

## **Appendix A**



City-County Health Department  
115 4<sup>th</sup> St. South  
Great Falls, MT 59401  
Phone: 406-454-6950

# **Guidance for Reopening Retail/Other Business Establishments for After COVID-19 Closure or Restrictions**

## **Introduction**

On April 22, 2020, Governor Bullock released a detailed plan on how retail establishments re-open. This guidance is intended to help these establishments meet the directive. As with normal operations, all applicable laws must still be followed. This checklist will help ensure that facilities will be compliant with these orders but may not be exhaustive.

## **Re-Opening Checklist**

- Employee Health Agreement
- “Employee Symptom Check” Log
- “COVID-19 Staff Training” Log
- Facility Plan for Cleaning, Sanitizing and Disinfecting
- Facility Plan for Social Distancing

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Establishment Representative

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Date Completed

## **Additional Resources:**

The Governor’s Directive can be found at: <https://covid19.mt.gov/joint-information-center> Montana

This Document is based upon the DPHHS document published on April 28, 2020 for Retail Food Facilities/Restaurants to aid facilities in being compliant with Directives published on April 22, 2020. It has been modified to reflect a more general Retail establishment. As new information on COVID-19 comes out and Directives are modified, this Document may be changed to reflect the most current information and Directives.



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# Employee Health Agreement for COVID-19

## Background

COVID-19 is a highly contagious viral illness that easily spreads through contact with others. Excluding sick employees from the workplace is one of the best defenses against community spread. This document is not a replacement for employee health and hygiene requirements for Retail/Other Business establishments. Facilities should be following CDC recommendations and business illness policies and should urge/require sick employees to stay home. Please consult CCHD if clarification is needed or questions arise.

This document is not a substitute for medical advice. If you have concerns about your health and COVID-19, please consult a medical provider. Indicator symptoms of COVID-19 may change as new information is discovered.

## Agreement

I AGREE TO NOT WORK IF I HAVE, OR RECENTLY HAD:

1. A new dry cough
2. A newly identified shortness of breath or difficulty breathing

OR

Two or more of the following symptoms:

1. Fever (above 100.4 °F)
2. Chills
3. Repeated shaking with chills
4. Muscle pain
5. Headache
6. Sore throat
7. New loss of taste or smell

I UNDERSTAND THAT OTHER SYMPTOMS MAY BE ASSOCIATED WITH COVID-19 AND SHOULD BE CONSIDERED WHEN DETERMINING WHETHER TO WORK.

I UNDERSTAND THAT A DAILY SYMPTOM CHECK WILL BE REQUIRED BEFORE I BEGIN WORKING EACH SHIFT.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



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## COVID-19 TRAINING LOG

A Training Log is not required by the directive but is a good way to track that all employees understand COVID-19.

In an effort to inform and educate, all employees agree to read the 4-22 Directive, FAQ and Phased Opening Plan issued by the Governor's office as well as the Guidance & FAQ published by CCHD.

**BUSINESS NAME:** \_\_\_\_\_

**PAGE** \_\_\_\_ **of** \_\_\_\_

	Employee Name	Date Training Completed	Training Type (Online, At Facility, etc.)	Employee Signature
1				
2				
3				
4				
5				
6				
7				
8				

**ALL EMPLOYEES HAVE BEEN TRAINED IN ACCORDANCE WITH THE GOVERNOR'S DIRECTIVES ISSUED ON APRIL 22, 2020**

\_\_\_\_\_  
 SUPERVISOR SIGNATURE

\_\_\_\_\_  
 DATE



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## FACILITY PLAN FOR SOCIAL DISTANCING AND REDUCING SHARED CONTACT SURFACES

### **Introduction**

On April 22, 2020, the Governor released Directives for the reopening of retail/other business establishments. These directives included requirements to limit the number of people in the establishments and to add practices that facilitate social distancing. Additionally, requirements were made for cleaning common surfaces.

This document is intended to help your facility comply with the directive. Each subsection of this document contains options to meet the directive by selecting and then implementing one or more of those options your facility will meet the requirements pertaining to that subsection of the document.

Any alternative plans that are created should be checked to ensure that the Directives are being followed correctly.

### **WAITING AREAS (CHECK ALL THAT WILL APPLY):**

- This facility will close the lobby and waiting areas until restrictions are lifted **OR** We do not have a lobby or waiting area.
- This facility will use reservation or call ahead seating only.
- This facility will use an online system or app to schedule patrons.

### **All reasonable attempts should be made to eliminate the use of waiting areas and lobbies.**

If the facility cannot eliminate a waiting area or lobby completely, they must ensure that groups in the waiting area are socially distanced from each other. Describe the plan to maintain space between groups below:

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This facility will disinfect high-traffic surfaces and areas by doing the following:

1. Use an EPA registered product that has been shown to kill COVID-19.
2. Follow manufacturer instructions for:
  - a. Concentration
  - b. WET contact time required to be effective in virus destruction
  - c. COMPLETELY AIR DRYING the menu before it is used again

This facility will develop an alternative plan described below:

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**STAFF NOTIFICATION AND TRAINING (CHECK ALL THAT WILL APPLY):**

This facility will hold in person training that will outline these changes.

This facility will provide printed copies of this plan to all staff members.

This facility will send digital copies of this plan to all staff member.



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This facility will develop an alternative plan described below:

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**FACILITY NAME:** \_\_\_\_\_

\_\_\_\_\_  
Establishment Representative  
(when checklist is completed)

\_\_\_\_\_  
Date Completed



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## FACILITY PLAN FOR CLEANING, SANITIZING & DISINFECTING

### **Introduction**

On April 22, 2020, the Governor released Directives for the reopening of retail/other business establishments. These directives included requirements for facilities to develop and implement policies, in accordance with federal, state, and local regulations and guidance, and informed by industry best practices for cleaning and sanitation. This document will direct businesses on how and when to sanitize versus how and when to disinfect.

Any alternative plans that are created should be verified by the local health department to ensure that the Directives are being followed correctly and that public safety is maintained.

### **CLARIFYING STATEMENTS**

**Cleaning:** Refers to the physical removal of debris (dirt, food, other impurities) from a surface by using water, soap and water, sweeping, or other method. This method does not effectively kill germs but is a necessary first step for sanitizing or disinfecting chemicals to work.

**Disinfecting:** Utilizes an EPA Registered Product to destroy most germs. For the purposes of this plan, this terminology is referring to the destruction of COVID-19 on a surface. These chemicals or concentration of chemicals can be dangerous in some settings, such as food preparation areas. These products should NOT be used as a substitute for Sanitizing, as these concentrations can be toxic.

**Sanitizing:** Utilizes an EPA Registered Product to destroy many germs at a level that is safe for sensitive areas.

### **RESOURCES:**

EPA Web Site for COVID-19 Chemicals: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Current Information for Governor's Orders: <https://covid19.mt.gov/>

CDC Guidance for Cleaning and Disinfecting for Reopening <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

### **DECIDING WHEN TO CLEAN:**

Whenever an area has visible debris

Before Sanitizing or Disinfecting



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This should be done at a minimum once daily, or as often as needed to preclude the accumulation of debris.

**CLEANING EXAMPLES:**

- Sweeping and mopping floors
- Before Sanitizing or Disinfecting Surfaces
- Whenever a large mess is created where safety and cleanliness are compromised

**DECIDING WHEN TO SANITIZE:**

Follow the Cleaning regimen suggested in the Directive.

Containers and wiping cloths should be used only for Sanitizing and not mixed with Disinfecting containers and wiping cloths. Mixing different chemicals can create toxic and sometimes, deadly, combinations that may result in extreme harm. Label containers with contents to avoid harm.

**DECIDING WHEN TO DISINFECT:**

Follow the Governors Directives on when to disinfect. This includes:

1. Tables, chairs, and other surfaces occupied by customers
2. Frequently touched surfaces, including doorknobs, light switches, etc.
3. Surfaces in toilet rooms
4. Whenever a facility has been notified that there has been a COVID-19 positive case in the facility IF THE PERSON WAS PRESENT WITHIN 7 DAYS PRIOR TO NOTIFICATION

Containers and wiping cloths should be used only for Disinfecting and not mixed with Sanitizing containers and wiping cloths. Mixing different chemicals can create toxic and sometimes, deadly, combinations that may result in extreme harm. Label containers with contents to avoid harm.

Common surfaces should be disinfected at a frequency that relates to patron volume.

This facility's cleaning frequency will be: \_\_\_\_\_



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**IF AN EMPLOYEE HAS TESTED POSITIVE FOR COVID-19 AND THE BUSINESS NEEDS TO BE DISINFECTED, WE ASK YOU CONTACT CCHD ON HOW TO PROCEED SAFELY.**

**HOW TO DISINFECT:**

1. Use an EPA registered product that has been shown to kill COVID-19.
2. Follow manufacturer instructions for:
  - a. Concentration and concentration testing if applicable
  - b. WET contact time required to be effective in virus destruction
  - c. COMPLETELY AIR DRY or wipe with water, depending on label instructions

**STAFF NOTIFICATION OF CLEANING, SANITIZING, AND DISINFECTING POLICIES**

**(CHECK ALL THAT WILL APPLY):**

This facility will hold in person training that will outline these changes.

This facility will provide printed copies of this plan to all staff members.

This facility will send digital copies of this plan to all staff member.

This facility will develop an alternative plan described below:

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**FACILITY NAME:** \_\_\_\_\_

\_\_\_\_\_  
Establishment Representative  
(when checklist is completed)

\_\_\_\_\_  
Date Completed