

## EXHIBIT C to Emergency Order #40

### **Guidelines for Businesses, Organizations and Sectors Continuing to Operate**

The Governor's Economic Re-Opening Task Force recommends guidelines for safeguarding all New Hampshire businesses and individuals during the coronavirus disease 2019 (COVID-19) pandemic. These industry-specific guidelines are based on what is currently known about COVID-19 and is intended to protect the public's health and allow New Hampshire to remain open for business.

The intent of these guidelines is to reduce transmission of COVID-19 among employees and customers; support healthy business operations; and maintain a healthy work environment.

In addition to strict adherence to U.S. Centers for Disease Control and Prevention (CDC), Equal Employment Opportunity Commission (EEOC) and Occupational Safety and Health Administration (OSHA) guidance, and US Food and Drug Administration (FDA), the State of New Hampshire recommends policies and procedures to protect consumers and employees.

Accordingly, the following businesses, organizations and sectors may continue to operate according to the following guidelines. Unless otherwise specified, these guidelines are effective immediately.

#### **A. Food Services Industry – Phase 1: Take Out, Curbside, Delivery and Outdoor Dining**

##### Employee Protection Guidelines:

- 1.) Follow Universal Guidelines for All New Hampshire Employers and Employees (Exhibit B to Emergency Order #40).
- 2.) Follow CDC [guidance for Businesses and Workplaces](#).
- 3.) Follow CDC guidelines for [Reopening Guidance for Cleaning and Disinfecting Businesses](#).
- 4.) Follow [ServSafe COVID-19](#) training guidelines.
- 5.) Conduct employee health screening as outlined in the Universal Guidelines for All New Hampshire Employers and Employees.
- 6.) Build social distancing into food service operations to maintain a safe distance of at least 6 feet between employees and customers.
- 7.) Employees shall [wear cloth face coverings](#) over their nose and mouth when at work and around others in settings where social distancing may be difficult.
  - a. Customers should also be asked to wear cloth face coverings when in a food service facility where social distancing is difficult (e.g. waiting in line for pick-up or seating).

b. Cloth face coverings worn by employees should be kept clean in accordance with CDC guidance.

8.) Train all employees on the importance of frequent hand washing and the use of hand sanitizers with at least 60% alcohol content

Consumer Protection Guidelines (Phase 1):

1.) As an extension of the curbside and delivery model, restaurants are permitted to offer outdoor dining beginning on Monday, May 18, 2020. Restaurants are permitted to expand outside wherever an outdoor area can be set up safely, such as parking spaces close to entrances, sidewalks, existing patios, lawn areas. Outdoor areas must be able to be cleaned and disinfected, as appropriate. The outdoor space must be clearly delineated and distanced from the general public. If expansion is in a shared space, restaurants must coordinate and seek approval from local authorities.

2.) Seated indoor dining is not permitted during Phase 1.

3.) Tables for outdoor seating must be limited to no more than six (6) guests per table

4.) Tables spacing must be maintained so people sitting at adjacent tables are more than 6 feet apart, and to allow employees/servers to stand back 6 feet from a group's table (e.g. when taking an order) and still maintain a minimum of 6 feet from other adjacent tables.

5.) Reservations or call ahead seating is required to promote social distancing and prevent groups of guests waiting for tables. Establishments may use a text alert system to alert guests of available seating, an intercom system for guests waiting in their vehicles, or only one member of the party being allowed to wait in the waiting area for their table to be ready.

6.) Reservations should be staggered to prevent congregating in waiting areas. Waiting areas should build in social distancing so customers and employees are spaced at least 6 feet apart (either through spacing of seating while waiting, or demarcation's on the floor).

7.) Bar seating areas must remain closed during Phase 1.

8.) Signage must be prominently posted throughout the venue to ask customers if they are experiencing COVID-19 symptoms, including:

- Fever
- Respiratory symptoms such as sore throat, cough, or shortness of breath
- Flu-like symptoms such as muscle aches, chills, and severe fatigue
- Changes in a person's sense of taste or smell
- If you answered yes to any of these questions, please do not put our employees and other guests at risk and come back another day when you feel better.

9.) Customers should be asked to bring and wear a cloth face covering when entering and exiting a facility to protect other patrons and employees during the seating and exiting process, or when getting up to use the restroom. Cloth face coverings are not required while a customer is seated and dining outdoors.

10.) Alcohol-based hand-sanitizer must be made readily available at the reception desk for both customers and employees

### Business Process Adaptation Guidelines:

- 1.) Place hand sanitizer stations in restaurant lobby reception and bathrooms, as well as at cashier stations. Restrooms should be monitored and routinely cleaned and soap dispensers regularly filled.
- 2.) Disinfect all front-of-house surfaces including door handles, screens, phones, pens, keyboards and other areas of hand contact every two hours, at a minimum.
- 3.) To the extent possible, use menus that are disposable or sanitized between each use. A disposable ordering system is also advisable when possible to limit guest interaction with wait staff.
- 4.) Use of 'self-serve' utensils, plates or napkins, are not allowed. Consider using rolled silverware and eliminating table presets.
- 5.) Sanitize all tabletop items, including condiments, after each table turns (or use disposables).
- 6.) Disinfect chairs, especially where contact occurs, after each table use.
- 7.) No self-serve buffets or appetizers, condiments on a counter for use by multiple tables, or beverage station re-use.
- 8.) No catering or large-group functions shall be allowed.
- 9.) Restroom occupancy should be limited for group restrooms to incorporate social distancing, and waiting lines outside of restrooms should be avoided.

## **B. Campgrounds: Public and Private**

### Employee Protection:

- 1.) Campground employers must implement employee education and training around safe practices as it relates to hygiene, sanitation and illness policies outlined in the Universal Guidelines for All New Hampshire Employers and Employees.
- 2.) Campground employees must be screened as outlined in the Universal Guidelines for All New Hampshire Employers and Employees.
- 3.) Campground staff must be issued, depending upon their function, latex/non-latex gloves, eye protection (goggles or face shields), and cloth face coverings or other appropriate protective

equipment. Cashiers and customer services representatives must wear, at a minimum, a cloth face covering when interacting with other staff and customers.

- 4.) There must be a limit of one person per truck/ATV/UTV. Vehicles must be disinfected after use.

### Consumer Protection:

- 1.) Campgrounds may only be open to members or residents of New Hampshire. For purposes of these guidelines, a “membership” means an arrangement that involves a binding and ongoing legal or monetary commitment to a particular campground or campsite such as a seasonal pass/rental agreement, a year round pass/rental agreement, or a deposit on a seasonal or year round pass/rental agreement. Memberships in a generalized rewards/discount program do not qualify as memberships for purposes of these guidelines.

### 2.) Facilities (Phase 1):

- a. Tent sites and RV’s may be made available.
- b. Cabins, yurts, trailers, lean-to’s and tent platforms may be made available based on each campground owner’s discretion and ability to clean and disinfect.
- c. All indoor public gathering areas must be closed.
- d. Outdoor public gathering areas may open but must be limited to a maximum of 10 people with at least 6 feet of distance maintained between people at all times. People should be asked to use cloth or mask face coverings over their nose and mouth when in public gathering areas.
- e. Swimming pools must remain closed
- f. Playgrounds must remain closed
- g. Laundry rooms must remain closed
- h. RV’s with and using full hookups are permitted without restriction except through site number limitations.

### 3.) Restrooms:

- a. Restrooms must be frequently cleaned and disinfected, especially high-touch surfaces. Where feasible, restrooms may be converted to family style single use facilities where one campsite group may enter at a time.
  - b. Restrooms must be supplemented by a limited number of portable toilets at or near the restroom; there must be one portable per 8-10 people
- 4.) Dishwashing stations may be open but only under social distancing, signage and disinfection protocols.

- 5.) All facilities must be cleaned and disinfected in a manner and frequency prescribed by the CDC. Campsites must be thoroughly cleaned after each party.
- 6.) Campsite Availability (Phase 1):
  - a. Group campsites must remain closed. Campsites must be limited to 6-8 occupants depending upon campground and campsite configuration.
  - b. Camping other than RV's using full hookups or holding tanks will be limited to 50 percent of the campsites or every other site. However, the 50 percent capacity limit may be exceeded if necessary to accommodate those with memberships obtained prior to May 1, 2020. In addition, in the case of RVs, the 50 percent capacity limit may be exceeded in order to accommodate all members.
  - c. No visitors may be allowed at a campsite.
  - d. Camping for all RV sites may be occupied as long as proper social distancing is maintained by the users.

#### Business Process Adaptations:

- 1.) All reservations must be made online or by telephone in advance. Walk in sites may not be made available. COVID-19 messaging must be provided at time of reservation: Persons taking reservations must advise that if anyone in a party is feeling sick or may have been exposed to the virus, they are to stay home.
- 2.) Check in:
  - a. Administration offices must remain closed during Phase 1.
  - b. The individual checking in must be asked if anyone in his or her party is sick or not feeling well based on the screening guidance outlined in the Universal Guidelines for All New Hampshire Employers and Employees. If so, the campground must refuse service to the entire party and provide a refund in accordance with campground policies.
  - c. When checking campers in, campgrounds must minimize contact as much as possible. If possible, perform the check-in outside by the camper's vehicle, have the campers pay in advance, pay by credit card, use gloves, and keep social distancing protocols.
  - d. When checking campers in, campgrounds must provide information to all campers on the need for social distancing, frequent hand hygiene/washing, cloth face covering use when in public places, and of limited activities and facilities.
  - e. Check in may be conducted using one of the following options in the below order of preference:
    - i. Campers will self-check-in the via an on line application app at the campground; app will not allow check-in unless they are at the campground and have location

services turned on. One router will be available for access outside the campground office to provide a WIFI connection.

ii. Curbside check in with credit card, sneeze guards, and staff wearing a face mask.

iii. Staff will drive through campground to verify that the campers are on site; staff will enter in the system at the office

3.) Retail stores at campgrounds must follow Universal Guidelines for All New Hampshire Employers and Employees and specific Guidelines for Retail Establishments.

4.) Boat, bicycle and other equipment rentals may not be made available during Phase 1.

## **C. State Parks**

### Employee Protection:

1.) Employees must be provided with education and training around safe practices as it relates to hygiene, sanitation and illness policies outlined in the Universal Guidelines for All New Hampshire Employers and Employees.

2.) Employees must be screened as outlined in the Universal Guidelines for All New Hampshire Employers and Employees.

3.) Staff must be issued, depending upon their function, latex/non-latex gloves, eye protection (goggles or face shields), and cloth face coverings or other appropriate protective equipment. Cashiers and customer services representatives must wear, at a minimum, a cloth face covering.

4.) There shall be a maximum of person per truck/ATV/UTV.

5.) State vehicles must be wiped down after staff use each day.

6.) Hand tools will be wiped down after each user.

### Consumer Protection:

1.) Parks must post signage and messaging about COVID-19 and need for social distancing, frequent hand hygiene/washing, and cloth face covering use when in public places.

2.) Parks must make hand washing stations and alcohol-based hand sanitizer readily available where able.

3.) Parks must build social distancing into the operation of restrooms and changing facilities.

4.) Messaging must be provided to visitors regarding the need for visitors to bring their own supplies of water, if water fountains are turned off.

5.) Touchless transactions should be made available, as feasible.

- 6.) Parks must provide for cash payments in their reservation system, if feasible.
- 7.) Premises must be frequently cleaned and disinfected, especially high-touch surfaces.
- 8.) Visitors must be asked to:
  - a. remain home if experiencing symptoms of COVID-19; and
  - b. keep a safe distance of at least 6 feet from other people visiting the park/campground at all times; and
  - c. wear a cloth face covering over mouth and nose to protect others when in locations where other consumers might be present (e.g. bathroom facilities)
- 9.) Parks must refund the entire amount of the reservation, minus the reservation fee, and waive the \$15 fee for campground cancellations within 5 day or less if the visitor and members of their party cancel due to illness.

**Business Process Adaptations:**

- 1.) Playgrounds and boat rentals must be closed.
- 2.) Parks must either remove picnic tables or develop a process for cleaning and disinfecting.
- 3.) Water bubblers and fountains must be turned off.
- 4.) Parks must use no-touch trash cans without lids to open.
- 5.) Handling of cash and credit/debit cards must be limited and online sales must be utilized wherever possible.
- 6.) All surfaces in restrooms, pit toilets, and portable toilets must be regularly cleaned and disinfected.
- 7.) Campsites must be cleaned and hard surfaces must be disinfected after use.
- 8.) Flume Gorge Guidelines:
  - a. Online advance ticketing only; limit 4-6 transactions; limit to 6 people
  - b. Maximum of 10-20 transactions sold for each one hour time period to limit occupancy
    - i. Must have ticket to enter visitor center
    - ii. Check-in via tablet
    - iii. 6 ft. + delineations in line
    - iv. Visitor Flow
  - c. Visitors must exit building to hike trail through one turnstile and return through a separate turnstile.

- d. Visitors must exit and return to hiking trail through separate doors that remain open.
- e. All indoor seating must be removed. Any outdoor seating should be separated by at least 6 feet of distance.
- f. Most or all exhibits should not be on on display for the remainder of the year to reduce congregating.
- g. No shuttle bus service shall be available until further notice.
- h. No bus groups shall be allowed until further notice.
- i. Food & Beverage Operations shall be Grab n' Go format only.
- j. Limit/discourage cash transactions; encourage touchless transactions.
- k. Seating must be provided outdoors only with tables spread so seating is more than 6 feet apart.

9.) Inland Beaches Guidelines:

- a. Limit occupancy - the capacity of each beach must be determined under social distancing guidelines to prevent overcrowding.
- b. Picnic tables must be spread out 10 feet apart to maintain social distancing.
- c. Visitors must reserve a picnic table online.
- d. The following beach activities are permitted: Walking/running; swimming; sitting, playing, and sunbathing as long as social distancing is maintained.
  - i. Group activities will not be allowed. Violators will be asked to leave the beach.
- e. Lifeguards on duty, where feasible, under guidance from US Lifeguarding Association Guidelines
- f. Inland Beach Restrooms
  - i. Implement single use family bathrooms when able
  - ii. Limit occupancy to group restroom facilities
  - iii. Make portable toilets available

10.) Public ocean beaches must remain CLOSED.

11.) Off-highway Recreational Vehicle (OHRV) Motorized Trails Guidelines

- a. Properties to be opened and restroom and parking facilities information:



- i. Phase 1: Only trails on DNCR state reservations will be opened (350 miles, list below);
- b. Hopkinton-Everett Riding Area (to open May 23-Army Corp license to DNCR)
  - i. No restroom facilities
  - ii. Main parking lot capacity (40 vehicles)
- c. Hillsborough Recreational Rail Trail (to open May 23, DNCR property)
  - i. No restroom facilities
  - ii. Hillsborough Fish & Game Club parking lot (10 vehicles)
- d. Pisgah State Park (to open May 23, DNCR property)
  - i. No restroom facilities
  - ii. Rte. 119 parking lot in (15 vehicles)
- e. Jericho Mountain State Park (to open May 23- DNCR property)
  - i. Toilet facilities open: Pit toilet at scenic Warming Hut overlook (1) and Jericho Lake overlook (1); pit toilets in campground (3) and flush toilets Visitor Center entrance (2).
  - ii. Visitor Center Parking Lot (60 vehicles), Event Area parking (100 vehicles) & Beach parking lot (20 vehicles)
  - iii. All traffic from parking areas to be routed past Visitor Center to check for registrations.
  - iv. Only southern parcel (Jericho Lake Tract) to be open at this time. No parking on Rte. 110 or riding on Head Pond Tract.
  - v. Fee collection:
  - vi. Option 1. No fee collection.
  - vii. Option 2. Online reservation system.
- f. Millsfield Pond area trails (to open May 23, admin lease to BoT)
  - i. Club provides portable toilet at parking area
  - ii. Club parking lot (30 vehicles)
  - iii. All connector trails S, N and E to be blocked with barricades with signage about trail closure beyond this point. No connection to Errol, Milan, Dixville or Cambridge areas.
- g. Sugar River Rail Trail (open year-round, DNCR property)
  - i. No facilities
- h. Newport and Claremont parking areas (25 vehicles combined)
- i. Fremont Branch-Rockingham Recreational Trail (open year-round, DNCR property)

No facilities

- j. Fremont Rte. 107 lot (25 vehicles) and Warner Hill Road lot Derry (15 vehicles)
  - i. Ammonoosuc Recreational Trail (open year-round- DOT property managed by DNCR)
  - ii. No facilities
  
- k. Littleton parking (Industrial Park Drive- 25 vehicles)
  - iii) Club trail systems will open after assessment by local clubs. Coos club networks and connectors to remain closed at this time.

## **D. Hospitals – Elective Procedures**

Hospitals are permitted to begin a responsible, phased-in approach to resuming elective and non-emergency healthcare services, according to the below guidelines, that ensures the health and safety of patients, health care workforce and our communities.

PREFACE: These guidelines can be operationalized only if adequate Personal Protective Equipment (PPE) and sufficient testing supplies and testing capacity exist for hospitals and health systems.

### **1. Timing for Resuming Services**

There should be a capacity to provide safe care for the current patient population, including both COVID-19 positive and non-COVID-19 patients, who require hospitalizations. The facility shall continuously monitor and have appropriate number of intensive care unit (ICU) and non-ICU beds, PPE, ventilators, medications and trained staff to treat all patients. Crisis standards of care should not be active. Based on local assessments of the conditions in the communities they serve regarding levels of hospitalization and overall capacity, health system leaders may make the determination of when to begin the phasing in of time sensitive health care services.

Given the known evidence supporting health care worker fatigue and the impact of stress, the facility should be able to perform routine services without compromising patient safety or staff safety and well-being.

### **2. COVID-19 Screening and Testing**

Facilities must have a defined process for screening all employees and patients for symptoms of COVID-19. Screening and enhanced use of PPE must be considered depending on the services or treatments performed. They should also have a clear process for timely testing, whether in-house or referral to another testing provider, to protect staff and patient safety whenever possible. A facility policy should address requirements and frequency for testing surgical and procedural patients and include routine staff screening and testing as indicated.

### **3. Personal Protective Equipment**

Facilities will be unable to resume time sensitive services, including elective surgical procedures, unless they have adequate PPE and medical surgical supplies appropriate to the number and type of procedures to be performed, and are confident that the future requests for PPE can be provided as additional services are phased in. Policies for the conservation of PPE should be continued as well as policies for any extended use or reuse of PPE per CDC and FDA guidance. Non-emergent services requiring utilization of PPE should be avoided if the facility is experiencing shortages of relevant PPE.

### **4. Determining Services to be Resumed**

Facilities should create a plan to gradually reintroduce health care services, emphasizing those that are time sensitive, prioritizing patients with urgent needs and avoiding further delays that may have an impact on patient outcomes, especially those that had been previously canceled or deferred. Decisions to add services also need to include strategies to access clinical and support services that may be required to enable the resumption of services such as diagnostic imaging, laboratory services, pharmacy support, therapeutic and diagnostic procedures and others. The use of telehealth and its potential expansion should be maximized wherever appropriate.

### **5. COVID-related Safety and Risk Mitigation**

Facilities should continue social distancing policies for staff, patients and patient visitors in non-restricted areas in the facility which meet current local and national recommendations for community isolation practices.

Current limitations on visitors should be continued.

Creating non-COVID-19 care zones within the facility, such as dedicated wings for hospitalized patients, should be done if possible, such as segregating patients, clarifying safe patient flow coming into the building and circulation within the building. Hospitals should have transfer agreements in place with other hospitals in their region to treat both COVID and non-COVID patients that have that capability, when necessary and appropriate.

Universal masking should be employed for all persons entering the facility according to state and national guidelines.

### **6. Patient Messaging and Communication**

It is critical to ensure patients and community members understand that the prioritization of the safety of patients and health care workers is paramount as services are reintroduced. Clear communication of the plans to reintroduce services, and considerations for ensuring their safety, need to be reinforced in all messaging to the public.

As always, individual decisions about care and treatment must be driven by the clinical judgement of caregivers in partnership with their patients.

## 7. Governance

Each hospital shall maintain an internal governance structure to ensure the criteria and principles outlined above are followed. Providers should consult as appropriate with any guidance issued by relevant professional specialty societies regarding appropriate prioritization of procedures.

In order to proceed with any phase-in of additional services, the facility must ensure there are enough resources available including PPE, a healthy workforce, supplies, and medications so as not to jeopardize current care or surge capacity.

COVID-19 metrics should be continuously monitored on a daily basis to identify triggers that would signal imminent exponential growth requiring an immediate cessation of further service expansion or possible reduction in services.

## E. Manufacturing

### Employee Protection:

- 1.) Review and follow the recommendations in the Universal Guidelines for All New Hampshire Employers and Employees.
- 2.) Review and follow CDC [guidance for business and employers](#) to plan and respond to COVID-19.
- 3.) Review and follow the OSHA [Guidance on Preparing Workplaces for COVID-19](#) relative to implementing work place controls, including engineering controls (e.g. increasing ventilation rates and improving ventilation and air filtration systems), administrative controls, safe work practices, and if applicable, personal protective equipment (PPE) for COVID-19.
- 4.) Personal protective equipment (PPE) is generally recommended for people caring for patients with suspect or confirmed COVID-19. Therefore, the role of PPE in the manufacturing workplace is likely minimal, but employers should perform a work-place assessment to identify areas of risk to employees; some limited PPE might be appropriate depending on the situation in accordance with CDC recommendations.
- 5.) Employees should [wear cloth face coverings](#) over their nose and mouth when at work and around others in settings where social distancing may be difficult.
- 6.) Encourage frequent hand hygiene and provide access to hand washing stations and alcohol-based hand sanitizer.
- 7.) Adjust manufacturing processes to build in social distancing and maintain a safe distance of at least 6 feet between employees.
- 8.) Stagger shifts, breaks, and meals, in compliance with wage and hour laws and regulations to maintain social distancing.

- 9.) Provide regular updates, education, and training for employees about protecting themselves and others in the workplace from COVID-19.
- 10.) Employers must require all employees to report any illness to their supervisor and require notification of COVID-19 positive cases in the employee's household.
- 11.) Implement flexible sick leave and supportive policies that allow an employee to stay home when sick or to stay home to care for a sick family member.
- 12.) Prohibit congregating in break rooms or common areas and limit capacity of such areas to allow for safe social distancing of at least six (6) feet at all times.
- 13.) Restrict interaction between employees, outside visitors or delivery drivers; implement touchless receiving practices if possible.
- 14.) Whenever possible, in accordance with social distancing protocols, erect impermeable barriers to limit contact with others.
- 15.) Require sanitization of equipment and/or workspace areas in the beginning, middle, and end of each shift, especially in "high touch" areas, as feasible.

## **F. Retail**

These guidelines apply to retail establishments who are currently open and providing Essential Services, as well as retail establishments who are re-opening their physical locations and resuming in person operations pursuant to Emergency Order #40.

Effective on May 11, 2020, all retail establishments whose physical facilities were previously closed may open their physical facilities to workers, customers, and the public and resume in person operations if they operate in accordance with the following guidelines. Retail establishments who are currently open due to provision of Essential Services must begin operating in accordance with these guidelines immediately.

### Employee Protection:

- 1.) All staff must wear cloth face coverings at all times when in the retail facility and in public locations or shared staff areas (e.g. break rooms), even if other individuals are not immediately present.
  - Provide training on cloth face coverings based on CDC guidance for [Use of Cloth Face Coverings](#).
  - People wearing face coverings must not touch their eyes, nose, mouth, or face, or adjust their facemask without first sanitizing hands. After touching face or adjusting mask, hands must be sanitized.

- 2.) Alcohol-based hand sanitizer must be made readily available for both staff and consumers at entrances and exits to the retail facility, at checkout locations, and in staff breakrooms and other commonly used staff areas.
- 3.) Stagger shifts, breaks, and meals, in compliance with wage and hour laws and regulations to maintain social distancing.
- 4.) Provide regular updates and training for employees about personal COVID-19 mitigation and store safeguards based on CDC guidelines.
- 5.) Require all employees to report any symptoms of COVID-19 or close contact to a person with COVID-19 to supervisor.
- 6.) Staff must be screened (questioned about) for symptoms of COVID-19 before each shift. Staff with any symptoms must not be allowed to work.
- 7.) Staff should be instructed to maintain a distance of at least 6 feet from others (staff and customers) at all times. Prohibit congregating in break rooms or common areas and limit capacity of such areas to allow for a safe social distancing of at least 6 feet whenever possible.
- 8.) Restrict interaction between employees and outside visitors or delivery drivers; implement touchless receiving practices if possible.

#### Consumer Protection:

- 1.) Develop a process for limiting the number of customers inside a store at a given time, excluding employees and representatives of third-party delivery companies, to 50 percent or less of store occupancy based on New Hampshire's Building and Fire Code.
- 2.) Ensure any waiting line outside the store has demarcations spacing customers at least 6 feet apart.
- 3.) Customers should wear cloth face coverings at all times when inside the store. Signage and staff should request this before customers enter the store.
- 4.) Consider dedicated shopping hours or appointment times for the elderly and medically vulnerable persons.
- 5.) If feasible and reasonable, establish one-way aisles and traffic patterns for social distancing.
- 6.) Where appropriate and possible, implement pay-ahead and curbside pickup and/or delivery service options to minimize contact and maintain social distancing.
- 7.) Assign dedicated staff (i.e. a safety officer) to monitor social distancing and compliance with protective actions, and to prompt customers and other staff about the importance of social distancing, hand hygiene, and use of cloth face coverings.
- 8.) Add social distancing reminder signage, personal and floor stickers in key areas in the store (e.g. check-out counters).

9.) Offer self-checkout and/or self-bagging options when possible.

#### Business Process Adaptations:

- 1.) Services should preferably be paid for electronically, but retailers may accept cash or check.
- 2.) Establish enhanced cleaning protocols that follow [CDC guidance](#) relating to cleaning and disinfection for COVID-19. This includes cleaning and disinfecting shared resources and frequently touched surfaces every two hours. Check-out lanes should be wiped down and cleaned between each customer.
- 3.) When possible, use a clearly designated entrance and a separate clearly designated exit to maintain social distancing.
- 4.) Use plastic shields or barriers between customers and clerks at service counters and clean them frequently.
- 5.) Adjust store hours to allow time for enhanced cleaning.
- 6.) Continue to prohibit the use of reusable bags.
- 7.) Suspend the sampling of food and personal hygiene products.
- 8.) Task management-level employees within a store (i.e. a safety officer) to monitor compliance.
- 9.) Respect the right of business owners to have requirements over and above these recommendations.

### **G. Dental**

#### Employee Protection:

- 1.) Staff shall wear face protection and other personal protection items as recommended by the ADA, CDC and OSHA.
- 2.) Staff shall be provided training on Personal Protective Equipment (PPE) based on [CDC guidelines for using PPE](#).
- 3.) The employer shall provide regular updates and training for employees about personal COVID-19 mitigation and practice safeguards based on ADA, CDC and OSHA guidelines.
- 4.) All employees must report any illness to their appropriate supervisor and notify their supervisor of any close contact to a person with COVID-19 in the preceding 14 days.
- 5.) Staff should be screened for symptoms of COVID-19 before each shift.
- 6.) Dental personnel [known who are at higher-risk for severe illness](#) from COVID-19 should carefully evaluate whether their participation in clinical activities is wise at this time.

This includes older adults (especially people 65 years of age and older) and those with serious underlying medical conditions.

#### Consumer Protection:

- 1.) If ADA, CDC or OSHA approved PPE is not available to safely treat patients, patients will be referred to providers who have that equipment.
- 2.) Pre-appointment screening evaluations shall be required for all patients and include medical history for all patients.
- 3.) Patients will be pre-screened for symptoms of COVID-19 and with an in-office temperature check prior to treatment. Patients with an elevated temperature or symptoms of COVID-19 should be instructed to contact their primary care provider and re-scheduled for their dental procedure.
- 4.) Patients should be asked to wear cloth face masks/coverings when entering dental offices and continue to wear them before and after dental care.

#### Business Process Adaptations:

- 1.) Dental providers shall continue to postpone elective treatment, surgeries and non-urgent dental visits until the practice is able to provide the recommended PPE to protect staff and safely treat patients.
- 2.) Pre-scheduled appointments are required to ensure time for proper cleaning, disinfection, and sterilization between patients. Phases of care shall be as follows:
  - a. Dentists may currently perform emergency/urgent care procedures according to ADA guidelines.
  - b. Dentists may add elective/non-emergent and orthodontic procedures for patients when practices are able to fully comply with ADA interim guidance (titled “ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission”) and align with [OSHA](#) guidance on PPE while there is ongoing community transmission of COVID-19. Treatment of high-risk patients is to be performed at the doctors’ discretion in alignment with ADA guidelines.
  - c. At this time, the State of New Hampshire does not recommend the resumption of elective cosmetic procedures or the use of ultrasonic scaling.
  - d. All guidance will be re-evaluated on an on-going basis to help ensure dental offices are maintaining best available practices to minimize COVID-19 exposure for patients and staff.

## **H. Childcare**

#### **General Guidance to Protect Child Care Providers, Staff, and Children:**

1. Review and follow the [Universal Guidelines](#) for All New Hampshire



Employers and Employees.

2. Review and follow CDC [guidance for child care programs](#).
3. All child care providers and other staff encouraged to wear reusable/washable cloth face coverings over their nose and mouth at all times, especially when 6 feet of social distancing is not able to be maintained. and when caring for potentially vulnerable children with underlying health conditions or disabilities.
  - a. Provide training on cloth face coverings based on CDC guidance for [Use of Cloth Face Coverings](#).
  - b. Review the NH DHHS information about [using cloth face coverings](#).
  - c. People wearing face coverings must not touch their eyes, nose, mouth, or face, or adjust their face covering without first sanitizing hands. After touching face or adjusting face covering, hands must be sanitized.
4. All adults dropping children off at child care should be asked to wear a cloth face covering over their nose and mouth when within the child care facility or public spaces where other individuals are present.
5. NH DHHS does **not** recommend children wear masks or face coverings at child care programs for the following reasons:
  - a. CDC guidance states, “Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.”
  - b. There are safety issues with young children having cloth, ties, elastics etc. around their mouths and necks which can pose choking or strangulation hazards.
  - c. The effectiveness of masks and other face coverings is impacted by proper handling and use, and children are more likely to play with the masks, adjust them or remove them without washing their hands before or after touching the masks, touch their face, etc. Touching the face and then touching other objects (e.g. toys) can potentially put other children in a group at risk.
  - d. Staff would need to increasingly be in close contact with children to provide assistance with face coverings, which can be counter-productive to maintaining distance as much as possible.
6. Staff and children should practice frequent hand hygiene:
  - a. Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
  - b. Always wash hands with soap and water if hands are visibly dirty.
  - c. Supervise and help young children to ensure they are washing/sanitizing hands correctly, and to prevent swallowing of alcohol-based hand sanitizer. When soap and water are not readily available and hand sanitizer is used with children, it should be used under the direct supervision of staff. When not in use, hand sanitizer should be kept out of reach of children (on a high shelf, cabinet, or in a backpack worn by staff outside).

- d. At a minimum, require handwashing when arriving at the facility, entering the classroom, before and after meals or snacks, before and during meal preparation or service as necessary to prevent cross contamination, after outside time, before and after going to the bathroom or each diaper change, after handling any bodily fluid, before and after medication administration, after cleaning up and handling any garbage, after handling animals or cleaning up animal waste, and prior to leaving for home.
7. Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.
8. Review and follow [CDC guidance on diapering](#).
9. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available). Alternatively, cough or sneeze into elbows.
10. Children, families, and staff, should be reminded to maintain a distance of at least 6 feet from others whenever possible.
11. If there is a confirmed case of COVID-19 at a child care facility, the facility should contact:
  - a. The Bureau of Infection Disease Control (BIDC) at 603-271-4496.
  - b. The Bureau of Child Development and Head Start Collaboration at 603-271-4242; and
  - c. The Child Care Licensing Unit at 603-271-9025, or [ccluoffice@dhhs.nh.gov](mailto:ccluoffice@dhhs.nh.gov).

#### **Employee Guidance:**

1. Employees must be provided with education and training around safe practices as it relates to hand hygiene, sanitation (cleaning and disinfection policies), and illness policies outlined in the Universal Guidelines for All New Hampshire Employers and Employees.
2. Child care providers and other staff must be screened for symptoms or risk factors of COVID-19 before each shift as outlined below in Business Process Guidance:
3. Require all staff to report any symptoms of COVID-19 or close contact to a person with COVID-19 to supervisor.

#### **Business Process Guidance:**

1. All facilities should have a communication plan to educate staff, families, and children about COVID-19 health and safety practices at the child care facility.
2. Restrict non-essential visitors, volunteers, and activities involving other groups at the same time.
3. Children, child care providers, and other staff should be screened daily on arrival to the child care facility by asking if the individual:
  - a. Has any symptoms of COVID-19 (see Universal Guidelines for list of potential symptoms) or fever of 100.4 degrees F or higher.
  - b. Has had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days.
  - c. Traveled in the past 14 days either:

- i. Internationally (outside the U.S.),
  - ii. By cruise ship, or
  - iii. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.).
4. Person(s) with any COVID-19 symptoms, those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors should **not** be allowed into the facility:
  - a. Symptomatic persons should be instructed to contact their health care provider to be tested for COVID-19 and [self-isolate](#) at home following the instructions below.
  - b. Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report one of the traveled-related risk factors should [self-quarantine](#) for 14 days from their last exposure or return from travel.
5. Person(s) with suspect or confirmed COVID-19 must stay out of child care until symptom-based criteria are met for [discontinuation of isolation](#):
  - c. At least 10 days have passed since symptoms first appeared **AND**
  - d. At least 3 days (72 hours) have passed since recovery (recovery is defined as resolution of fever off any fever reducing medications plus improvement in other symptoms)
6. Any person that develops symptoms of COVID-19 while at the child care facility should be masked if they are over 2 years of age, removed from contact with others, and be immediately sent home.

### **Social Distancing Strategies:**

1. Space seating, bedding (head-to-toe positioning), and activities so that children are at least 6 feet apart, whenever possible.
2. Child care programs should, whenever possible, reduce group sizes to no more than 10 people total, including children and adults (e.g., one adult and nine children, two adults and eight children, etc.).
3. For child care facilities that have multiple rooms or groups, where feasible, consistently keep the same groups of children and staff together and avoid intermixing or interaction between groups during the day (e.g., at opening and closing, during lunch, outdoor play, etc.), where feasible.
4. Close communal use spaces, such as game rooms or dining halls, if possible.
5. Where allowable by local codes, child care facilities may divide rooms to accommodate additional groups of Ten provided the required 40 square feet per child is maintained. Child care facilities wishing to divide larger rooms to accommodate smaller groups as a way to increase social distancing can reach out to local officials, or the child care licensing unit if the program is licensed, to ensure compliance with local codes and child care licensing rules.

### **Pick-up and Drop-off:**

1. Develop a strategy to keep social distancing during drop-off and pick-up, such as a drop-off and pick-up process which staggers arrival/departure of

children and parents/guardians so that children and parents/guardians from different groups do not interact. Attempt to also stagger drop-off and pick-up times to avoid congregating of parents and children within or outside the facility.

2. Wash hands or use hand sanitizer before and after signing in and out. No pen should be shared. Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
3. Limit direct contact with parents as much as possible and consider having child care providers greet children outside as they arrive.
4. Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas; take belongings home each day.

### **Outdoor Play:**

1. Increase time outside, if possible.
2. Outdoor play should occur in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always ensure hand hygiene for staff and children immediately after outdoor play time.
3. See guidance below for considerations of removal of certain toys and materials from outdoor play spaces, and how to clean/disinfect playground toys.

### **Meal and Snack Time:**

1. Keep group size small and do not commingle groups during meal time, such as having more than one time for meals and snacks to split the group, or by seating children every other seat to create more space; no sharing of food or utensils.
2. Meals and snacks should be provided in the classroom if possible to avoid congregating in large groups, or eat outside if weather and seating permits.
3. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean tables between lunch shifts.
4. Eliminate family style meals or have employees (not children) handle utensils and serve food to reduce spread of germs.
5. Food preparation should not be done by the same staff who diaper children, whenever possible.

### **Transportation:**

1. Those providing transportation to child care facilities should maximize space between riders (e.g. one rider per seat in every other row). Close seating on buses makes person-to-person transmission of respiratory viruses more likely.
2. Keeping windows open might reduce virus transmission.

## **Cleaning and Disinfection Procedures:**

1. Review and follow CDC [guidance on cleaning and disinfection for child care programs](#).
2. Review and follow CDC [guidance on creating a plan if staff or children become sick](#):
3. Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: [isolation at home](#) and [isolation in healthcare settings](#).
4. Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.
5. If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
6. If COVID-19 is confirmed in a child or staff member:
  - a. Close off areas used by the person who is sick.
  - b. Open outside doors and windows to increase air circulation in the areas.
  - c. Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle to reduce the risk to individuals cleaning.
  - d. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
  - e. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
7. Continue routine cleaning and disinfection
8. All cleaning materials should be kept secure and out of reach of children.
9. Develop a schedule for cleaning, sanitizing, and disinfecting. Perform frequent cleaning and disinfection of frequently touched surfaces, including door handles, toys, surfaces, etc.
10. Increase the frequency with which you clean and disinfect toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms.
11. Use alcohol wipes to clean keyboards and electronics and wash hands after use.
12. Minimize the potential for the spread of germs in the program space by temporarily removing items that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and disinfected. Personal comfort items from home need to be sent home daily and not shared.
13. Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning:
  - a. Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  - b. High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  - c. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
  - d. Sidewalks and roads should not be disinfected. Spread of COVID-19

from these surfaces is very low and disinfection is not effective.

14. If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering this area.
15. Staff cleaning should follow the disinfectant manufacturer's instructions:
  - a. Use the proper concentration of disinfectant.
  - b. Maintain the disinfectant for the required wet contact time.
  - c. Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection, and adequate ventilation.
16. Use disinfectants in a well-ventilated space. Extensive use of disinfectant products should be done when children are not present and the facility thoroughly aired out before children return.
17. Child care facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
18. Disinfectants, sanitizers, and other cleaning supplies are the responsibility of the child care facility to have available.
19. Hands-on teaching material needs to be cleaned at the end of the day, using soap and water where possible then disinfecting.
20. Facilities should consider removing water tables, sensory tables, etc. from use for the time being and limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
21. Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names, or discontinue use.

