### **What is your industry's average level of interaction with customers and the general public?**

Physical interaction can easily be accomplished with social distancing (six feet or more).  
Requires physical interaction within less than six feet (social distancing is nearly impossible).  
Both apply.

### **What specific safety measures are planned to ensure safety of customers and workforce?**

1. New reporting for work SOPs to encourage and enable social distancing.
2. Sanitizing protocols.
3. Additional PPE provided to all employees.
4. COVID-19 specific training, communication and employee COVID-19 hotline.
5. Ongoing telework when possible.

### **How will new safety standards be communicated to employees?**

Employee intranet communication board, daily conference calls, daily and weekly job briefings.

### **How will new safety standards be communicated to customers?**

Electronically via key points of contact.

### **What is your industry's need for personal protective equipment (PPE)?**

We have enough PPE to reopen.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

Company will follow COVID-19 protocols (internal) established during initial outbreak and follow government guidelines.

## **Retail**

### **What is your industry's average level of interaction with customers and the general public?**

Physical interaction can easily be accomplished with social distancing (six feet or more).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: Sanitize and clean location nightly and wipe down items such as credit machines and door handles throughout the day.

Safety Measure 2: Associates to wear face masks and encourage customers to also.

Safety Measure 3: Marks on the selling floor at checkout to ensure social distance.

Safety Measure 4: Limit number of customers in stores at any given time.

Safety Measure 5: Take temperature of associates daily if necessary, but require associates to stay home if they feel sick and ensure no penalty to associates if they miss work due to sickness.

### **How will new safety standards be communicated to employees?**

Company-wide memo will be sent out via email and also posted in each store location. Once reopening has occurred the policy will be discussed on an individual basis as associates return to work.

### **How will new safety standards be communicated to customers?**

Customers will be notified via email, social media and general marketing.

Postings will be made in each location at the entrance that explain the new guidelines for operation.

Associates will be available to answer questions and to also ensure the guidelines are being put into practice when the location is open to customers.

### **What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but do not have access to obtain what is needed.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

Continue to improve online sales presence in preparation for another closure. Learn from current experience to be creative in ways to continue to keep the business going such as curbside pick up. Learning from this round and planning best practices for another round is most important.

## **Tourism (Visitor's Center)**

### **What is your industry's average level of interaction with customers and the general public?**

Requires physical interaction within less than six feet (social distancing is nearly impossible).

### **What specific safety measures are planned to ensure safety of customers and workforce?**

Safety Measure 1: PPE for staff and clients.

Safety Measure 2: Social distancing/more space to spread out in common areas.

Safety Measure 3: Fewer tabletops/more spread out.

Safety Measure 4: Electrostatic spraying of disinfectants after each room use.

Safety Measure 5: Telework as often as necessary.

### **How will new safety standards be communicated to employees?**

Signage

Digital distribution of Standards of Safety messages: website, email, social

Staff meetings via Zoom

Updated policy manual

### **How will new safety standards be communicated to customers?**

Signage

Digital distribution of Standards of Safety messages: website, email, social

### **What is your industry's need for personal protective equipment (PPE)?**

We will need PPE to reopen, but do not have access to obtain what is needed.

### **How do you plan to prepare if COVID-19 cases spike later in the year?**

We will have new Standards of Safety measures in place and would be able to rely on those guidelines in the event of an additional spike. We will leverage what we've learned this spring.



# Kentucky Community & Technical College System

## OVERVIEW

On April 22, 2020, Governor Beshear created “Healthy at Work.” This is a phased approach to reopen Kentucky’s economy. Healthy at Work is based on criteria set by public health experts and advice from industry experts. This phased approach will ensure the Commonwealth’s citizens can safely return to work while still protecting the most vulnerable Kentuckians. During Phase 1 of Healthy at Work, the Kentucky Department for Public Health will determine whether Kentucky has met certain public health benchmarks for re-opening Kentucky’s economy. These benchmarks are based on the White House’s Guidelines for Reopening America:

### Benchmark criteria for Kentucky to move to the first stage <sup>1</sup>:

1. 14 days where cases are decreasing
2. Increased testing capacity and contact tracing
3. Personal protective equipment (PPE) availability
4. Ability to protect at-risk populations
5. Ability to social distance and follow Centers for Disease Control and Prevention (CDC) guidelines on large gatherings
6. Preparedness for possible future spike
7. Status of vaccine and treatment

For the latest information from Governor Beshear on COVID-19 (including steps, signage, and helpful links) visit <https://govstatus.egov.com/kycovid19>.

-----

Once Kentucky meets certain first stage benchmarks, which will be declared by the Governor at the appropriate time, the White House has provided guidance on what ***the first stage of reopening could look like***, which could include the following for the identified groups as it relates to KCTCS <sup>2</sup>:

### Individuals

- Individuals should continue to practice good hygiene
- People who feel sick should stay home
- All vulnerable individuals should continue to shelter in place
- All individuals, when in public, should maximize physical distance from others
- All individuals should avoid gatherings of more than 10 people, unless precautionary measures can be strictly observed
- Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel

---

<sup>1</sup> Governor’s Office; Gov. Beshear Outlines 7 Benchmarks to Reopen Commonwealth’s Economy; <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=132> (Retrieved 4/21/2020).

<sup>2</sup> White House; Opening Up America Again; <https://www.whitehouse.gov/openingamerica/#criteria> (Retrieved 4/21/2020).

## Employers

- Should continue to encourage telework
- If possible, should return to work in phases
- Close common areas
- Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel
- Strongly consider special accommodations for personnel who are members of a vulnerable population

## Specific types of employers

- Schools and organized youth activities that are currently closed should remain closed
- Visits to senior living facilities and hospitals should still be prohibited
- Large venues (sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols
- Gyms can reopen if they adhere to strict physical distancing and sanitation protocols

For further guidance, please see, “Guidance on Preparing Workplaces for COVID-19”, issued by the U.S. Department of Labor Occupational Safety and Health Administration (OSHA): <https://www.osha.gov/Publications/OSHA3990.pdf>.

---

## KCTCS Guiding Principles

To further assist the KCTCS Colleges with development of **Phase 1 Plans** to reopen campuses and establish a new working environment post COVID, the following guiding principles should be considered before any action steps are taken:

- Does the decision reflect that the safety, security and well-being of our students, faculty, and staff is of paramount importance? If so, how?
- Does the decision advance our core principle and mission to enhance the quality of life and the employability of the citizens of the Commonwealth by serving as the primary provider of college and workforce readiness, transfer education, and workforce education and training—to help our students create better lives for a better Kentucky?
- Does the decision promote the quality, accessibility, equity, and sustainability of our academic and workforce offerings, student support services, and mission?
- Does the decision help KCTCS Colleges and the System Office to lead Kentucky’s efforts to work and learn or adapt and innovate ways to bring new opportunities to our students and the citizens we serve?
- Does the decision reflect that we have listened to our constituents and we can clearly communicate that in one voice?

**Based on this information, develop a *Phase 1 Plan* for reopening for your College:**

**College:**

**President:**

**Team Developing Plan:**

**Current Target Date for Plan to Commence:** May 18, 2020  
(note date dependent on state meeting targets and guidance from Governor's Office/other)

**Facilities Requirements**

Thirty (30) days of the following Personal Protective Equipment (PPE) for employees and/or students is on hand: <ul style="list-style-type: none"><li>• Mask</li><li>• Gloves</li><li>• Adequate access to hand sanitizers and disinfectants.</li></ul>	
Protocol established for disseminating PPE to employees and or students.	
Have on hand thirty (30) days of disinfectant supplies for all occupied buildings.	
Protocol, including frequency, established and communicated for disinfecting and cleaning.	
Signage installed for social distancing reminders (6-foot markers, one-way walkways, areas closed, etc.).	
Physical barriers are installed at all areas which require interfacing with public.	
Protocol established for screening sick employees/students.	
All rooms properly labeled (closed or with temporary maximum capacities to ensure appropriate social distancing is maintained).	

**Essential Employees Returning to Work Site/Work from Home Employee Requirements**

Determine essential employees that should return to on-site workstations in Phase I (versus continued telework). Which academic, student, business, and other services will be offered on campus?	
Determine exceptions to essential employees' return, if they wish to continue telework during Phase 1 or are considered at high-risk for COVID <sup>3</sup> .	
Set up a method to track and report COVID cases of those essential employees who have returned.	
Establish practices that will be utilized to protect employees' privacy concerns while also protecting the work environment and allow for tracking of confirmed or potential COVID cases.	
Establish staggered work schedules, change in meeting formats, relocation of workstations, and other modifications that are needed to ensure proper social distancing.	
Share information about the Families First Coronavirus Response Act and how it will affect those who will and will not return to work.	
Determine role for employees in monitoring fellow colleagues and their adherence to guidance—who enforces these requirements? How	

<sup>3</sup> Centers for Disease Control and Prevention; People Who Need to Take Extra Precautions; <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html> (Retrieved 4/21/2020).

and where are concerns communicated?	
--------------------------------------	--

**Academic and Student Support Services Considerations**

Determine what courses and labs can be offered face-to-face or in an altered learning environment (such as, “under 10 students per specified lab time”).	
Determine a plan for possible shift from face-to-face to online or remote offerings should a return to remote work be required.	
Determine a student orientation to online learning and other student support for online/remote learning.	
Inventory what technology is available to students should a switch to remote learning occur.	
Determine needed faculty professional development for hybrid/online/remote learning and techniques to support face to face instruction in the new learning environment.	
Determine faculty and staff training around safe management of paper and physical transactions.	
Determine how to manage courses if multiple faculty must stop teaching due to illness.	
Determine how to best provide access to those in support of needed student services (testing, tutoring, food, transportation, childcare, etc.).	
Determine processes/contacts for students to get current information on locations, hours, and access to services.	
Determine any changes to normal support/service hours and access (evening, weekend, virtual).	

Determine accommodations/practices the college will offer as a result of student illness due to COVID-19 and for how long the accommodations will continue.	
Determine safe processes for students to pay for testing and other non-tuition payments.	

**Communications Considerations**

Establish a COVID Phase 1 team that will help make decisions and create informed communications for your College. (Ideally this team would include, at a minimum, the College president and select leadership staff with expertise in academics, student services, IT, human resources, the physical office facilities and legal requirements).	
Establish a communication plan for Phase 1 return to work for your College.	
Establish training that will need to be offered before Phase 1 can begin.	
Determine communications for students to ensure students are aware of available supports.	

**What resources are needed from the System Office?**

Academics Questions/Concerns	
Administrative Services/HR/Facilities Questions/Concerns	
Advancement/Grants Questions/Concerns	
Communications Questions/Concerns	
Legal/Policy Concerns	
Student Services Questions/Concerns	
Technology Solutions Concerns	

Other Topics	
--------------	--

**Kentucky Hospital Association  
Consensus Statement on Resuming Elective Procedures  
April 24, 2020**

On March 18, 2020, Kentucky's hospitals stopped performing elective procedures in response to a request by Governor Andy Beshear. That action was necessary to conserve critical health care resources in order to assure hospitals could respond to the COVID-19 emergency. In recognition that hospitals must be available to treat patients with emergent and urgent medical needs, KHA developed tiered guidance to help hospitals and physicians implement the moratorium on elective procedures. Under that guidance, elective procedures were defined as medically necessary procedures which could reasonably be postponed for thirty days. For purposes of this guidance, elective procedures includes ambulatory visits in offices and clinics, ambulatory diagnostic services, and inpatient and outpatient surgery and procedures.

Many factors need to be in place for facilities to resume elective procedures including adequate hospital capacity, health care workers, testing, and personal protective equipment (PPE) to protect both staff and patients. The purpose of this document is to outline a strategy and establish minimum standard guidelines for facilities to resume elective procedures while recognizing the need to maintain flexibility for facilities to assess and respond differently in relation to local circumstances.

**Re-evaluation of Procedures Classified "Elective" Thirty Days Ago**

Nearly thirty days have passed since the moratorium on elective procedures was put in place. Physicians should re-assess those procedures deemed "elective" thirty days ago to determine if any would move into the "urgent" tier if, in the physician's judgment, they should not be postponed.

**Consensus Statement to Resume Elective Procedures**

Recommendations contained in National Coronavirus Response, A Road Map to Reopening, suggest that state-by-state re-opening should be done gradually and paired with increased surveillance for new cases. This will allow time to monitor and rapidly respond for resurgence of COVID-19 transmission. KHA's recommendations mirror federal guidelines to resume elective procedures through a phased approach.

**The ability to resume elective procedures will be dependent on a variety of factors which include the incidence of new COVID-19 cases, and ability to safely treat all patients requiring hospitalization without resorting to crisis standards of care.**

**Facilities may resume elective procedures and other healthcare services, on a phased-in basis as outlined by the following guidance:**

**Urgent and Emergent Procedures will continue during this ramp up period under the previous guidelines given by CHFS and the Kentucky Department for Public Health.**



## PHASE ONE – End of April/First of May

- Restart diagnostic radiology and laboratory services and also resume non-urgent/emergent in person and ambulatory visits.
- Pre-anesthesia testing services to restart in preparation for surgical ramp up.
- Whenever possible, non-traditional waiting options should be instituted including, but not limited to patients waiting in vehicles and notified when staff is ready to room them or start their procedure.
- For any instance where a waiting area is necessary, keep > 6 feet social distancing at all times including any chairs. Do not schedule in a way this can't be achieved.
- At all times and for all phases, employ universal masking in facilities seeing in-person visits and ensure COVID-19 screening is in place for all staff, patients, and any other entrants to the facility.
- In all health care facilities staff will be masked with appropriate PPE (surgical/procedural or N95) based on the specific risk and clinical setting per CDC guidelines.
- In regards to patients, it can be acceptable for them to use their own mask, including cloth masking, but this should be determined on a case-by-case basis appropriate to the nature of the facility and patient population served. CDC states patients should wear their own face covering upon arrival to the facility, and facilities will provide masks for patients as clinically indicated.
- Visitors in all patient care locations/facilities (clinic and procedural) and in all phases should be limited to situations where patients require to be accompanied (incapacitated, pediatric, etc). Otherwise there should not be visitors accompanying patients or waiting in reception areas/waiting rooms.
- **Continue to emphasize and use telehealth rather than in-person services for as many visits and functions as is possible throughout all phases of this plan.**

## PHASE TWO – First Full Week of May

- Organizations/Facilities that can both – **a)** ensure the ability to appropriately test as outlined below and **b)** can demonstrate a fourteen (14) day supply of all necessary PPE based on a projected burn rate for that fourteen day period for the entire facility, and **c)** maintain at least 30% bed capacity in both ICU and total inpatient beds to care for COVID-19 patients based on surge planning documents may resume **outpatient/ambulatory procedures.**
- Type and timing of cases will be determined by a facility specific Procedure Prioritization and Oversight Committee or other committee charged with procedural oversight as outlined in this guidance.
- Acceptable testing for patients in procedural and operative areas will include:
  1. Negative findings on viral testing within a period less than 72 hours prior to any procedure.
  2. Negative findings on viral testing within a 72 to 96 hour window prior to any procedure and patient consent to self-isolate between the period of testing and actual procedure.

3. Serologic testing showing immunity (IgG with no IgM) or negative IgM within 96 hours prior to procedure with self-isolation precautions as above, or 72 hours or less prior to procedure with or without self-isolation.

### **Phase Three – Second Full Week of May**

- Organizations/Facilities that can both – **a)** ensure the ability to appropriately test as outlined in Phase 2 (above), **b)** demonstrate a fourteen (14) day supply of all necessary PPE based on a projected burn rate for that fourteen day period for the entire facility, and **c)** maintain at least 30% bed capacity in both ICU and total inpatient beds to care for COVID-19 patients based on surge planning documents may resume **inpatient procedures with a target of 50% of previous inpatient surgical volume.**
- Type and timing of cases will be determined by a facility specific Procedure Prioritization and Oversight Committee or other committee charged with procedural oversight as outlined in this guidance.

### **Phase Four – Fourth Full Week of May**

If Phases One, Two, and Three have been successful with sustained low/manageable COVID-19 disease burden and hospitalizations as determined by Kentucky Department of Public Health, then:

- Organizations/Facilities that can – **a)** ensure the ability to appropriately test as outlined in Phase 2 (above), **b)** demonstrate a fourteen (14) day supply of all necessary PPE based on a projected burn rate for that fourteen day period for the entire facility, and **c)** maintain at least 30% bed capacity to care for COVID-19 patients based on surge planning documents in both ICU and total inpatient beds may resume **inpatient procedures at pre-COVID isolation levels.**

**Throughout each phase, hospitals will work actively with post-acute care facilities within the region to service their needs as situations arise.**

**This plan is subject to the understanding of all affected healthcare facilities/entities that at any point if there is significant change in the number or trajectory of COVID-19 cases, the timeline may be altered, held or reversed to ensure adequate resources and capacity to care for those patients based on then current projections to ensure safe and adequate services to our surrounding communities and the Commonwealth as whole.**

### **Other Considerations/Guidance:**

**Timing:** A facility may resume outpatient elective procedures based on the following metrics:

A hospital must have and maintain the adequate infrastructure to support both elective procedures and a rapid increase in COVID-19 patients as measured by the hospital

having the ability to surge thirty percent to meet new and sudden demand for total beds and concomitant ICU and ventilator capacity.

- A hospital must have a stored inventory – or a reliable supply chain – of 14 days of PPE on hand to support hospital operations.

### **Procedural Oversight**

- As indicated in the timeline, each hospital should establish a Procedural Prioritization and Oversight Committee or designate an existing hospital committee, to prioritize procedures, and as appropriate clarify, interpret and iterate policies, monitor situational data, make real-time decisions, and initiate and communicate messaging.<sup>1</sup>
- The committee charged with procedural oversight should be multidisciplinary with representation from surgery, anesthesia, proceduralists, nursing, and administration.

### **Testing and Alternatives**

Testing is a key component of this phased approach for the safety of both patients and health care professionals so adequacy of testing is necessary to resume elective procedures. The facility shall test all patients prior to undergoing a planned invasive elective procedure using an FDA approved test with timely turnaround of test results as outlined in the above guidance; and;

- The facility shall adhere to CDC guidelines and institute universal source control by:
- Screening everyone for fever and symptoms of COVID-19 before they enter the facility;
- Instructing patients to wear their own cloth face covering, regardless of symptoms, before entering the facility; and further following the masking guidance as outlined in the above phased timeline; and
- Maintaining limitations on visitors

### **Social Distancing**

Transmission of COVID-19 occurs primary through respiratory droplets from an infected person which land in the mouth, nose, or eyes or are possibly inhaled by people nearby. To prevent spread of the virus from asymptomatic and pre-symptomatic individuals, maintaining social distancing will be required when elective procedures resume.

- Facilities should have physical facilities to maintain social distancing for elective patients throughout the care delivery process
- Barriers should be installed to limit contact with patients at triage and reception areas

- Waiting areas should be configured to maintain social distancing between patients and facility staff as outlined above, but wherever possible, facilities should utilize non-traditional approaches to patient waiting (in vehicles, etc) to further enhance social distancing
- Facilities should maintain separation of patients seeking care for respiratory related symptoms from other patients, including those receiving elective procedures

### **Case Prioritization and Scheduling**

Each hospital's committee charged with procedural oversight should have a process to prioritize outpatient surgical cases that is sensitive to the institution's resources, priorities, and patient needs which may consider:

- Previously cancelled and postponed cases,
- Need for PPE and PPE availability,
- Specialists' prioritization
- Operating Room availability and strategies to expand through extended hours along with primary and adjunct personnel availability and other supply availability
- There shall be an adequate supply of appropriate PPE in relation to the cases being performed and to meet the hospital's needs for other patients and respond to a potential spike in COVID-19 cases;

Hospitals should review and consider adopting policies addressing care issues specific to COVID-19 and the five phases of surgical care as recommended by the American College of Surgeons.

### **Health Care Personnel (HCP)**

- The facility shall have diagnostic testing policies for health care workers. Health care personnel must be screened for fever and symptoms of COVID-19 before every shift (Fever is either measured temperature  $\geq 100.0$  degrees F or subjective fever);
- Health care personnel must wear appropriate-level PPE at all times while they are in the facility and facilities must provide HCP with job-specific training on PPE and demonstrated competency with selection and proper use (donning and doffing) as well as when, how, and where cloth face coverings can be used (e.g. frequency of laundering, guidance on when to replace, circumstances when they can be worn in the facility, importance of hand hygiene to prevent contamination)
- The hospital must continue to cohort suspected and COVID-19 positive patients and have dedicated staff, when possible, to care for them. Staff assigned to treat COVID-19 patients should not also be assigned to treat patients having elective procedures.
- The facility must have sufficient staffing coverage for routine and "expanded"

hours when resuming elective procedures as well as adequate staffing to accommodate a COVID-19 surge if a second wave occurs.

### **Personal Protective Equipment (PPE)**

Adequate supplies of PPE are needed to resume elective procedures. There must be a sufficient supply of appropriate PPE to protect health care workers and non-infected patients as well as for the hospital to respond to potential spikes in COVID-19 cases. The supply chain must be reliably able to distribute sufficient N95 masks, surgical masks, gloves and other PPE to the hospitals before elective procedures are resumed.

- Each hospital's committee charged with procedural oversight shall monitor PPE on a daily basis. Elective procedures may be performed as long as the hospital has at least 14 days of PPE on hand in the facility or a reliable supply chain for PPE to meet its operations and to respond to a potential spike in COVID-19 cases
- Hospitals should adjust the number of elective cases in relation to the facility's supply of PPE
- Hospitals should cancel elective procedures if their supply of PPE on hand falls below a 7- day supply
- The hospital has a policy on the conservation and decontamination of PPE

### **Ongoing Situational Awareness and Monitoring**

Each hospital's committee charged with procedural oversight must monitor the following data, on a daily basis, through WebEOC or the Kentucky Hospital Association: the availability of total hospital beds, ICU beds, ventilators, surge capacity, PPE Supply, as well as new COVID-19 cases in the hospital and in the region.

## Manufacturing (Submitted by Toyota)

**TOYOTA**

**Welcome back!**

Your Safety Continues  
to be a Top Priority

We've utilized the production suspension to work on implementing CDC and OSHA guidelines and industry best practices to help ensure our plant facilities and activities allow each of you to **safely return to work**. Here are a few things for you to know and what we need you to do to help maintain a safe work environment:

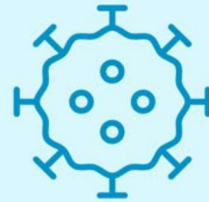
### Use CDC Guidelines to Stay Healthy

What We'll Do **FOR** You:

- Post CDC guidelines around the facility
- Modify procedures, processes and work areas based on CDC guidelines and local orders

What We Need **FROM** You:

- Follow CDC guidelines and local orders at all times
- Stay home if you have flu or flu-like symptoms and fever
- Tell your Group Leader/Supervisor if you/or a household member have been recently tested for COVID-19
- Tell your Group Leader/Supervisor if you have been exposed to anyone who is COVID-19 positive
- Keep your work area sanitary



### Help Us Keep You Healthy & Fit

What We'll Do **FOR** You:

- Check with every team member to ensure their health and safety with special screening actions at every entrance.
- Provide staff to help promote wellness of all team members
- Share work conditioning tools to prepare team members for a safe return to work

What We Need **FROM** You:

- Answer a brief survey to identify any potential exposure risks to COVID-19
- Have your temperature checked before you enter the building
- Use face covering/mask provided (per site guidelines)
- Follow the work conditioning tools to ensure your fitness to safely return to work



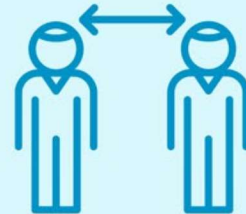
### Help Us Keep Our Whole Team Healthy

What We'll Do **FOR** You:

- Adjust lunch, break patterns
- Modify lunch, break space layouts
- Separate workspaces where possible
- Adjust Shift Start-up Meetings

What We Need **FROM** You:

- Keep space between you and other team members wherever and whenever possible
- If you see someone not practicing social distancing, say something politely
- Use more space for shift start-up to keep distance
- Minimize close interactions with others at breaks and lunch



### Use Personal Equipment



What We'll Do **FOR** You:

- Provide equipment (masks, face shields) for those working closely with others

What We Need **FROM** You:

- Make sure equipment fits properly
- Wear equipment properly at all required times

## Increase Sanitizing at the Plant

TOYOTA

### What We'll Do FOR You: Welcome back!

- Thoroughly sanitize the plant during shutdown and on ongoing basis
- Increase frequency of sanitization of washrooms / break and lunch areas
- Provide additional sanitizing instructions before and after rotations
- Increase cleaning of high-touch areas, like handrails on stairs, bathrooms, time clocks, fitness equipment, and door handles
- Provide cleaning materials and hand sanitizer

### What We Need FROM You:

- Wipe down counters/ break/ lunch areas after use with cleaning and sanitizing materials we provide to you
- Follow and kaizen the sanitization standard work process as directed before and after each rotation
- Use gloves, masks and hand sanitizer as instructed
- Wash your hands frequently

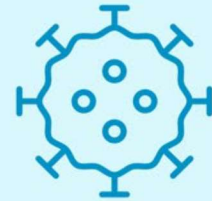
## "New Normal Conditions" Concern Reporting

### What We'll Do FOR You:

- Group Leaders/Supervisors/HR will be available to answer questions/concerns

### What We Need FROM You:

- Reach out to leaders/HR with questions/concerns about the new normal operating environment
- If you see something, say something



## Team Member Return to Work Preparation

### What We'll Do FOR You:

- Communicate key changes team members will experience when they return to work

### What We Need FROM You:

- Prepare to adjust to the changes that will be implemented
- Keep an open mind and provide feedback to your Group Leader/Supervisor about what can be improved



## Oil Refineries

Coordinating the return to work requirements and dates of the multiple cities, counties, and states.

- State governments should take the lead in developing the reopening plan. We recognize that a state plan may have separate measures for some geographic areas but a coordinated plan, versus one left to local and municipal governments to develop/implement, would be beneficial. Otherwise, the tracking and compliance challenges for businesses with locations throughout a state can be unnecessarily burdensome in contrast to a coordinated state plan.
- States should reference and recommend CDC guidelines and national stages to return to work as much as possible.

Complying with screening requirements for employees, contractors and visitors and other required protective measures.

- In developing re-opening plans, it should provide flexibility to employers to develop effective protective measures for their employees and particular work environment to the extent possible and **avoid mandates** (such as requiring masks or face coverings in all instances or the taking of temperatures at work or immediately prior to entering our facilities).
- Taking temperatures at a facility requires two people to be within two feet of each other, violating the cardinal rule of proper social distancing.
- Touchless thermometers are notoriously inaccurate; better to take own temperature at home with oral thermometer.

Availability of childcare services for employees, particularly since most schools will not be reopening this academic year, and other public services, such as hotels and restaurants.

Accurate recordkeeping of COVID-19 related absences to the extent required by local, state or federal law, regulation or order.

### **The Commonwealth could do the following to help our business and the economy:**

- Continue to consider environmental and fuel compliance relief requirements depending on return to work policies.
- Continue to process necessary permits required for continued operation
- Continue to recognize refining, pipeline and retail gas station employees and contractors (and others in the transportation fuel supply chain) as essential workers.
- Avoid the imposition of increased liability or COVID-19 related legal burdens on employers



## **Restaurants (Kentucky Restaurant Association)**

### **COVID-19 REOPENING GUIDANCE RESTAURANT RESPONSE**

---

#### **INITIAL SUBJECT MATTER EXPERT TEAM**

Frank Yiannas, Deputy Commissioner, Food Policy, FDA

Dr. Mark Moorman, Director, Food Safety, FDA

Dr. David McSwane, Executive Director, Conference for Food Protection

Dr. Benjamin Chapman, Professor, Food Science, North Carolina State University

Dr. Donald Schaffner, Distinguished Professor, Food Science, Rutgers University

Patrick Guzzle, Idaho Department of Health, Past Chairman, CFP

Greg Cocchiarella, Vice President, Industry Relations, Ecolab

The restaurant industry has a history of focusing on creating a safe experience for guests and employees alike.

At the heart of that food safety culture is the FDA's own Food Code which has, for decades, directed restaurant operating procedures related to food safety. While the Food Code's purpose is to prevent and reduce the incidence of foodborne illness, the requirements of the code related to sanitation and personal hygiene form a base to combat the risks related to the spread of COVID-19.

The Food Code becomes the basis for local, state and federal regulators to develop their own rules to ensure consistency with national food regulatory policy.

Among the requirements of the Food Code that apply today are:

- Prohibiting sick employees in the workplace
- Strict handwashing practices that include how and when to wash hands
- Strong procedures and practices to clean and sanitize surfaces
- The person in charge of a food service facility must be a certified food safety manager
- The person in charge must be onsite at all times during operating hours

For over 30 years the National Restaurant Association's ServSafe program has provided training in safe food management practices for both managers and food handlers.

In addition, ServSafe provides an independently developed certification examination for food safety managers following standards adopted by the Conference for Food Protection. The Conference for Food Protection is one of the recognized organizations that collaborates with the FDA in the development of the Food Code.

The purpose of this guidance is to build on the already established best practices and requirements to address specific health and safety concerns related to the spread of COVID-19 and the planned opening of communities according to rules to be determined by state and local officials.

Operators should address this guidance as it relates to their existing policies and procedures as they received instructions on what will be permitted during their phase of opening.

## ONGOING GUIDANCE | EMPLOYERS

- State and local officials may need to tailor the application of opening criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild).
- To prepare for compliance to opening procedures, operators should update existing policies and operating procedures in accordance with CDC/FDA/EPA guidance in accordance with local and state officials regarding:
  - Social distancing and protective equipment
  - Employee Health
  - Cleaning/Sanitizing/Disinfecting
- This document will serve to provide minimum basic guidance for use by operators to modify their policies and procedures. Guidance is designed to provide you with a summary of recommended business practices that can be used to mitigate exposure to the COVID-19 virus. Using your existing policies gleaned from the Food Code, ServSafe training as well as partnerships with local health officials now combined with this base guidance to build additional policies will serve as a path forward to opening safely.

## OPENING | OPERATING GUIDANCE

### FOOD SAFETY

- Discard all food items that are out of date.
- Where salad bars and buffets are permitted by local/state officials, they must have sneeze guards in place, utensils changed, washed and sanitized frequently and appropriate barriers in place to open areas. Alternatively, cafeteria style {worker served} is permissible with appropriate barriers in place.
- If providing a “grab and go” service, stock coolers to no more than minimum levels.
- Ensure the ServSafe or equivalent certification of the person in charge is up-to-date and provide food handler training to refresh employees.

## **CLEANING AND SANITIZING**

- Thoroughly detail clean and sanitize entire facility, especially if it has been closed. Focus on high contact areas that would be touched by both employees and guests. Do not overlook seldom-touched surfaces. Follow sanitizing material guidance to ensure effective cleaning and to protect surfaces.
- Avoid all food contact surfaces when using disinfectants.
- Between diners, clean/sanitize table condiments, digital ordering devices, check presenters, self-service areas, tabletops and common touch areas. Single use items should be discarded. Consider rolled silverware and eliminating table presets.
- Remove lemons and unwrapped straws from self-service drink stations.
- Clean and sanitize reusable menus. If paper menus are in use, they should be discarded after each customer use.
- Implement procedures to increase cleaning and sanitizing frequency of surfaces in the back-of-house. Avoid all food contact surfaces when using disinfectants.
- Check restrooms regularly and clean and sanitize based on frequency of use.
- Make hand sanitizer readily available to guests. Consider touchless hand sanitizing solutions.

## **MONITOR EMPLOYEE HEALTH AND PERSONAL HYGIENE**

- Per existing FDA Food Code requirements, employees who are sick should remain home.
- If an employee should become ill or present signs of illness the operator should identify that during a pre-work screening and follow their established policies on when they are allowed to return to work. At a minimum to follow, CDC guidelines: self-isolate for seven days from the onset of symptoms and be symptom free for 3 days without medication.
- Taking employees' temperatures is at the operators' discretion. The CDC has not mandated taking an employee's temperature and any operator who chooses to do so should engage health officials first and adopt policies aligned with proper procedures. CDC guidance on a minimum temperature indicative for fever is 100° F.
- Per CDC recommendations, face coverings have been shown as an effective tool to mitigate risk from both symptomatic and as asymptomatic individuals. This mitigation is especially critical in close environments where establishments have challenges maintaining a 3 to 6-foot clearance. In some states and local jurisdictions face coverings are required by government officials. In all cases, those coverings worn by employees should be kept clean in accordance with CDC guidance. CDC provides overall cleaning guidance [HERE](#). Employers requiring face coverings should develop a policy based on CDC guidance.

- Train all employees on the importance and expectation of increased frequency of hand washing, the use of hand sanitizers with at least 60% alcohol, and, clear instruction to avoid touching hands to face.

## **MONITOR SOCIAL DISTANCING**

- Update floor plans for common dining areas, redesigning seating arrangement where possible to several feet of separation from seating to seating. Limit party size at tables to no more than the established guideline maximums approved recommended by CDC or approved by local and state government. Where practical, especially in booth seating, physical barriers are acceptable. Consider a reservations-only business model or call-ahead seating to better space diners. If guest temperatures are checked tables may be spaced closer.
- Remind third-party delivery drivers and any suppliers of your internal distancing requirements.
- Post signage on entrance door that no one with a fever or symptoms of COVID-19 is to be permitted in the restaurant.
- Limit contact between wait staff and guests and, where face coverings are not mandated, consider requiring wait staff with direct customer contact to wear face coverings as recommended by the CDC.
- If practical, physical barriers such as partitions or Plexiglas barriers at registers are acceptable.
- Use technological solutions where possible to reduce person-to-person interaction: mobile ordering; mobile access to menus to plan-in-advance; text on arrival for seating; contactless payment options.
- Provide hand sanitizer for use by guests including contactless hand sanitizing stations and post signage reminding guests about social distancing and thanking them for their patience as you work to ensure their safety.
- Do not allow guests to congregate in waiting areas or bar areas. Design a process to ensure guest separation while waiting to be seated. This can include floor markings, outdoor distancing, waiting in cars, etc. Consider an exit from the facility separate from the entrance. Determine ingress/egress to and from restrooms to establish paths that mitigates proximity for guests and staff.
- Do not allow guests in playground and play structure areas. Design a process to ensure guest separation while waiting to be seated. This can include floor markings, signage, barriers, etc. Consider a floor plan that mitigates proximity for guests and staff from playground and play structure entrance.
- Where possible, workstations should be staggered to avoid employees standing directly opposite one another or next to each other. Where six feet of separation is not possible, consider spacing options that include other mitigation efforts (e.g., face coverings) with increased frequency of cleaning and sanitizing surfaces.

- Note: Face coverings may be required by government officials and/or restaurant operators to mitigate the distancing gap. If not mandated, face coverings are recommended by CDC and when worn they should be cleaned daily according to CDC guidance cited above.
- Establish limit numbers to reduce contact in employee break rooms.
- With larger staffs, use communication boards to or digital messaging to convey pre-shift meeting information.

## Utilities (Submitted by LG&E/KU)

### Successful steps taken to ensure that LG&E/KU continues to provide safe and reliable service during the Covid-19 pandemic:

#### **Macro:**

- Communicated overarching goal that the safety of our customers and employees would be paramount in our response to the crisis.
- Established effective and efficient channels of communication both internally and externally to provide and gain critical information in a timely manner;
- Ensured that utilities, their workers and contractors are designated as “critical” by state and federal authorities;
- Quickly developed and implemented telework tips and procedures for employees in all situations where telework is possible and feasible within the Company’s operational needs;
- Anticipated and supported the increased needs/stress that quick and large-scale telework placed on IT personnel and infrastructure;
- Augmented already robust safety procedures for critical employees who are unable to work from home to ensure health and safety of customers, employees, and contractors;
- Ongoing efforts to monitor and firm-up supply chain, including efforts to secure all necessary PPE and cleaning equipment, supplies and services necessary to ensure employee, contractor, and customer health and safety;
- Facilitated on-going, in-depth and frequent communications with employees, contractors, and customers;
- Developed of a myriad of contingency (“**what if**”) protocols in the event of varying and worst-case scenarios, including employee exposure, necessity of key-employee on-site quarantine, etc.;
- Ensured that key operational and process changes were driven not only by data, but were also guided by customer confidence

#### **Micro:**

- Immediately established open communication channels with the Kentucky Emergency Operations Center (EOC);
- Created a Pandemic Incident Command leadership team that meets daily to facilitate internal communication and develop action plans, as needed;
- Established weekly CEO call to discuss/share “best practices” among the Kentucky electric utilities and cooperatives;
- Ensured that executive orders clearly accommodate the movement around the state — and into/back from other states of emergency repair crews — both employee and contractors;
- Worked with federal authorities to ensure availability of appropriate commercial financing;

- Transitioned as many employees to telework as possible, including Call Center and Business Office employees;
- Aggressively restricted access to company work locations for employees and contractors with symptoms of - or potential exposure to - the virus;
- Continuously emphasized employee safety, avoiding distractions and adjusting to new work procedures;
- Limited access to key work areas to only necessary employees;
- Developed a robust cleaning and disinfectant plan company-wide;
- Instructed employees on how to keep their workstations clean;
- Contracted with a company to perform “fogging” services with products appropriate for addressing Covid-19;
- Regarding Call Centers and Business Offices, the Company initially installed more and higher plastic guards to provide a barrier between employees and customers;
- Provided employees with hand sanitizers, wipes and gloves, and permitted employees to wear face coverings from home;
- Voluntarily closed walk-in offices/services, and educated customers on alternate payment and service methods;
- Ensured social distancing in the workplace for those employees who could not work from home by implementing changes including, but not limited to, placing Call Center employees in a “checker board” pattern, instituting one person per truck guidelines, modifying equipment delivery to avoid gathering points, and having field employees report directly to jobsites (rather than report to a central work location to receive work orders and then disperse to jobsites);
- Implemented onsite temperature testing before employee or contractor entry to large critical facilities, and directed all employees not working remotely to perform daily temperature checks;
- Deployed a new two-factor authentication mechanism that could be rolled out fast while maintaining the security of our network;
- Facilitated the quick shift to telework by increasing internet bandwidth capacity, expanding backend server capacity by redeploying retired hardware temporarily; and partnering with the call center to take a work-from-home pilot into production so that most of the residential and all of the business service center employees were able to answer customer calls from home;
- Deployed equipment to enable the Distribution Control Center to create sequestered areas within the building;
- Partnered with our vendor to expand teleconferencing abilities;

### **Customer and community-focused actions:**

- Voluntary moratoria on disconnections and late fees for residential and business customers;
- The LG&E and KU Foundation provided donations to city and state Covid-19 relief funds, including *The One Louisville: Covid-19 Response Fund*, Lexington's *Coronavirus Response Fund*, and the *Team Kentucky Fund*;
- Increased communications with customers, including encouragement and instruction on using drive through windows and drop boxes at our walk-in facilities, establishing installment plans, avoiding scams, saving energy, and safety processes and PPE that our employees are using;
- Temporarily suspended fees for bill payments made by telephone, online, and in-person, through authorized retail payment agents;
- Limited home entry to customers' homes and business sites to only critical activities;
- Developed new PPE procedures and safety instructions for those critical home and business entry activities;

### **Plans for a full return to work:**

#### ***Macro:***

- We must reopen Kentucky for economic activity. And we must recognize that re-opening cannot wait for a world in which no risk exists – it never has in the past and won't in the future.
- Future business operations within a rational risk profile will demand bold, creative, flexible, responsible solutions for the immediate future to support resumption of normal work activities, while ensuring the health and safety of employees, contractors, and customers (continued telework when possible, alternating/rotating working teams and schedules, continued one person per work vehicle, etc.)
- Maintain effective and efficient channels of communication both internally and externally to provide and gain critical information in a timely manner;
- Develop, implement, and communicate re-opening protocols specifically designed to inspire customer confidence, and that are in alignment with President Trump's three-phased approach as outlined in his *Guidelines for Opening Up America Again*;
- Maintain increased employee and customer communication;
- Ensure compliance with newly created/implemented safety and health policies and procedures;



**Micro:**

**All Phases**

- Continue to operate under various levels of restricted operations until the current pandemic state of emergency (PSE) is terminated by the governors of Kentucky and Virginia;
- Continue to mitigate pandemic risks to employees, contractors, customers, and the communities served through continued adherence to CDC Guidelines, including continued implementation of social distancing measures, use of PPE, temperature checks, monitoring for indicative symptoms, sanitation, disinfection of common and high-traffic areas, business travel restrictions, and consideration of special accommodations for vulnerable employees where telework is not feasible.
- Continue special absenteeism protocols, including that employees must notify Absence Management where confirmed or suspected to have the coronavirus, contractor management teams must notify their contract proponents where workers for the Company are confirmed or suspected to have the coronavirus, workers will be quarantined in accordance with CDC guidelines, and employees are encouraged to stay home when sick.

**Phase I**

- For the Distribution Control Center (DCC), continue to:
  - Maintain physical separation and critical employee isolation practices, including use of the KU General Office backup DCC and maintaining two isolated areas within the Simpsonville DCC;
  - Support/enforce Work-From-Home (WFH) practices for engineering and switching personnel;
  - Require employee self-temperature checks before reporting to work;
  - Encourage employees to wear personal cloth face masks in accordance with CDC guidance;
- For Field Operations, continue to:
  - Stagger shifts and reporting locations;
  - Limit gatherings/meetings and number of attendees;
  - Require customer facing workers to wear surgical masks when engaging customers/public;
  - Where feasible, encourage telework for vulnerable employees;
  - Continue 1-person per Company vehicle practices;
- For Office Workers, continue to
  - Require telework practices where feasible;
  - Limit gatherings and sizes of gatherings, taking advantage of technology (WebEx, Zoom, etc., where possible);
  - Encourage use of cloth face masks where increased worker traffic in buildings reduces the ability of workers to prevent the necessary physical separation and/or requires use of common areas (restrooms, meeting rooms, breakrooms, etc.);

- Limit business travel outside of the service area, with emphasis on prohibiting travel to regional “hot spots”;
- Prohibit use of gym facilities, water fountains, and other common touch point areas where increased risk for transfer of the virus exists;

## **Phase II**

- For the Distribution Control Center (DCC):
  - Continue to maintain some physical separation practices, including maintaining two isolated areas within the Simpsonville DCC, and close KU GO DCC;
  - Encourage telework practices for personnel where deemed optimum;
  - Encourage employees to wear personal cloth face masks in accordance with CDC guidance;
- For Field Operations:
  - Limit gatherings/meetings and number of attendees;
  - Require customer facing workers to wear surgical masks when engaging customers/public;
  - Where feasible, encourage telework for vulnerable employees;
  - Allow two employees per vehicle, and provide supplemental PPE where recommended social distancing cannot be maintained;
  - Continue social distancing practices with customer interfacing employees;
- For Office Workers, continue to:
  - Encourage telework practices where feasible;
  - Allow physical gatherings/meetings where CDC guidance can be maintained and continue to take advantage of technology (WebEx, Zoom, etc.) where optimum;
  - Encourage use of personal cloth face masks where increased worker traffic in buildings reduces the ability of workers to prevent the necessary physical separation and/or requires use of common areas (restrooms, meeting rooms, breakrooms, etc.);
  - Allow business travel outside of the service area, but continue to prohibit travel to regional “hot spots”;
  - Allow use of gyms where physical distancing guidelines can be followed, and continue with increased cleaning/sanitation;
  - Continue to place limits on common gathering locations, water fountains, and other common touch point areas where increased risk for transfer of the virus exists;

## **Phase III**

- Return to normal operations mode
- Continue to monitor CDC guidelines

