



THE PATH FORWARD

Biocom's Return to Work
Guide for California's
Life Science Industry

www.biocom.org/pathforward

THE PATH FORWARD

Biocom's Return to Work
Guide for California's
Life Science Industry

There is No One-Size-Fits-All Return to Work Strategy

This document and any recommendations, analysis, or advice provided by Biocom and partners (collectively, the "Guide") are not intended to be taken as advice regarding any individual situation and should not be relied upon as such. The information contained herein is based on sources we believe reliable, but we have not verified all information and make no representation or warranty as to its accuracy or completeness. Biocom assumes no obligation to revise the Guide to reflect any changes, events, or conditions that may occur subsequent to the date of the Guide or to otherwise update the Guide. Any statements in the Guide concerning medical or legal matters are based solely on our partnerships with members; Biocom does not offer, and is not offering, any medical or legal advice. Accordingly, any statements made by Biocom in the Guide are not to be relied upon as medical or legal advice. Please consult your own professional advisors on these and other issues, as you deem appropriate. Any modeling, analytics, or projections in the Guide are subject to inherent uncertainty, and the Guide could be materially affected if any underlying assumptions, conditions, information, or factors are inaccurate or incomplete or should change in this fluid environment.

You acknowledge that you have not paid Biocom any compensation for receipt of the Guide. By accepting this publication, you agree to the foregoing and to hold Biocom and its affiliates harmless from all liability to you, your employees, or any other party arising out of or in connection with the Guide or any matter contained herein, its delivery to you, or your use thereof.

EXECUTIVE SUMMARY

THANK YOU TO OUR CONTRIBUTORS

PREPARING THE WORKPLACE

- Creating a Culture of Safety **7**
- Conducting a Risk Assessment **8**
- Screening Personnel Upon Entry **14**
- Revising Facility Layouts and People Flows **16**
- Physical Distancing and Contact Reduction Measures **19**
- Hygiene and Personal Protective Equipment Standards **23**
- Enhanced Cleaning of the Lab, Manufacturing, and Office Space **26**
- Equipment Safety Plans and Processes **28**
- Adhering to Reporting Requirements **30**

PREPARING THE WORKFORCE

- Establishing Your Return to Work Team **33**
- Establish a Return to Work Plan **34**
- Return to Work Training **35**
- Ensuring Employee Readiness **36**
- Employee Communications **36**
- Protocols for Employees Sick at Work **38**

TESTING & TRACING

- Testing Modalities **41**
- Testing Frequency & Duration **42**
- Employee Health Management **46**
- Solutions Today for COVID-19 Testing **49**
- Contact Tracing **52**

BIOCOM & BIOCOM PURCHASING GROUP RESOURCES 56

INDEX / ADDITIONAL RESOURCES / APPENDIX 58



Over the past few months, the Biocom team has had the privilege of connecting with leaders across our industry who are leading in the fight against Covid-19. Our members make up the strongest, most collaborative and most innovative life science cluster in the world and we couldn't be prouder to represent them and support them during this pandemic. It is with this pride and honor that we are excited to deliver this comprehensive guide.

As regions of California begin to enter Phase 3 of reopening, we at Biocom know that your employees' safety is of utmost importance. Many of our members have sought out our guidance and expertise as they navigate their own return to work. This outreach sparked the formation of our own Biocom Task Force, comprised of leaders from the life science industry, focused on California's road to recovery. We've leaned on some of California's most accomplished innovators to aggregate and leverage statewide expertise to provide this comprehensive guide for all aspects of operating your business safely and effectively amidst the COVID-19 pandemic.

In the pages that follow, you'll find a how-to guide for reopening the workplace that addresses many of the most pressing concerns we've heard from our members. Workplace preparedness, workforce preparedness, and wide-scale testing and tracing are our key areas of focus.

This guide represents the collaboration of over 60 member companies, 20 Board Members, 15 partners, and half of our staff over the past two months. It never ceases to amaze me what we can accomplish when we unite together in the mission to accelerate life science success.

In this next phase of recovery, we believe these focus areas will be applicable to nearly every life science company, regardless of size, sector, or region:

- **Prepare the Workplace:** creating a culture of safety, conducting a risk assessment, revising facility layouts
- **Prepare the Workforce:** establishing your return to work team, employee communications & readiness
- **Testing & Tracing:** pre-workplace screenings, testing strategy & frequency, contact tracing, mobile apps
- **Biocom Resources:** free or discounted PPE, free space planning, remote office support & more

The migration of our workforce back to places of business will look different for every organization as the path to business recovery is evolving and fluid. One thing is clear, however—the safe, efficient, and effective management of this process will be one of the greatest responsibilities of our time.

The California life science community has always been revered for its spirit of collaboration – and now, more than ever, our commitment to success and to each other are being displayed on the global stage. While the threat of COVID-19 remains, innovating quickly, working alongside trusted partners, and taking a multi-pronged approach will be crucial to defeating the challenges brought on by this pandemic. This guide would not be possible without all of those elements—collaboration, innovation, and connection and for that we are incredibly grateful.

The intention of this resource is to establish the foundation of ideas and recommendations upon which we can build—in collaboration with members and partners—an increasingly useful guide. We stand together with our members in working tirelessly as we all strive to make the world a healthier and safer place. We are all excited to see you soon in person and deliver valuable resources as you forge ahead in your missions of improving the human condition.

Joseph Panetta, President & CEO, Biocom



THANK YOU TO OUR CONTRIBUTORS

Tim Scott

CEO, Tega Therapeutics
tscott@tegetherapeutics.com

Taylor Moyer

CEO, ManagedLab Services
tmoyer@managedlab.com

Dawn Verdugo

CEO, yuFlu, inc.
dawn@yuflu.com

Keith Rego

Director, Global Environment,
Health & Safety, Illumina
krego@illumina.com

Lucas Vitale

CHRO, NuVasive, Inc.
lvitale@nuvasive.com

Sharon Hartmann

Executive Director, Human Resources
Neurocrine Bioscience
shartmann@neurocrine.com

Steve Mento

CEO, Conatus Pharmaceuticals
smento02@gmail.com

Shelley Belouski

Sr. Director Preclinical Sciences & Quality
Control, Xencor
sbelouski@xencor.com

Diego Miralles

CEO, Vividion
diego@vividion.com

Gene Yeo

Co-Director, Bioinformatics and Systems
Biology Graduate Program, UCSD
ewyeo@ucsd.edu

Peter Silvester

Sr. VP and President, Life Science Solutions,
Thermo Fisher
Peter.Silvester@thermofisher.com

Dena Marrinucci

Co-Founder & SVP of Corporate Development
& Business Operations, Truvian Health
dena.marrinucci@truvianhealth.com

Robert Marasco

Chair of Healthcare Practice Group, Procopio
Robert.Marasco@procopio.com

Thank You to Our Contributors: On behalf of Biocom and the California life science industry, we'd like to thank all of our Task Force members, Board Members, and staff for their time, dedication and expertise in crafting Biocom's Path Forward guidelines. We could not bring this timely guidance to our members without the contributions of these groups.

Preparing the Workplace may be the single most important thing that a company can do as part of a Back-to-Work Plan. Preparing the Workplace involves a few key ingredients:

1. Creating a Culture of Safety
2. Conducting a Risk Assessment of the Workplace
3. Screening Personnel Upon Entry
4. Revised Facility Layout and People Flows
5. Hygiene and PPE
6. Enhanced Cleaning of the Lab, Manufacturing and Office space

Creating a Culture of Safety

Given the widespread impact of COVID-19 on virtually all aspects of life, there is a significant likelihood that safety incidents in the workplace will increase in frequency and severity due to distraction. Organizations should focus on developing and maintaining an effective safety culture by taking active measures to build a supportive environment for colleagues. One key benefit of this approach may be the reduction of the potential for safety distractions.

Leverage this Guide: Consider the suggestions contained in this guide – particularly around communications and engagement, training and development, and learning from incidents – and decide whether your organization wishes to explore them further. This may present an opportunity to demonstrate to colleagues that the organization is proactively reducing the potential for COVID-19 transmission in the workplace.

Emphasize behavioral safety initiatives: Encourage supervisors to increase the frequency of behavioral safety interventions such as Safety Walks and Safety Conversations and the sharing of Learning From Incidents and Toolbox Talks. In addition, supervisors should praise the desired safe behaviors four times more frequently than correcting errors. This does not devalue the important role of the supervisor in stopping unsafe work, which remains a key leadership responsibility. However, focusing on desired behaviors is more effective and builds trust. Other behavioral safety tools, such as the ABC approach (antecedent, behavior, consequence), can be leveraged by supervisors to encourage desired behaviors such as the correct wearing of PPE.

Improve access to employee assistance programs: Organizations may consider enhancing their leave policies so that colleagues do not come to work while ill. Supervisors should check that colleagues do not feel pressured to attend work when unwell, as this is a potential cause of transmission. Changes to policy, if any, should be integrated with existing employee assistance and wellness programs so that colleagues have a wide range of support programs to draw on should COVID-19 related issues (either in work or outside of work) impact their ability to focus and attend to the work at hand. Whether in an office or on a construction site, inattention and distraction may lead to workplace safety incidents.

Additional Considerations: To assuage employee concern and anxiety about returning to and remaining at work, organizations can leverage visual controls to remind employees that a multitude of activities are in place to keep people safe. This may include “cleaning scoreboards” that are updated as soon as cleaning activities are completed and shared with employees or wearing a colored wristband after completing pre-work screening each day.

Return to Work Facility Checklist / Life Science Risk Assessment Template

This template is a guidance document to protect the health and safety of employees and visitors entering life science facilities in the age of COVID-19. It should be used as a starting point to tailor site specific control measures to your facility. OSHA Guidance on Preparing Workplaces for COVID-19 (OSHA 3990-03 2020) establishes a Medium Risk Profile for each activity on this template, and the identified Hazard for each is possible transmission of COVID-19. Use the CDC's Hierarchy of Controls principles to "implement feasible and effective control solutions."

1

SITE-WIDE STANDARD ACTIVITIES

Who might be harmed? All site employees and visitors

Who will implement the controls? Person responsible

Are controls? Date Closed

Establish a Return to Site team

- Led by member of site leadership team
- Drafts return to work site plan if not already done
- Serves as main point of contact for return to work
- Communicates all site updates to employees

Remote work policy

- Maximize remote work opportunities
- Allow only operations-essential personnel on site
- Provide additional accommodations for high risk employees - see the CDC list of people at higher risk of severe illness from COVID-19

Travel policy

- Employees must report travel to a foreign country or domestic location with high prevalence of COVID-19 and self-quarantine for 14 days minimum before returning to work

Self-screening

- Require self-screening for COVID-19 symptoms (as defined by the CDC) before reporting to work for each shift
- If employee is experiencing any CDC listed COVID-19 symptoms or a household member is being tested or has tested positive for COVID-19:
- Self-isolate at home, notify manager and HR
- Seek medical advice from a healthcare provider
- If prescribed a COVID-19 test, notify manager and HR
- Employees experiencing symptoms or potential exposure should self-quarantine for 14 days minimum before returning to work unless otherwise advised by a healthcare provider

Physical distancing

- Maintain physical distancing of at least 6 feet in all workspaces, with specific guidance and signage for offices, laboratories, production areas, gowning rooms, meeting rooms, hallways, and other common areas

- Erect physical barriers if 6 feet separation is not possible

Workplace screening

- Options for screening by employer or self-screening will depend on local public health orders
- Implement temperature and symptom screening upon arrival at the workplace, including appropriate equipment, forms, and decontaminating supplies
- Provide adequate screening facilities to minimize wait times
- Ensure physical distancing in screening areas

Cleanliness and sanitization

- Require all employees and visitors to wear a face covering when within 6 feet of others
- Use signage to indicate location of hand washing stations and promote regular and thorough hand washing
- Implement additional hygiene procedures such as increased cleaning of common surfaces, and providing hand sanitizer at all public entrances and common areas
- Use additional signage to encourage avoiding touching your face and staying home when feeling ill

Employee training

- Provide all employees with training prior to returning to the site, including:
- Applicable site plan and biosafety plan
- Information on COVID-19 and how to prevent its spread
- Self-screening guidelines
- The importance of hygiene and physical distancing
- Proper use of face coverings
- What to do if observing a policy violation
- How to provide feedback to the Return to Site team

Return to Work Facility Checklist / Life Science Risk Assessment Template

2

VENDOR AND/OR VISITORS ONSITE

Who might be harmed? All site employees and visitors

Who will implement the controls? Person responsible

Are controls? Date Closed

All controls in 1 apply to this section, plus the following:

- Access to facility is restricted to business-critical visitors and vendors
- Ensure visitors and vendors are properly trained in COVID-19 prevention policies and have necessary PPE
- Communicate facility entry requirements to visitors and vendors prior to arrival
- Visitors and vendors must complete a questionnaire (example template) to be allowed entry
- Visitors and vendors will be escorted by an employee at all times and will follow site specific control protocols
- Site will designate a conference room for visitors and vendors that is cleaned and sanitized after each use

3

OFFICE SPACES

Who might be harmed? All site employees and visitors

Who will implement the controls? Person responsible

Are controls? Date Closed

All controls in 1 apply to this section, plus the following:

- Encourage virtual meetings whenever possible, whether employees are remote or on site
- Ensure flow patterns enable 6 feet physical distancing and mark flow patterns with floor markings
- Consider one-way circulation patterns
- Discourage workers from using others' phones, desks, offices, and other tools and equipment
- Review office configuration to ensure 6 feet distance between workstations
- Consider installation of physical barriers in areas where physical distancing cannot be maintained
- Provide disinfecting supplies and encourage employees to use them frequently on workstations, common equipment, handles, switches and other surfaces

If employees must share a private office:

- Maintain 6 feet distance between workstations
- Minimize the number of people in a private office at any given time
- Everyone in the office must always wear a face covering
- Doors should remain open to allow maximum air circulation
- Disinfect the room when visitors leave and after each shift

Return to Work Facility Checklist / Life Science Risk Assessment Template

4

MEETING AND CONFERENCE ROOMS

Who might be harmed? All site employees and visitors

Who will implement the controls? Person responsible

Are controls? Date Closed

All controls in 1 apply to this section, plus the following:

- Encourage virtual meetings whenever possible
- Ensure flow patterns enable 6 feet physical distancing and mark flow patterns with floor markings
- Employees who must gather in a meeting or conference room shall maintain a minimum of 6 feet separation, including when entering, moving within the room, and exiting
- Provide disinfecting supplies and encourage employees to use them frequently on workstations, common equipment, handles, switches and other surfaces
- All touched surfaces, tables, equipment, chairs, switches, etc. should be disinfected between meetings
- Establish enhanced cleaning protocols <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Doors should remain open to allow maximum air circulation
- Remove, reconfigure, or mark off distance 6 feet between seats and/or tables
- Post signage with occupancy limits based on maintaining 6 feet distance
- Provide hand sanitizer and tissues in each meeting and conference room
- Consider touchless entry/exit technology

5

COMMON AREAS

Common areas of our facility can include café, kitchenettes, rest rooms, break rooms, elevators, etc. (add more detail based on your facility)

Who might be harmed? All site employees and visitors

Who will implement the controls? Person responsible

Are controls? Date Closed

All controls in 1 apply to this section, plus the following:

- Restrict access to maintain a minimum of 6 feet separation, including when entering, moving within the room, and exiting
- Post signage with occupancy limits based on maintaining 6 feet distance
- Implement staggered breaks to prevent congregating
- Consider one-way circulation patterns and establish queueing demarcations where bottlenecks typically occur
- Use signage in common areas to promote the use of good hygiene practices such as hand washing, not touching your face, covering your coughs and sneezes, and staying at home when feeling ill
- Ensure flow patterns enable 6 feet physical distancing and mark flow patterns with floor markings
- Employees should not congregate in the common areas.
- Remove, reconfigure, or mark off distance 6 feet between seats and/or tables
- Establish enhanced cleaning protocols <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Implement touchless technology where possible
- Provide disinfecting supplies and encourage employees to use them frequently on surfaces and equipment
- Post signage to indicate the closest hand washing station and place touchless hand sanitizer stations at all entrances/exits, common areas, and receptions

Return to Work Facility Checklist / Life Science Risk Assessment Template

6

LABORATORY AND PRODUCTION SPACES

Who might be harmed? Lab and production personnel, visitors to the lab and production areas

Who will implement the controls? Person responsible

Are controls? Date Closed

All controls in 1 apply to this section, plus the following:

- Limit lab and production access to operations essential personnel
- Only allow access to areas of the facility that are necessary to perform job functions
- Implement split team arrangements (e.g. red team and blue team) for shift work schedules and/or specific areas of a facility
- Implement restrictive visitor policies for critical areas (e.g., production).
- Evaluate shift staffing levels and stagger work to minimize number of employees on site
- Demarcate 6 feet physical distancing in gowning areas/gowning room
- Post signage at entrance to gowning areas with occupancy limits based on maintaining 6 feet distance

7

FIELD OPERATIONS AND INTERNATIONAL EMPLOYEES

Who might be harmed? Employees working in off-site locations, employees who regularly visit customers' and/or

Who will implement the controls? Person responsible

Are controls? Date Closed

All controls in 1 apply to this section, plus the following:

- Limit work travel to only essential trips
- Employees must report travel to a foreign country or domestic location with high prevalence of COVID-19 and self-quarantine for 14 days minimum before returning to work
- Contact off-site staff in advance of travel to ensure compliance with site specific protocols
- Require all field employees to wear a face covering while on site
- Senior leadership approval required for international travel
- Limit activities during work travel to only essential job functions
- Encourage employees to avoid public transport – planes, trains, taxis, ride share cars and others – as much as possible

Return to Work Facility Checklist / Life Science Risk Assessment Template

8

BUSINESS TRAVEL

Who might be harmed? Employees who travel using public transportation (planes, trains, automobiles) for business reasons.

Who will implement the controls? Person responsible

Are controls? Date Closed

- Encourage employees to avoid public transport – planes, trains, taxis, ride share cars and others – as much as possible
- Maximize remote work opportunities for employees who travel by public transport
- If a virtual meeting cannot be accommodated, review CDC resources for travellers
- Review travel destination to determine if employee should self-quarantine following travel

9

HVAC

Who might be harmed? All site employees and visitors

Who will implement the controls? Person responsible

Are controls? Date Closed

- Verify HVAC units are operating properly, are clean and free of biological growth
- Verify air filters are clean and not inhibiting airflow
- Verify return air fan exhaust and air fan are operating properly to support economizer mode of HVAC system
- Establish natural ventilation where possible
- Maximize outside air supply to facility and maintain positive pressure

10

PPE

Who might be harmed? All site employees and visitors

Who will implement the controls? Person responsible

Are controls? Date Closed

- Face coverings should be worn anytime an employee can possibly come within 6 feet of another person
- Facility should provide disposable face coverings and other PPE to employees and visitors as necessary for job functions
- Respirators such as N95s should not be used unless an employee's job function specifically requires it
- Where 6 feet distancing is not possible, enhanced PPE can include goggles with side shields or face shields, gowns, gloves, hair nets, foot coverings and other protective equipment



Download the Return to Work Facility
checklist [HERE](#).



Screening Personnel Upon Entry

Depending on local public health orders, companies may be required to screen employees on site, or may allow for self-screening (i.e.: UC San Francisco has an app for this). Screening protocols vary – check your local health order for specific information.

Below is some of the specific CDC guidance for temperature and symptom screening:

There are several methods that employers can use to protect the employee conducting the temperature screening. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others), or physical barriers to eliminate or minimize the screener’s exposures due to close contact with a person who has symptoms during screening. Examples to consider that incorporate these types of controls for temperature screening include:

Reliance on Social Distancing

Upon employee arrival, designated temperature checkers will stand at least 6 feet away from the employee and:

- Ask the employee to confirm that their temperature is less than 100o F (38.0o C) and confirm that they are not experiencing coughing or shortness of breath.
- Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
- Screening staff may not have to wear personal protective equipment (PPE) if they can maintain a distance of 6 feet.

Reliance on Barrier/Partition Controls

During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener’s face from respiratory droplets that may be produced when the employee sneezes, coughs, or talks. Upon arrival, the screener should wash hands with soap and water for at least 20 seconds or, if soap and water are not available, use hand sanitizer with at least 60% alcohol. Then:

- Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
- Conduct temperature and symptom screening using disposable gloves and reaching around the partition or through the window. If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check.
- Remove and discard PPE (gloves), and wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.

Reliance on Personal Protective Equipment (PPE)

Upon arrival, the screener should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with an employee is anticipated. Then:

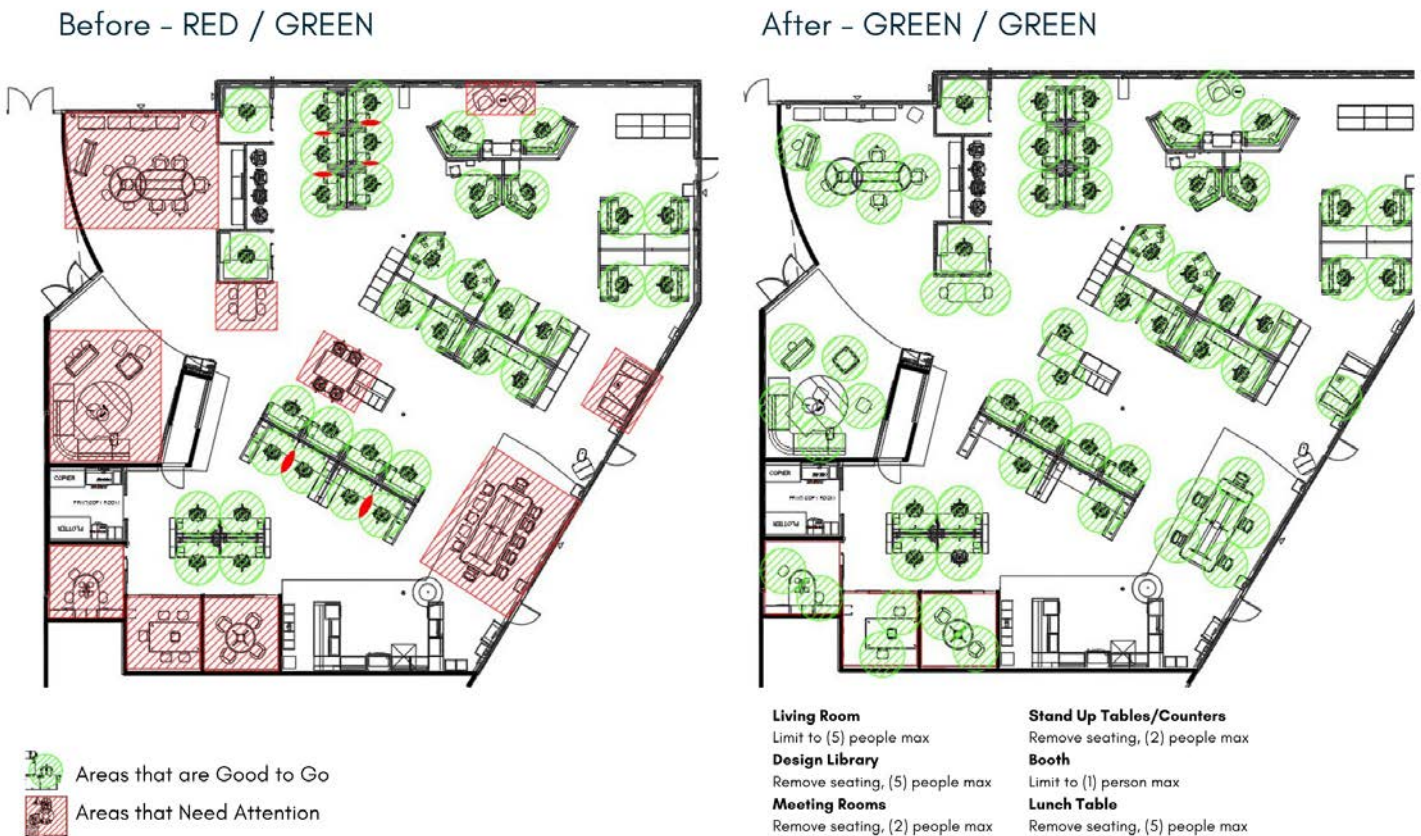
- Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue, and confirm that the employee is not experiencing coughing or shortness of breath.
- Take the employee’s temperature.
- After each screening, remove and discard PPE and wash hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.



Revised Facility Layout and People Flows

Space planning solutions can be used to reduce transmission of contagious diseases among colleagues at work through social distancing. Solutions may differ depending on how many people are expected to return to work versus continuing to work from home. Understanding that dynamic will allow calculation of the total workforce expected to be accommodated in all office locations and assessment of the demand for workspaces.

Most public health guidance recommends that social distancing measures be reduced in a gradual and thoughtful manner. Employers should establish a plan that enables gradually increasing the number of people who return to work.



CULTURA

Cultura is here to help you with your Comeback Strategy through a Physical Distance Analysis of your workspace, rearranging your common areas to account for 6' of separation, and rebuilding your culture to keep the social in social distancing.

Revised Facility Layout and People Flows

Space use / density monitoring

- Determine a method for conducting regular counts of occupants per floor
- Add sensors to quantify utilization of spaces
- Provide real-time meters/dashboards at entries to display how many people are present, if possible

Circulation spaces

- Designate and signpost the direction of foot-traffic in main circulation paths: corridors, stairs, entries
- Consider one-way circulation routes through the workplace
- Mark increments of locally acceptable social distance on floors where queues could form

Individual seats

- Only use alternate desks (checkerboard); disable the use of alternate desks; or remove alternate desks altogether
- Add desks to spaces previously used for group activities (convert training/meeting rooms, café area and the like into desk areas)
- Increase space between desks
- Add panels between desks including height adjustable panels for sit/stand desks
- Specify seat assignments for employees to ensure minimum work distances
- Review sharing ratios if new sanitization protocols are introduced

Meeting and shared spaces

- Decommission and re-purpose large gathering spaces
- Reduce capacity of spaces—e.g., remove some chairs from large meeting rooms
- Prohibit shared use of small rooms by groups and convert to single occupant use only
- Close/forbid use of some rooms
- Calculate the maximum capacity of each room by dividing the net usable area by the square of the locally acceptable social distance (e.g., for a 6' social distance: a 200 SF room divided by 36 SF would have a recalculated maximum capacity of 5 people). Communicate this capacity via signage and room reservation tools.



Our Biocom Purchasing Group endorsed supplier of workspace planning and office furniture, Cultura, is available to help you with your Comeback Strategy. All Biocom members that are current Cultura clients qualify to receive a FREE Physical Distance Analysis of your workplace to identify areas where you are Good to Go and which areas Need Attention. (If you are not a Cultura client you can have the service at a reduced rate.) Contact info@wearecultura.com to get started today.

Revised Facility Layout and People Flows

Enter/Exit Flow

- Communicate entry/exit points and parking locations to employees
- Define and identify walking routes inside of the facility
- Group and define designated work areas; establish entry/exit points
- Designate specific parking areas located close to employee workstations
- Define perimeters around departments to limit movement as much as possible
- Define specific restrooms, break areas, etc. for each departmental group to use

Staggered Work Schedules

- Institute staggered work schedules, especially in labs
AM/PM
Days of week
On week/off week (e.g. one week on, one week off)
- Keep the rotations consistent with the same people in each rotation/shift
- Ensure appropriate expertise in each shift to avoid overlap
- Encourage or require that any office work, data analysis, notebook recording, etc. be done remotely
- Consider not overlapping shifts to eliminate large gatherings during the shift change
- Pay particular attention to shift changes – sites should implement enhanced cleaning between shifts and controls so that personal contact between shifts is eliminated



Physical Distancing and Contact Reduction Measures

FOR THE OFFICE

In the absence of a vaccine, physical distancing is widely viewed as one of the most effective controls to reduce the spread of COVID-19.

Organizations should weigh how to balance the implementation of physical distancing of at least six feet between workers with the maintenance of day-to-day operations. To meet this goal, the following guidelines provide practical tips to consider when implementing and maintaining physical distancing.

The following recommendations are potential solutions to discourage/avoid contact between employees and increase personal space to at least six feet, where reasonable. Each action plan should be tailored to your organization's work environment.

Remote work

Working remotely is the most effective way to maintain physical distancing. Consider extending work from home/telecommuting wherever possible, and reasonable accommodations should be made for employees who are not comfortable returning to the office, or have current restrictions preventing them from returning to the office.

Staggered shifts

Where employees need to work at a company site such as a factory/production facility or office, consider altering the work schedule to minimize the number of employees entering and working in a shared space at any given time. This may require the implementation of multiple shifts.

Split teams

If reasonable, an organization can limit the initial return to the office only to those employees who are essential, or to a limited and specified percentage of the total workplace.

Workstation redesign

Consider redesigning workstations to reduce/avoid employee contact. In a production environment, consider relocating equipment and installing clear barriers (i.e., plexiglass) between workers if they cannot be located six feet apart. If this is not practical, consider providing additional PPE such as N95 respirators or surgical masks and gloves, including the associated training in the safe use of the PPE. Additional deep cleaning may also be required. Note: See Section 5 for additional detail on sanitization and deep cleaning.

Meetings

Use video conferencing as the preferred method of meeting. Unless an exception is otherwise granted by management to do so, meetings can be limited to a defined number of employees. At all times, use best efforts to practice physical distancing. For instance, hold team huddles or meetings outdoors or in open spaces where people can sit one person per table and/or spread out. Also, consider removing chairs to reduce the potential for a breakdown in physical distancing.

Non-verbal communication

Consider developing and explaining a system of hand gestures to convey information. For example, thumbs up for a good job, a wave instead of a handshake, and an extended flat hand to stop.

Digital communication

Rather than speaking face-to-face, employees should be encouraged where practicable to use unshared work or personal telephones, online conferencing tools, e-mail, or instant messaging to communicate.

Breaks

Where practical, suggest that employees bring their lunch or implement Grab & Go cafeteria services. Request that employees eat at their workstations, physically separated from others, or outside. Limit access to common areas where food is available and consider placing sanitizing wipes near any vending machines. Consider staggering breaks and enhance plans to sanitize common break areas between sittings. Establish guidelines when visiting neighboring businesses (e.g., restaurants) and encourage employees to bring their own utensils or provide disposable wherever possible.

Physical Distancing and Contact Reduction Measures Cont.

Drop off/pick up

When items or materials must be collected in person, prepare in advance of the collection so that they may be placed in a location where physical distancing will not break down when collected.

Deliveries

Establish a shipping/receiving drop point, to which access is restricted.

Hands-free

If possible, introduce automation/voice recognition to avoid the need to touch light switches or similar. Where automation is not practical, use disposable gloves or only elbows to touch light switches or elevator buttons. Consider placing automated hand sanitizer dispensers in the vicinity and encourage staff to use sanitizer or wash hands after contact with the switch/button. Regularly sanitize these surfaces.

Public surfaces

When opening doors or touching other public surfaces, instruct employees to use an elbow, a paper towel, tissue, or disposable glove. Avoid touching shared equipment (such as printers, elevator buttons, or restroom doors). Hands should be sanitized after disposing of a paper towel or tissue, and public surfaces should be sanitized regularly. Consider installing hands-free door openers like this one.

Doors

Where doors can be kept open without compromising security or privacy, continue this practice to limit employees from touching handles.

Elevators

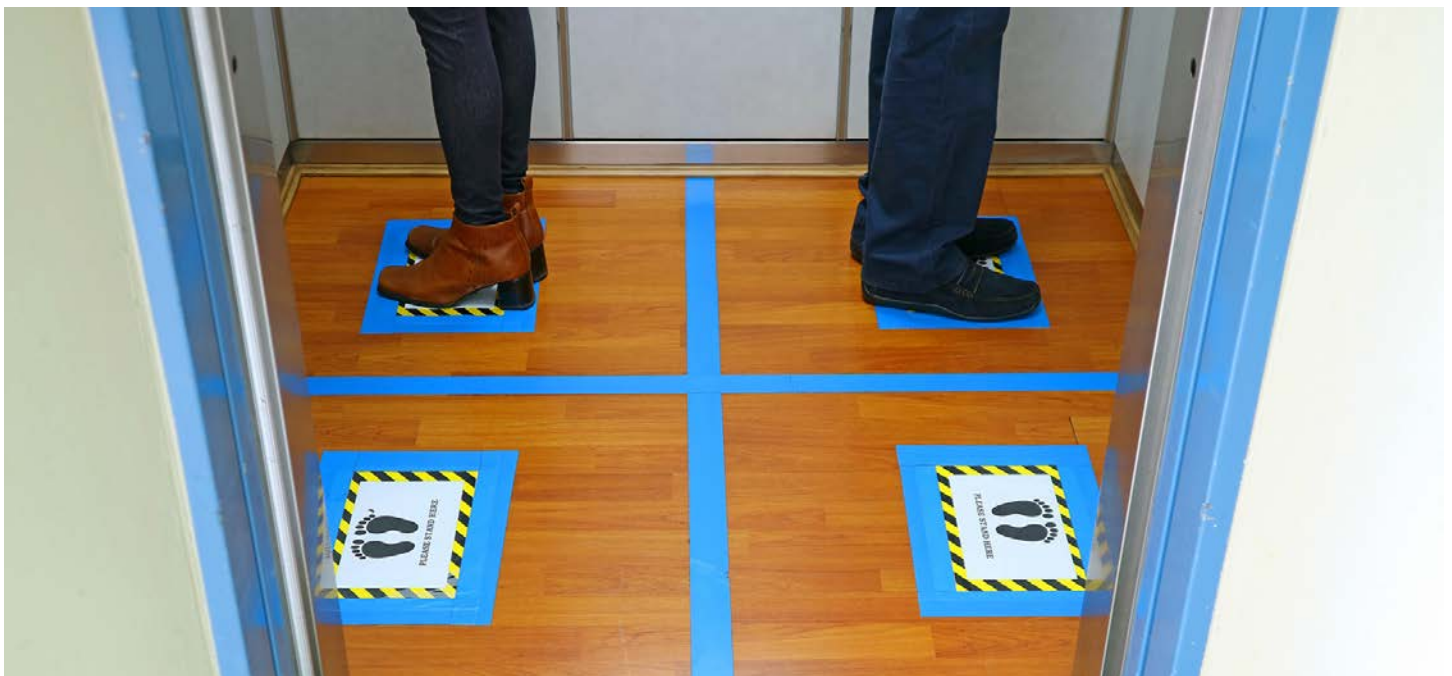
Establish elevator capacity guidelines, e.g., no more than 4 per elevator (depending on size/layout of elevators).

Non-employees

Establish visitor and contractor policies and communicate your requirements to visitors or contractors in advance of their arrival. Limit visits to essential services only. Where contractors or other visitors have to be admitted to a shared workspace, consider screening them prior to admittance. All visitors must abide by company policies including temperature checks and face coverings, where applicable.

Signage

Develop and place signage in shared workspaces reminding employees of physical distancing and handwashing expectations, i.e., soap and warm water for at least 20-seconds or the use of hand sanitizer when handwashing is not possible.



Physical Distancing and Contact Reduction Measures Cont.

FOR THE LAB

As workers return to the lab, it will be essential that companies reinforce some guidelines that allow some amount of distancing. This new norm will continue to “flatten the curve”, and prevent any resurgence of a viral spread in the near future. Here are some distancing guidelines that companies can apply to their labs:

Reduce face-to-face interactions

Limit the number of lab meetings that are occurring and, when possible, use remote collaboration tools (i.e. video and phone conferencing tools)—even for those onsite in the same office/building. Convert routine and other meetings to phone calls or video meetings. Encourage employees to use phones and email to ask each other routine questions or obtain service versus walking around the lab in person. Consider canceling training and other activities that are not necessary for short term operational continuity. Ensure proper PPE including clean lab coats and face coverings are worn in the laboratories at all times.

Decrease the density in smaller support labs or shared labs

Give your people adequate spacing. Ask your workers if certain rooms can be scheduled for use, or certain experiments be scheduled to achieve less density at one time in a specific room? Explore and plan for flexible work arrangements. Remind and encourage employees to stay home if they are sick.

Stagger work schedules and assignments on shared equipment

Can one employee use the equipment in the morning and another use it in the afternoon? Spread out equipment if possible, to enable social distancing between lab mates. Disinfect shared-use equipment that is touched by multiple people.

Minimize outsider and vendor representative visits

Only allow 3rd party lab services (waste pick-up, equipment servicers, etc.) to enter the lab and ensure they are following the same employee guidelines for PPE and disinfecting their own supplies/tools being brought into the lab.

Physical Distancing and Contact Reduction Measures Cont.

FOR MANUFACTURING

Employers may determine that modifying production or assembly lines and staggering workers across shifts would help to maintain overall manufacturing capacity while measures to minimize exposure to SARS-CoV-2 are in place. For example, a plant that normally operates on one daytime shift may be able to split workers into two or three shifts throughout a 24-hour period. Depending on the items processed or manufactured in a particular plant, one shift may need to be reserved for cleaning and sanitization. Alternatively, workers could clean and sanitize their shared workstations at the beginning and end of their shifts.

Configure communal work environments so that workers are spaced at least 6 feet apart, if possible. Current information about the asymptomatic spread of SARS-CoV-2 supports the need for social distancing, face coverings, and other protective measures within a manufacturing work environment. Changes in production practices may be necessary in order to maintain appropriate distances among workers.

Modify the alignment of workstations, including along production or assembly lines, if feasible, so that workers are at least 6 feet apart in all directions when possible. Ideally, modify the alignment of workstations so that workers do not face one another. Consider using markings and signs to remind workers to maintain their location at their station away from each other and practice social distancing on breaks. Encourage single-file movement where possible.

Use physical barriers, such as strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions to separate manufacturing workers from each other, if feasible. Remove or rearrange chairs and tables, or add partitions to tables, in break rooms, and other areas workers may frequent to increase worker separation. Identify alternative areas to accommodate overflow volumes such as training and conference rooms or using outside tents for break and lunch areas.

Limit the flow of people at any given time. Limit facility access only to essential workers. If meetings must be held, such as at shift changes, break them into smaller groups instead of holding a larger meeting. Eliminate non-essential meetings. Stagger break times or provide temporary break areas and restrooms to avoid groups of workers during breaks. Stagger workers' arrival and departure times to avoid congregations of workers in parking areas, locker rooms, and near time clocks. Designate workers to monitor and facilitate distancing on production or assembly line floors. For some monitoring activities, it may be possible to leverage closed-circuit television (camera systems) to remotely view facilities as opposed to physically visiting the location.

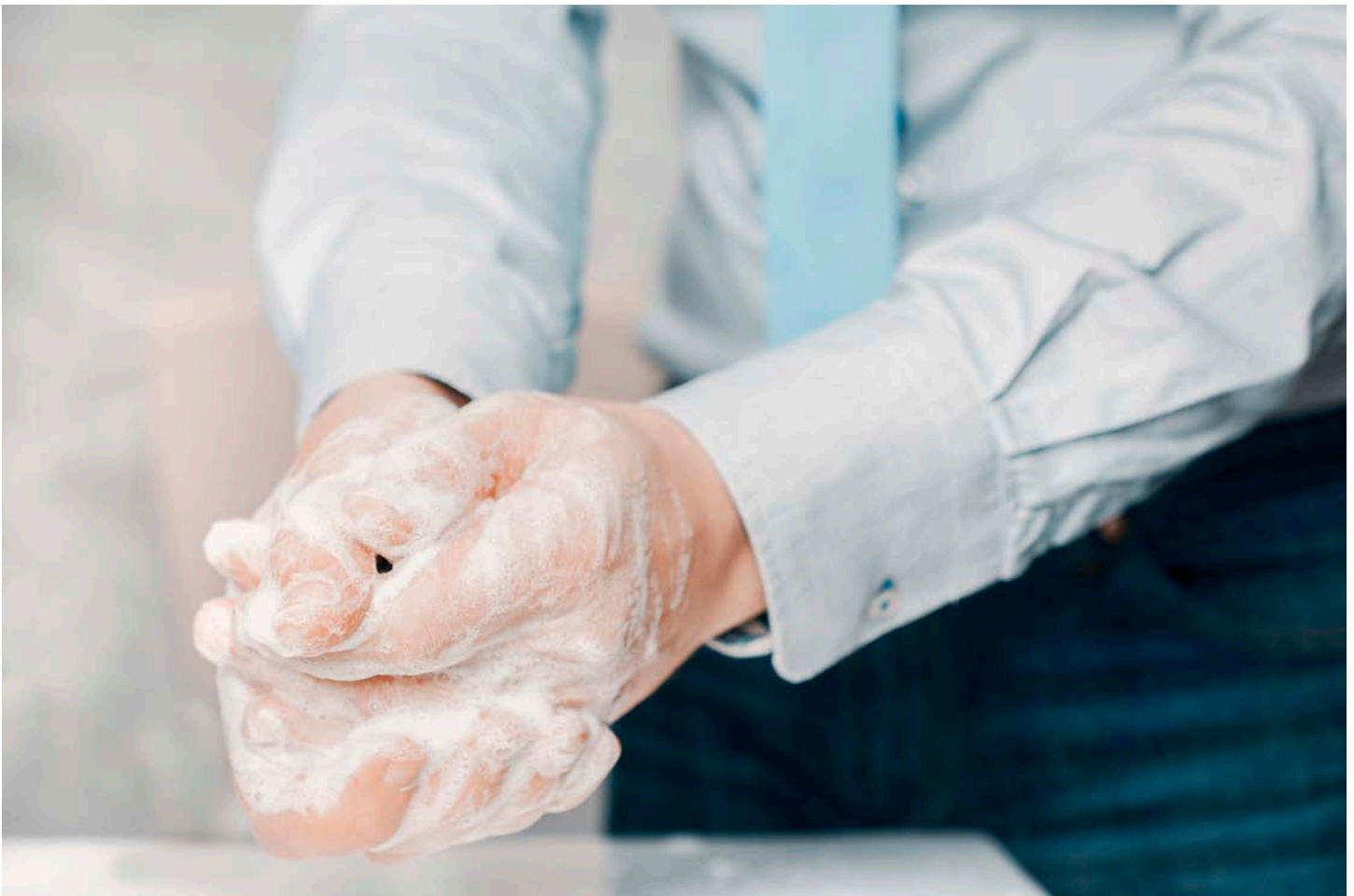
Encourage workers to avoid carpooling to and from work, if possible. If carpooling or using company shuttle vehicles is a necessity for workers, try to limit the number of people per vehicle as much as possible. This may mean using more vehicles. Encourage employees to use hand hygiene before entering the vehicle and when arriving at the destination. Encourage employees in a shared van or car space to wear cloth masks. Clean and disinfect commonly touched surfaces after each carpool or shuttle trip (e.g., door handles, handrails, seatbelt buckles). Encourage employees to follow coughing and sneezing etiquette when in the vehicle.

Hygiene + Personal Protective Equipment

Public health orders require hand washing stations to be clearly marked throughout workplaces. Hand washing is the most effective method to combat the spread of COVID-19, and most of the guidelines say to use hand sanitizer when hand washing is not available. The general guidelines are to place touchless hand sanitizing stations at all public entrances, where visitors are received (such as a reception desk) and common areas such as communal kitchens.

CDC guidance is as follows:

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.



Guidelines for Appropriate Use and Application of Personal Protective Equipment (PPE)

Facial Coverings

A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels. These should be washed and reused after each wearing, and are not appropriate for children under 2 years of age, or those with respiratory and other preexisting medical conditions.

CDC recommends wearing cloth face coverings in public settings such as the workplace, especially where employees may have a difficult time maintaining social distancing.

- Cloth face coverings may slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.
- Cloth face coverings can be made from household items.
- Masks are not perfect to contain SARS-CoV-2 and should not be a substitute for social distancing efforts.
- This recommendation relates to cloth face coverings, not surgical masks or N-95 respirators which must be reserved for healthcare workers.

Surgical or procedure mask and respirators (N95 or other type) should be reserved for medical workers whenever possible. If your site operations require a surgical mask or respirator, the following guidelines are offered:

A 3-ply protective face mask is fluid resistant and protects the wearer from large droplets, splashes, and other fluid sprays. It also protects others from the wearer's respiratory emissions.

Surgical masks provide a moderate level of filtration and should be discarded after each use.

N95 and other respirators As the name suggests, these respirators reduce the wearer's exposure to airborne particles by 95%. Respirators should be reserved for use by frontline health workers. Community use is discouraged. Respirators require professional fit-testing to be fully effective. Extended use or reuse requires following CDC guidelines. N95s and other types of respirators are necessary for some life science job functions. When an employer requires an employee to wear a respirator to protect his/her health, this then falls under the OSHA 1910.134 Standard



Biocom has partnered with the California Governor's Office of Emergency Services (OES) to provide free-of-charge PPE to Biocom members who qualify as essential businesses. The partnership is part of our larger effort to safely transition members back into the lab and office space. Orders of PPE, which include a two-week supply of 3-ply disposable surgical masks and hand sanitizer, are being centralized through Biocom. For members with a two-week supply requirement of over 2,000 masks, orders will be shipped directly to your facility. Biocom will follow up with instructions on how to receive orders under 2,000. Orders will be fulfilled on a first-come first-served basis and we are anticipating a high demand. We hope to provide free PPE to all essential members through the OES as well as our ongoing partnership with Thermo Fisher Scientific. To apply, click here: [APPLY NOW](#)

Guidelines for Appropriate Use and Application of Personal Protective Equipment (PPE). cont.



Biocom Purchasing Group's endorsed supplier of uniform rentals and laundry services, UniFirst, is committed to supporting Biocom customers during these difficult times. Biocom members receive deep discounts off lab coat rentals, free lab coat pressing with a rental program, UHF chip technology and more. Check out www.biocompurchasinggroup.org to learn how you can be saving on personal protective equipment today.

Lab coats: Lab coats should be made of 100% cotton except for the elastic cuff. Lab coats should be laundered as needed. Each lab worker should have a spare coat to wear while their primary coat is being laundered. Disposable lab coats should not be worn in the lab.

Gloves must be used in the lab according to standard laboratory PPE requirements. Do not wear gloves outside the lab.

Wash hands before and after using reusable gloves such as autoclave gloves, cryogen-handling gloves, and heat-resistant gloves. It is not safe to wear an inner disposable glove with this type of PPE; however, liner gloves may be worn while using the glove box.



We're proud to partner with Fisher Scientific, the world leader in serving science, to bring our members exclusive discounts on lab supplies and services, prioritized access to critical PPE, lab coats, and nitrile gloves. Be sure to check out their latest guide 'Safety and Precaution for Returning to Work' to make sure you have all the equipment and supplies you need to return to work confidently and help keep you productive and safe.

Safety glasses must meet ANSI Z87.1 standard. Additional protective equipment (fire-resistant lab coats, fire resistant masks) may be required depending on hazards in the lab. The Principal Investigator or their designee will review the need for additional protective equipment.

To help prevent safety glasses from fogging, ensure your face mask fits properly, and wash safety glasses with soap and water. A commercial anti-fog product may also be used.

Personal attire: Legs must be covered by long pants or a long skirt and closed-toe shoes are required. Shorts and sandals may not be worn into the lab even under a lab coat.

Enhanced Cleaning of the Lab, Manufacturing and Office Space

Given the multiple cleaning requirements necessary to reduce the risk of person-to-person transmission, a Sanitization Plan that describes housekeeping practices used by both the cleaning staff and employees should be considered. This plan should include processes for cleaning, disinfecting, and sanitizing frequently used tools and equipment as well as deep cleaning where the likelihood of the COVID-19 virus is suspected.

While every work situation is different, the following sections provide guidance that organizations may customize to meet their specific requirements. 'Soap and water' is an excellent disinfectant and more readily available than most other disinfecting solutions.

CLEANING AND DISINFECTING OF WORKSTATIONS

Perform routine environmental cleaning and disinfection:

Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, handrails, doorknobs, tables, light switches, countertops, handles, phones, keyboards, toilets, faucets, sinks, and similar. Clean and disinfect surfaces as soon as possible in areas where a person with respiratory symptoms (e.g., coughing, sneezing) was present. Provide anti-viral wipe stations near common work areas and encourage staff to clean their workstation and equipment.

Perform deep-cleaning when any person is identified as being COVID-19 positive by testing or where this is suspected.

Close off areas used by confirmed or suspected COVID-19 positive persons. After the appropriate amount of time, deep clean the space.

Ventilate areas before you clean and leave windows and doors open during cleaning.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

For disinfection, most common EPA-registered household disinfectants should be effective.

Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., regarding concentration, application method, and contact time). Disinfecting may be performed with a product that meets EPA criteria for use against SARS-CoV-2, unexpired bleach, labeled for disinfection, as per label instructions, or alcohol solutions with at least 60% alcohol. Disinfection techniques may include surface cleaning, spraying, fogging, and laundering. Deep cleaning may be performed by a specifically trained internal response team or by contract personnel.

See also: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Enhanced Cleaning of the Lab, Manufacturing and Office Space

CLEANING AND DISINFECTING OF MACHINERY OR EQUIPMENT

Current evidence, though still preliminary, suggests that the virus that causes COVID-19, may remain viable for hours to days on surfaces made from a variety of materials. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

If the machinery or equipment in question are not accessible to employees or have not been in contact with someone infected with COVID-19, they will not present an exposure hazard.

If machinery or equipment are thought to be contaminated and can be cleaned, disinfect surfaces using products that meet EPA's criteria and are appropriate for the surface.

If machinery or equipment are thought to be contaminated and cannot be cleaned, they can be isolated. Isolate papers or any soft (porous) surfaces for a minimum of 24 hours before handling. After 24 hours, remove soft materials from the area and clean the hard (non-porous) surfaces per the cleaning and disinfection recommendations. Isolate hard (non-porous) surfaces that cannot be cleaned and disinfected for a minimum of 7 days before handling.

CLEANING AND DISINFECTING OF COMMON AREAS OUTSIDE OF WORKSTATIONS

Provide ample stations offering anti-viral hand lotions and disinfectant wipes near common work areas. Encourage frequent and thorough hand washing.

Consider making available disposable wipes to employees so that commonly used surfaces (doorknobs, keyboards, remote controls, desks, and other work tools and equipment) may be wiped down by employees before each use.

Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect such items and areas before and after use. Encourage employees to maintain safe distances at all times.

HAWORTH

Clean

Remove dirt from surfaces

for general hygiene



Soap & Water or Non-Disinfectant Cleaning Spray

Faux Leather, Leather, Textiles, PVC Wall Coverings, Painted Metal, Paint on Wood, Glass, Acrylic, Metals, Laminates, Wood Finishes, Plastics, Metals, Door Hardware

Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing germs—especially from high-touch surfaces—it decreases their number and therefore any risk of spreading infection. High-touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

Remove up to 100% of bacteria, fungi, and certain viruses from surfaces

for households, offices, and medical settings



Bleach-Free Disinfectant Wipes (Clorox Wipes or similar)

Faux Leather, Leather, PVC Wall Coverings, Painted Metal, Paint on Wood, Glass, Acrylic, Wood Finishes, Plastics, Metals, Laminates



Disinfectant Aerosol Spray (Lysol Spray or similar)

Faux Leather, Leather, Textiles, PVC Wall Coverings, Paint on Wood, Glass, Acrylic, Plastics, Metals, Laminates



10% Bleach Solution

See [Seating Textile Durability Matrix](#)

First, clean the area or item with soap and water or other detergent. Ensure the surface is completely dry, then use the proper disinfectant product, as noted above (disinfectant wipes, spray, or bleach solution).

Follow the instructions on the label to ensure safe and effective use of any disinfecting product. Many products recommend keeping surface wet with the disinfectant for a period of time. Be sure to follow all product label precautions, such as wearing gloves and making sure you have good ventilation during use. Improper cleaning and maintenance of any surface or material may void that product's warranty. A small, inconspicuous area should always be tested before large-scale cleaning.

Surface Cleaning & Disinfection



What about the use of Antimicrobial surfaces and finishes?

Manufacturers routinely add antimicrobial chemicals to products for added infection control. Although there are potential health benefits in the use of antimicrobial agents for bacteria, the Environmental Protection Agency (EPA) has not claimed that antimicrobial product treatments are effective in preventing the spread of the novel COVID-19 virus. Additionally, the Centers for Disease Control and Prevention (CDC) has stated that proper cleaning and hand washing are the best ways to prevent infection.

101

Disinfecting 101

- Always follow the specific "Directions for Use" on the product label. The product may not work if you don't follow them.
- Never mix different antimicrobial products.
- Most antimicrobial products take time to work. Read the label to find out how long the product must remain in contact with the surface in order to sanitize, disinfect, or sterilize it.
- Ensure surfaces are clean and dry before using antimicrobial products. Dirt, food, and other particles may reduce their effectiveness.
- Take steps to reduce your exposure to antimicrobial products. Some can be harmful when touched or inhaled.



Why not Sanitize?

Sanitizing surfaces kills 99.9% of *bacteria only*, not viruses. Sanitizing is a term more properly used in household applications or areas of food contact.

Why not Sterilize?

Sterilizing surfaces goes one step beyond disinfection to kill 100% of spores, in addition to 100% of bacteria, fungi, and viruses. Sterilizing is a term more properly used in reference to medical instruments and research supply cleaning.

Sources:

- EPA
- CDC
- [Seating Textile Durability Matrix](#)
- [COVID-19 Product Cleaning Guidelines](#)

Workplace Sanitization Plan

CLEANING AND DISINFECTING AFTER SHUTTING DOWN DUE TO A COVID-19 OUTBREAK

Follow CDC guidance for cleaning and disinfection and wait 24 hours before cleaning and disinfecting to minimize potential for exposure to respiratory droplets. If 24 hours is not feasible, wait as long as possible. Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas including offices, bathrooms, and common areas, focusing especially on frequently touched surfaces. Clean dirty surfaces with soap and water prior to disinfection.

Next, disinfect surfaces using products that meet EPA's criteria for use against SARS-Cov-2^{external icon}external icon, the virus that causes COVID-19, and that are appropriate for the surface.

Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method, contact time, and required PPE.

Operations can resume as soon as the cleaning and disinfection are completed.

MAXIMIZE FRESH AIR PROTOCOL

In workplaces where appropriate, some types of engineering controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls include:

- Installing high-efficiency air filters and keeping them clean, not inhibiting flow
- Increasing ventilation rates in the work environment.
- Opening outside doors and windows to increase air circulation in certain areas.
- Establishing natural ventilation, when available, for facilities that have operational windows and outdoor temperatures allow
- Installing physical barriers, such as clear plastic sneeze guards.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).
- Verifying HVAC units are operating, visibly clean and no biological growth is in the air stream

The objective is to ensure that fresh outdoor air is being provided to the facility spaces being occupied by employees. Each facility utilizes heating, ventilating and air conditioning units to supply outside air into the facility to maintain indoor air quality and maintain a positive pressure in the facility compared to the outside.

Equipment Safety Plans and Processes

Organizations implementing changes to equipment use/processes or introducing new equipment, as a part of their COVID-19 response, should review their existing protocols. Safety reviews can identify additional needs to protect workers, equipment, and integrity of products.

Depending on the type of business and equipment in use, organizations should consider the following actions:

Ergonomic assessment. Perform an ergonomic assessment of equipment currently installed or in use to identify opportunities for enhancements. For any upcoming procurement or intended changes to equipment currently in use, provide ergonomic recommendations.

Pre-start-up safety review. The initial start-up of equipment that has sat idle can present inherent dangers if not shutdown/secured or re-started properly. Review current processes and identify any recommended enhancements.

Mechanical integrity/maintenance protocols. Review existing program and written procedures, including items such as inspections and tests, testing and inspection frequencies, and documentation of manufacturer recommendations. Assist in establishing policies or integration of elements into the existing process.

Lockout/tagout. Review plan to confirm that content is up to date and meets regulatory requirements. Assess implementation and use of plan, identify recommendations, and assist in incorporating and establishing changes.

Noise. Perform a noise-sampling assessment of equipment as well as identify exposures to employees. Review or assist in the creation of a Hearing Conservation Program (HCP). If needed, provide recommendations to reduce noise levels below regulatory requirements.

HVAC/indoor air quality (IAQ). Coordinate review of existing settings and maintenance of equipment and identify post-COVID-19 recommended changes and additional enhancements to equipment. Perform IAQ assessment and any potential sampling following employee complaints or to identify baseline levels at a given time/setting.

Training. Assess current training processes and documents. Review from initial onboarding to recurrence, perceived effectiveness, and related documentation. Provide recommendations from a regulatory compliance to best practice standpoint. Assist in incorporating recommendations in a sustainable manner.

Regulations/standards. Identify additional known or potential regulatory issues concerning safety aspects of equipment in use or proposed to be used at the facility. Additionally, identify and provide recommendations based on best practice standards as available.



Our Biocom Purchasing Group endorsed supplier of hazardous waste removal, Veolia North America, created this helpful

Roadmap for Returning to Work guide complete with Fit for Duty, Screening Notification, Case Tracking Process Map, Return to Work Process Map, and Sample Corporate Procedure – Pandemic Coronavirus Plan templates.

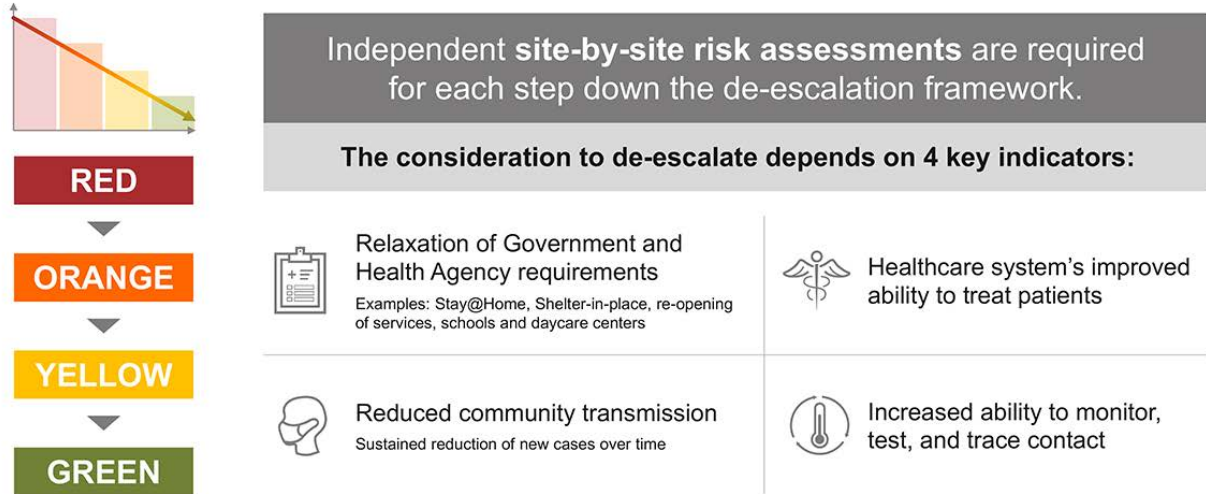
PREPARING THE WORKPLACE

Equipment Safety Plans and Processes

Illumina has been an industry leader in COVID-19 response and Return to Work policy. Their world class HR and EH&S teams have developed key guidelines and resources, and their collaboration on our Return to Work Task Force has been integral in our determination of best practices.

Guiding Principles for De-Escalation

Framework for recovery



Framework for Recovery

<p>Must See to Consider Move to Lower Level:</p> <ul style="list-style-type: none"> Relaxation of Government & Health Agency restrictions (e.g. shelter in place or equivalent) Sustained reduction of cases (e.g., 14 days) Healthcare system capacity able to meet needs of community Effective site prevention measures demonstrated Able to support increase in capacity needs Biostatistics models provide data to empower decision making 	<p>Move to Orange:</p> <ul style="list-style-type: none"> Expand view of staggered allowable onsite workers while still encouraging remote work – onboarding process for those returning Maintain physical distancing and segregation Maintain thermal scanning, ability to monitor employee health status Continue monitoring and contact tracing Non business-critical travel and travel to areas with active cases restricted External visitor, vendor and customer site controls remain Re-open limited site amenities 	<p>Path to Green Projects</p> <p>Take hierarchy of controls approach to design for the new green.</p> <p>These projects can start now.</p> <p>Examples</p> <ul style="list-style-type: none"> Automated Doors Workstation design Meeting rooms Congregation areas Café design WFH policy Traffic flow Aggregate data analysis Employee screening
<p>Must See to Consider Move to Lower Level:</p> <ul style="list-style-type: none"> Further relaxation of Government & Health Agency restrictions Sustained reduction of cases (e.g., 30 days) Reduced intra-community and cross border travel restrictions Ability for the community to identify outbreaks/new case clusters Employee screening for COVID-19 transmission. Re-opening of community gathering locations and services (e.g., schools) Effective site prevention measures demonstrated Able to support increase in capacity (e.g., PPE supply) 	<p>Move to Yellow:</p> <ul style="list-style-type: none"> Further expanded view of staggered allowable onsite workers while still encouraging remote work Reduce segregation while still encouraging social distancing Non business-critical travel and travel to areas with active cases discouraged Self-reporting requests remain in place Elimination of thermal scanning Continued heightened cleaning regiment Continued encouragement of virtual meetings Relaxed requirements regarding attendance at group meetings/conferences Expand site amenities 	
<p>Must See to Consider Move to Lower Level:</p> <ul style="list-style-type: none"> Elimination of local health and government agency restrictions Sustained reduction of cases (e.g., 60 days) Sustained proactive monitoring and rapid response to clusters in community Continued employee screening for COVID-19 transmission. No entry restrictions remain for intra-community and cross border travel 	<p>Move to Green:</p> <ul style="list-style-type: none"> Continued increase of workforce available to resume majority of normal operations Physical distancing measures resume to new social norm Travel returns to normal based upon country risk rating by Global Security limited international border entry restrictions remain for intra-community and cross border travel Removal of segregated campus roles 	
<p>Green and the New "Normal":</p> <ul style="list-style-type: none"> "Normal" reflects what we should be doing based on lessons learned Physical distancing incorporate new social norms Travel returns to normal based upon country risk rating by Global Security Removal of segregated campus roles Buildings and amenities fully restored. New Normal Hygiene Practices & Work from Home when Ill Normal meeting attendance (large meetings, conferences, seminars) 		

1
CONFIDENTIAL – FOR INTERNAL USE ONLY

For Research Use Only. Not for use in diagnostic procedures.



Reporting

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has issued interim guidance for enforcing OSHA's recordkeeping requirements (29 CFR Part 1904) as it relates to recording cases of COVID-19. Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and employers are responsible for recording cases of COVID-19, if the case:

- Is confirmed as a COVID-19 illness;
- Is work-related as defined by 29 CFR 1904.5; and
- Involves one or more of the general recording criteria in 29 CFR 1904.7, such as medical treatment beyond first aid or days away from work.





As organizations scramble to plan for the best way to bring large numbers of employees back to the workplace, everyone is looking for answers to make the transition as smooth and successful as possible.

While workplace design, policies and safety protocols are all critical pieces of the puzzle, some of the most important aspects of return to work involve the readiness of the workforce - physically, emotionally and psychologically. Below are some tips for tackling workforce-related issues, like:

- Establishing the Return to Work Team
- Developing a Return to Work Plan
- Employee Communications - Return to Work messaging
- Return to Work Training
- Employee Readiness
- Recommended Work Restrictions for Exposed Persons

Establish Return to Work Team

Organizations should establish a COVID-19 Return to Work Team, comprised of representatives of various functions tasked with the implementation, maintenance, and improvement of the organization's COVID-19 response. The team should include key decision makers with the authority to commit the organization to a specific course of action while also being able to acquire needed resources such as PPE.

The primary goal for the team will be the achievement of the organization's performance goals with no person-to-person COVID-19 transmission in the workplace. In addition, team members should have knowledge of and be responsible for the implementation of the organization's return to work program and related activities. Where multiple locations are involved, location leadership should confer and coordinate with the team at the corporate level.

The key roles and responsibilities of the Return to Work Team include:

Team Leader: The Team Leader should be the executive/manager accountable for the organization/site/location.

Operations Lead: This role is responsible for implementing and mobilizing your organization's COVID-19 response and return to work. This role should be filled by an Operations or Production Leader.

Logistics Lead: This role is responsible for acquiring the specialized resources required to implement the return to work program. This role should be filled by a Procurement expert.

Communications Lead: This role is responsible for return to work program awareness, communications, and training. An HR leader may be well placed to assume these responsibilities. Additional responsibilities may include the integration of wellness programs, worker resources, and other support activities.

Technical Lead: This role provides expert guidance to the team and should be filled by a safety/health professional, or someone knowledgeable in emergency response. In addition, the Technical Lead should conduct COVID-19 audits to confirm that the return to work program is implemented effectively and identify any areas for improvement.

Establish Return to Work Plan

Engagement is key to effectively implementing and sustaining your company’s COVID-19 response. To that end, a comprehensive COVID-19 Communications and Engagement Plan is important in encouraging effective commitment from all impacted by the changes.

At the heart of your Return to Work plan should be an understanding of desired outcomes. Once these goals are defined, the initial plan may be developed, implemented, and assessed.

The following steps can help with the development & implementation of a Return to Work Plan:



















Set the direction: The Return to Work Team should agree on the goals of the plan and create a framework that is reviewed and approved by management. These goals will likely include raising employee awareness of the organization’s COVID-19 response, explaining requirements for employees and others (such as contractors and visitors), advising on training plans, as well as providing an avenue for employees to provide feedback and ask questions.

Identify and segment stakeholders: The Return to Work Team (or its delegate/s) should consider segmenting the stakeholders into groups. Stakeholders can include anyone impacted by all or a part of your organization’s COVID-19 response. For each group, their role in the context of the COVID-19 response should be defined, an expected outcome should be determined, and what information they require should be documented.

Planning: The Return to Work Team (or its delegate/s) should then build a plan based on the goals identified during the previous activity. Communications may consist of signs, videos, text messages, emails, newsletters, toolbox talks, and/or other media. The team should also determine the frequency of communications.

Implementation: The communications should be designed, tested, and then issued.

Assessment: The Return to Work Team (or its delegate/s) should determine the effectiveness of the communications. Data points may be collected, for example, through observation, or the number of COVID-19 positive tests. As this is a fast-moving event, the Return to Work Team (or its delegate/s) should meet regularly, be nimble, and be prepared to promptly make changes to the Return to Work Plan reflecting guidance changes from regulators and other advisory agencies, as well as federal, state, and local units of government.

Strategy	Implementation Scale (Easy to Difficult)	Effectiveness Score (low 0 – high 5)	Cost
 Social Distancing		5	\$
 Cleaning/Disinfecting		4	\$\$
 Masks		3 - 4	\$
 Employee Communications		4	\$
 Enhanced paid sick leave policies		4	\$\$\$\$
 Screening Questionnaires		2	\$\$
 Temperature Screening		2	\$\$
 Antibody Screening		2	\$\$\$\$
 Virus Screening (i.e. Diagnostic)		3	\$\$\$\$

Return to Work Training

The return to business will not be a normal resumption, so additional planning and training will likely be necessary. The more that employees understand about COVID-19 and the precautions the organization is implementing to protect them, the greater chance for an expedient resumption of operations with minimal significant incidents.

Topics to cover:

- Employee safety is paramount.
- General information about the COVID-19 virus, symptoms & how it spreads
- What to do if you feel ill, whether at work or at home.
- General information on personal protective equipment (PPE).
- General information on reporting suspected or confirmed COVID-19 cases
 - How that information will be handled by the organization
 - Level of detail potentially disclosed to other workers.
- Importance of frequent and thorough hand washing.
- Reinforcement/encouragement to stay home if sick.
- Guidance on work-related travel and interactions with clients, customers, and vendors.
- Possible restrictions on workforce shifts due to government regulations.
- Information on contact tracing, if any.
- Considerations around the transportation of employees to and from work.
- Any changes in the employee benefits package,
 - ie: Increase in the number of days for paid sick leave
- Physical distancing and contact reduction “how to.”
- Respiratory etiquette, including covering coughs and sneezes.
- Discouragement of using other workers’ phones, desks, offices, or other work tools and equipment, when possible.

Employee Readiness

As you're preparing to re-introduce your employees to the workplace, work with your Return to Work team to develop and implement a plan to address the priorities and concerns that your employees identified as the most critical. As deliverables are being achieved or conditions evolve, review the priority list and select subsequent items to work on. Your ability to make your employees feel safe while mitigating risk will be the determining factor in a successful return to the workplace.

Employee Communications

A best practice is to communicate frequently and as transparently as possible with your employees on your organization's Return to Work plan. Developing visual employee communication materials summarizing implemented safety measures will help immediately answer employees' questions and may help calm any concerns. It's equally important to train managers on how to deal with employee challenges in order to effectively support their teams.

Temperature Scanning Employee Protocol – Sample Letter

To our Valued Employees,

To protect our employees and in compliance to the most recent Public Health Orders, as of Month Day, 2020, Company will require all employees or visitors to have their body temperature taken each day they enter the lobby of our facility at Location until further notice. Visitors will not be permitted on the premises without Management approval and must have a scheduled appointment. Employees or visitors who refuse to have their temperature taken will not be allowed to enter the facility.

Every employee or visitor will utilize a non-contact infrared thermometer to take his or her temperature using instructions provided at the temperature tracking table within the lobby of the main entrance. If the reading is 99.9 degrees Fahrenheit or below and the person is not experiencing any flu-like symptoms as described below, the person will sign his or her initials in the log provided and enter the facility for work.

Any person who has a fever at or above 100.0 degrees Fahrenheit, or who is experiencing flu-like symptoms as described below will not enter the workplace. Employees must go home and immediately notify their supervisor. Visitors must leave the premises and should notify their contact at Company by telephone or email.

Everyone taking their temperature must wear new gloves provided at the temperature tracking table and thoroughly wipe down the thermometer with an alcohol pad before and after use.

An employee that goes home due to high temperature or flu-like symptoms can return to work when:
He or she has had no fever for at least three (3) days without taking medication to reduce fever during that time; AND
Any respiratory symptoms (cough and shortness of breath) have improved; AND
At least ten (10) days have passed since the symptoms began

An employee may return to work earlier if a doctor confirms the cause of an employee's fever or other symptoms is not COVID-19 and releases the employee to return to work in writing. An employee who experiences flu-like symptoms while home should not report to work. Instead, the employee should seek medical attention as needed and notify his or her immediate supervisor for further direction. Flu-like symptoms include any of the following: fever, cough, sore throat, shortness of breath or difficulty breathing, chills or repeated shaking with chills, and new loss of taste or smell.



Protocols for Employees Sick at Work

Employees may develop symptoms of COVID-19 while at work. Organizations should consider developing sick at work policies and procedures to handle these situations properly.

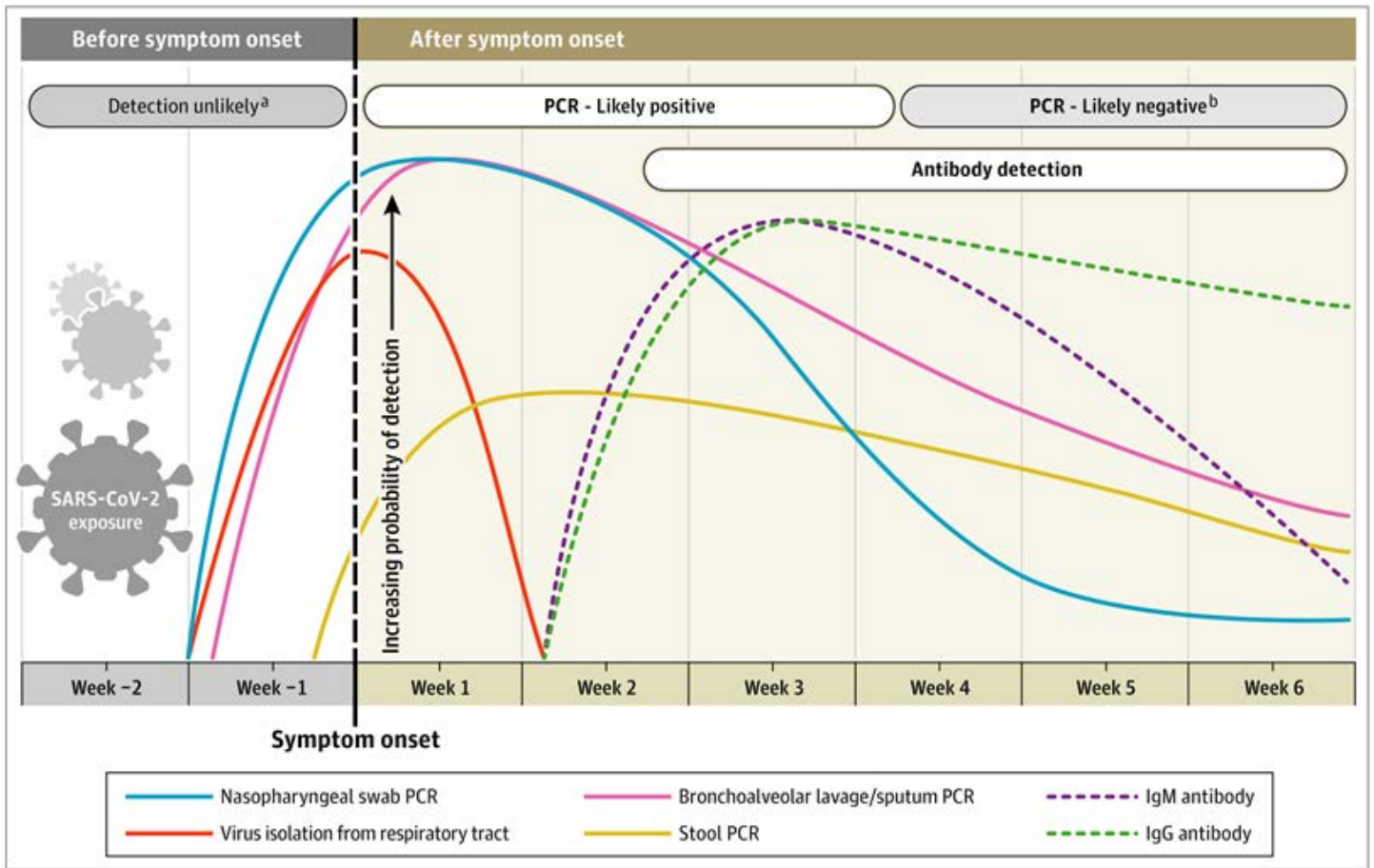
If an employee complains of signs and/or symptoms of COVID-19, we recommend erring on the side of caution. The organization should treat the employee, who may be ill, in a humane and caring manner, while also safeguarding the health and wellbeing of other employees.

Organizations should consider developing policies and procedures for the prompt identification and isolation of an employee who reports feeling ill in the workplace with symptoms of COVID-19 while being considerate of the employee's privacy rights. As stated above, the prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.

To that end, organizations should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. In addition, organizations should consider policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19 (or witness a colleague exhibiting symptoms of COVID-19), such as the following:

- All employees should be instructed to immediately report any symptoms of COVID-19 experienced (or if they experience a colleague exhibiting such symptoms) during the work shift to their supervisors or managers. Supervisors and managers should be trained on how to handle symptomatic employees.
- Any team member exhibiting such symptoms during the work shift can be asked to wear a mask (if not already wearing one) and be sent to a dedicated holding area (not the infirmary/first aid room) with separate access to the outside of the building/work area. The employee should be asked to avoid touching common work surfaces.
- The employee should be sent home. Note: The organization should consider developing a plan for transportation from the facility, especially if the employee did not arrive by personal vehicle. The plan should also specify how the employee may seek medical support.
- Advise the employee of the availability of wellness and/or Employee Assistance Plan services (as appropriate).
- The work area, tools, and equipment handled by the symptomatic employee and any common areas (such as restrooms or cafeterias) accessed by the symptomatic employee should be immediately cleaned, sanitized, and disinfected in a manner consistent with CDC guidelines. These activities should be documented and included in a visual control (See Section 17: Effective Safety Culture: Additional Considerations).
- Employees who have come into close contact (within six feet) with the symptomatic employee should be advised to take precautions such as wearing a mask (if not already wearing one), self-monitoring for symptoms of COVID-19, practicing physical distancing, and avoiding sharing tools or equipment for 14 days. Additionally, common touchpoints and surfaces contacted by possibly symptomatic employees should receive an increased frequency of cleaning and sanitizing.
- The employee's supervisor/manager should advise Human Resources that the employee reported feeling unwell and left the workplace.





Source: <https://jamanetwork.com/journals/jama/fullarticle/2765837>

Strategies for testing and tracing should be used as a guide, as policies vary by region and are updated constantly in response to the latest scientific discoveries and public policies. As the pandemic landscape shifts daily, Biocom is working closely with our partners to identify the best testing solution for all of our members. Our surveys have clearly shown us that testing is of great interest to our members in some form or fashion. What is equally apparent is that there is no consensus about the type or frequency of testing that is appropriate for a broad workforce. Biocom and the members of the Biocom Return to Work Task Force have interviewed dozens of providers of testing, collection outfits, CLIA labs, patient testing technology platforms, clinics, health care systems, insurance carriers, and doctors to come up with some guidance in this area. When it comes to testing of the workforce there are two basic schools of thought. “Smart Testing” which consists of triaging risk and testing where appropriate and “Widespread Testing” which covers the whole workforce with varying degrees of frequency. There are benefits to both and this guide is not prescribing either. One of the challenges with frequent, widespread testing is insurance reimbursement. Today the insurance carriers are being very liberal with the reimbursement of testing around Covid-19. When the flood of employees across all industries come back to work in full force and companies start to employ frequent testing regimens, our research suggests we may see a shift in reimbursement practices. With that in mind below you will find critical up to date information about testing, discounted Biocom member solutions by the best in class providers that are available today, as well as information about our ongoing Biocom Purchasing Group RFP for a low cost, outside of insurance, large scale testing solution.

Testing Modalities

At the present time, both polymerase chain reaction (PCR)-based tests and--to a lesser extent--serologic (antibody) testing have become available, though the logistics of equipment supply, laboratory capacity, and delivery of timely results continues to be a question at many sites. The quality of serologic testing to date remains highly variable due in part to emergency use authorizations by the Food and Drug Administration, hence it is imperative to ensure access to a high sensitivity externally-validated test. Additionally, we anticipate the near-term availability of saliva-based PCR testing and antibody testing, for which further validation will be essential. The positive predictive value of antibody tests depends on the prevalence in the population, so false positives will be relatively common in low-prevalence populations.

	Reverse transcriptase polymerase chain reaction (RT-PCR)	Antibody (IgM/IgG) rapid diagnostic test (RDT)	Antigen (Ag) rapid diagnostic test (RDT)
Sample	Nasopharyngeal swab of deep sputum	Blood (finger stick or blood draw)	Nasopharyngeal swab or deep sputum
Window Period	Short	3-5 Days	Short
False Positives	Almost None	Low	Almost None
Turn-Around Time	Days	15min	15min
Follow-Up	Re-test in several days if high clinical suspicion	Re-test if sample was obtained during the window period	Re-test if sample was obtained during the window period

Reverse transcriptase polymerase chain reaction (RT-PCR)

- This test is done on a deep sputum or nasopharyngeal swab, but increasingly done with mid-turbinate or anterior nasal swabs.
- RT-PCR is highly specific, which means the chance of a false positive is low.
- RT-PCR may have a sensitivity of around 75% for older tests but now >90% is common.
- A single negative RT-PCR doesn't exclude COVID-19 (especially if taken relatively early in the disease course, when the employee is COVID-19 positive, but IgG/IgM negative, the "Window Period").
- If the RT-PCR is negative but suspicion for COVID-19 remains, then ongoing isolation and re-sampling several days later should be considered.

Antibody (IgM/IgG) RDT

- This test is done on blood (finger stick or blood draw).
- Sensitivity and specificity are around 90%.
- In general, IgM can be detected 3-5 days after the onset of symptoms and IgG becomes positive a few days after the rise of IgM.
- The lag time of antibodies creates a window period where the patient may have a negative IgM/IgG RDT, but still have COVID-19 (the "Window Period").

Antigen (Ag) RDT

- This test is done on a deep sputum or nasopharyngeal swab, though some antigen testing can be done with whole blood.
- A single negative Ag RDT doesn't exclude COVID-19 (especially if taken relatively early in the disease course).
- If the Ag RDT is negative, but suspicion for COVID-19 remains, then ongoing isolation and re-sampling several days later should be considered.

Testing Frequency and Duration

The frequency and duration of appropriate testing among both essential and personnel in “non-essential” roles remains unclear, and the U.S. federal government to date has not--to the best of our knowledge--provided specific occupational health and safety guidelines to provide advice regarding the optimal frequency and duration of testing. It is highly likely that initial testing for workers in “essential” roles will be a risk mitigation rather than risk elimination strategy. It is also highly likely that subsequent testing for workers in non-essential roles will not avert all workplace outbreaks given the imperfect sensitivity of testing available to date and the large number of workers who may enter the workforce after a period of prolonged isolation, and the possibilities of exposure to the virus post-test or an inaccurate test result. In both scenarios, it is possible that ideal frequencies of testing to truly avert epidemics will be a dynamic consideration as incidence and prevalence will be increasingly understood with the first waves of testing, and hence the testing frequencies and durations estimated here may be updated regularly.

At present, based on a protocol developed by Harvard Medical School faculty (Testing, Contact Tracing and Community Management of COVID-19, 2020), the following testing algorithm has been suggested for the current point in time, during which laboratory testing capacity (and associated supplies and personnel) are considered limited in availability.

As laboratory capacity becomes more widely available, testing will be extended beyond asymptomatic healthcare workers to other asymptomatic essential personnel and--eventually--to all persons. The following testing frequency and duration projections have been made by calculating the testing frequency and duration necessary to reduce the effective reproductive number (RO) below the critical threshold of 1 to prevent worksite outbreaks. The epidemiological model upon which these estimates were based is further described in Collective Health’s Occupational Health Protocol.

Recommended testing strategy and frequency

Based on modeling provided in Collective Health, Occupational Health Protocol, using PCR testing or antigen RDT testing as available, the following cadence by risk group can be adopted to help avert workplace epidemics (cadence to reduce the effective reproductive number at worksites to below 1). Specifically, the cadence of testing suggested here could reduce the probability of a workplace epidemic from 91.4% on average to as little as 1.6% if followed by the recommended isolation and contact tracing procedures.



Biocom convenes leading experts from the industry to address issues around Returning to the Workplace as it relates to Covid-19. Upcoming events in this area will be informed by members of Biocom’s Return to Work Task Force and updated regularly here. The next installment in the Return to Work Webinar Series is on Testing & Tracing, facilitated by Biocom’s Testing Chair/Return to Work Taskforce Member, Gene Yeo, Co-Director, Bioinformatics and Systems Biology Graduate Program UCSD. To learn more & register, visit our website.

Testing Frequency and Duration

Occupational Risk Group (ORG)	In location with widespread community transmission? (see CDC list)	Suggested initial testing roll-out to asymptomatic persons	Suggested follow-up testing of asymptomatic persons	Rationale and calculation method
Personnel working in congregate settings but not in routine contact with potential COVID+ patients (e.g., manufacturing and laboratory personnel, personnel traveling internationally)	YES	Single PCR test, but consider 2 tests >24 hours apart for PCR if high-prevalence setting	Consider re-testing every 3 days to every month depending on local conditions until widespread community transmission has dissipated.	Modeling suggests that repeat testing should occur in areas with widespread community transmission, and be tailored to the local force of infection (Chin et al. 2020). Two tests several days apart are thought to improve sensitivity to reduce risk of false-negatives.
	NO	Single PCR test	Re-testing upon exposure with known positive case or if symptoms.	
General population returning to work from shelter in place	YES	Single PCR test	Re-testing upon exposure with known positive case or if symptoms.	Two tests several days apart are thought to improve sensitivity to reduce risk of false-negatives, in particular due to increased viral load before symptomatology and the risk of asymptomatic transmission (Kucirka et al. 2020). This is particularly the case for lower sensitivity antigen tests.
	NO	Single PCR test	Re-testing upon exposure with known positive case or if symptoms.	

For the purposes of this protocol, both PCR and high-sensitivity antigen RDT testing are considered equivalent for testing and retesting cadence guidelines.

Antibody serologic testing, however, is treated differently. If high sensitivity serologic antibody testing is available, and laboratory capacity is available for testing asymptomatic persons:

- Due to uncertainties about the duration of conferred immunity, persons who are exclusively IgG positive may be considered immune, but for an uncertain duration of time. It would be reasonable to retest such persons with serology after 3 months until the duration of conferred immunity has been established, and/or ensure such persons have retesting with PCR testing (for active viral shedding) every month until the duration of conferred immunity and non-infectiousness has been further established, and/or retesting with antibody testing in 2 weeks after the first test to identify maintenance of the IgG response.
- Due to the window period for serological antibody testing, it would be appropriate to conduct two serological tests for initial roll-out to asymptomatic persons, separated by one week.
- It is suggested to conduct PCR or antigen RDT with serologic antibody testing simultaneously to monitor for active viral shedding via PCR/antigen RDT even if quantifying antibody responses through serology.
- “A “positive” test is exceptionally difficult to interpret because the performance of these tests is not well known. For some assays both sensitivity and specificity may be poor, or at the very least undefined (Infectious Disease Society of America).

Testing Frequency and Duration

For persons testing negative

When interpreting a negative test one must take into account both the sensitivity of the test and the prevalence of disease.” (<https://hividgm.ucsf.edu/sites/hiv.ucsf.edu/files/2020-04/Final%20April%2021%20COVID%20Digest.pdf>)

For persons testing positive

Those workers who test positive for viral RNA on the PCR test, or IgM on the serology test, should proceed to isolation, and the laboratory and/or receiving personnel (HR or EH&S department) should report the case to the Department of Public Health per local mandatory reporting guidance.

Employees who rapidly progress to moderate or severe disease should be quickly triaged to providers to minimize the risk of morbidity and mortality. Those that are asymptomatic, or mildly symptomatic should move to isolation according to the below guidelines.

Clearance to discontinue isolation

The following guidelines are from the Centers for Disease Control and Prevention (CDC 2020a):

Scenario A: “Persons with laboratory-confirmed COVID-19 who have not had any symptoms

- May discontinue isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic.
- For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present.
- In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator. Masks with exhalation valves should be avoided to minimize risk to others.

Scenario B: Persons who have tested positive for coronavirus who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
- Negative results from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens, based on finalized results).”

Alternative Scenario B: if testing is not sufficiently available for confirmatory testing of clearance:

- “Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.”

Testing Frequency and Duration

Coronavirus Disease 2019 (COVID-19) Case Management

(source: Illumina)

Definition of Close Contact

- Close contact is more likely to occur while caring for, living with, or visiting a person that has tested positive for COVID-19
- Close contact is defined as:
 - being within approximately 6 feet (2 meters) of a COVID-19 case or within a closed space for a prolonged period of time (30 minutes), or
 - having direct contact with body fluids of a COVID-19 case (e.g., being coughed on), or
 - while traveling, being seated within 6 feet (two meters) of a person with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction
- Contact needs to have occurred within the symptomatic period or the 24 hours before onset of symptoms
- To further understand risk, it is important to consider the specific types of close contact. Examples include:
 - Sharing a desk, office supplies, computer keyboards, phones
 - Shaking hands, physical embrace
 - Sharing food, drink, or service ware
 - Sharing lab coats, safety glasses, or freezer coats / gloves
 - Sharing tools, interacting with touch controls equipment

Isolation / Quarantine Terminology

Self-observation means people should remain alert for subjective fever, cough, or difficulty breathing. If they experience symptoms, (i.e., feel feverish or develop cough or difficulty breathing during the self-observation period), they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Quarantine in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Employee Health Management

In monitoring employee workforce, categorize employees as either:

- Under Test:** person has had sufficient exposure or symptoms to warrant health care provider to order test.
- Presumed or Confirmed Positive:** i.e., at least one positive result has been obtained
- Symptomatic, close contact:** symptomatic who has had close contact with positive or someone under test.

- Symptomatic, no close contact:** symptomatic, but no history of contact with positive or someone under test.
- Asymptomatic, close contact:** asymptomatic who has had close contact with positive or someone under test.
- Not at risk:** asymptomatic, no risk factors.

The following table provides a framework to identify specific actions to be taken for affected employees and close contacts. Individual plans will be based on the specifics of the situation and the assessment of risk.

UNDER TEST

Employee who had sufficient exposure, represents high risk population, or experiencing symptoms to warrant health care provider to order COVID-19 test

Employee Action:

- Self-isolate for 14 days.
- Notify EHS, HR, or your manager of the test.

Close Contact Considerations

- Treat the situation as if the test is a confirmed case for purposes of managing close contacts.
- Identify all employees who had close contact (asymptomatic and symptomatic) with the suspected case, and ask them to self-quarantine for asymptomatic or self-isolate for symptomatic for 14-days **AND**
- Please use Appendix A, Personal Interviews, for only those people who are symptomatic.

Employee Return to Working on Campus or at Customer Site

If **positive** test result, see Positive Test Result category

If **negative** test result, and no symptoms for 24 hours since taking the test, and no ongoing close contact with a known positive case, symptomatic person, ok to return to work.

Medical clearance not required but must follow any medical professional guidance when available.

POSITIVE TEST RESULT

At least one positive result has been obtained and reported

Employee Action:

- Maintain self-isolation and healthcare as directed by healthcare professional.

Close Contact Considerations

- Based on the timing of the notification of the positive test result, if not done yet, do the following:
- Identify all employees who had close contact (asymptomatic and symptomatic) with the suspected case, and ask them to self-quarantine for asymptomatic or self-isolate for symptomatic for 14-days **AND**
- Please use Appendix A, Personal Interviews, for only those people who are symptomatic.

Employee Return to Working on Campus or at Customer Site

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances

Medical clearance required to determine when employee is released from home isolation. **AND**

If you can't get tested to determine if you are still contagious - 30 days from onset of symptoms

OR

If you will be tested to determine if you are still contagious, you can leave home after these three things have happened: You no longer have a fever (without the use medicine that reduces fevers) **AND** other symptoms have improved (for example, when your cough or shortness of breath have improved) **AND** you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

SYMPTOMATIC CLOSE CONTACT OR SUSPECT TRAVEL

Employee who had close contact with a known positive OR person under test OR suspect travel AND has been symptomatic during self-quarantine

Employee Action:

- Self-isolate for 14 days.
- Encourage employee to contact healthcare provider. If healthcare provider prescribes COVID-19 test, see Under Test category.

Close Contact Considerations

- If prescribed COVID-19 test, see Under Test category.
- Identify all employees who had close contact (asymptomatic and symptomatic) with the suspected case, and ask them to self-quarantine for asymptomatic or self-isolate for symptomatic for 14-days **AND**
- Please use Appendix A, Personal Interviews, for only those people who are symptomatic.

Employee Return to Working on Campus or at Customer Site

If **positive** test result, see Positive Test Result category

If **negative** test result, and no symptoms for 24 hours since taking the test, and no ongoing close contact with a known positive case, symptomatic person, ok to return to work.

Medical clearance not required but must follow any medical professional guidance when available.

SYMPTOMATIC NO CLOSE CONTACT OR NO SUSPECT TRAVEL

Employee who had no close contact with a known positive OR person under test OR No suspect travel AND has been symptomatic during self-quarantine

Employee Action:

- Self-isolate for 14 days.
- Encourage employee to contact health provider. If doctor prescribes COVID-19 test, see Under Test category.

Close Contact Considerations

- Identify all employees who had close contact (asymptomatic) and ask them to self-observe for symptoms for 14-days.

Employee Return to Working on Campus or at Customer Site

If under test, see Under Test category.

If person does not receive COVID-19 test: symptom free after self-isolation period of 14-days from beginning of symptoms **AND** has been symptom free for least three days (72 hours)

Employee Health Management

Asymptomatic Close Contact or Suspect Travel

Employee who had no close contact with a known positive OR person under test OR No suspect travel AND has been symptomatic during self-quarantine

Employee Action:

- Self-quarantine for 14 days
- Employee observes for any experienced symptoms. If symptoms developed, see close contact, symptomatic category.

Close Contact Considerations

- No action

Employee Return to Working on Campus or at Customer Site

- If negative result from person under test and no on-going close contact with known positive.
 - If positive test result from person under test, 14-days symptom free from last known contact and no on-going close contact with known positive.
 - For those with only suspect travel, 14 days symptom free from last return of travel.
-
- CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2 (such as in a household), i.e., “contacts of contacts;” these people are not considered exposed to SARS-CoV-2
 - If an employee tells us they have received a positive test result, we will act with that information and assume positive. We will start preliminary actions and parallel path a confirmation. If managers are notified by their employee, they are responsible to notify EH&S and HR.

Solutions Today for Covid-19 Testing

Biocom, the Biocom Purchasing Group, and the Biocom Return to Work Task Force interviewed dozens of companies that are currently providing some or all of the components of comprehensive COVID-19 testing. There are pros and cons to both “Smart Testing” and “Widespread Testing”, and the economics are different for each type. “Smart Testing” is a great value if the reimbursement practices that are currently in place, stay in place. If they don’t, the “Smart Testing” solutions may still be the best value, but their weakness is that they don’t provide the full level of security that “Widespread Testing” provides. If high frequency prophylactic testing becomes the new standard for our industry, however, the Biocom Purchasing Group is already underway on an RFP to secure the best terms and conditions for members of all sizes.

Available Today with Exclusive Discounts for Biocom Members

Smart Testing

Collective Health is an integrated organization helping employers to administer plans, control costs, and take care of their employees. Collective Health has designed a return to work management system, Collective Go, which is built on the idea that frequent, verifiable COVID-19 testing and monitoring, combined with clearly defined workplace risk protocols, is the only way to return Americans to work. Collective Health was recently featured in the Washington Post (see below) and works with a number of top life science and tech companies.

What is the Deal? Collective Health has extended a 20% discount on their platform exclusively to Biocom members. More information on their program can be found at <https://collectivehealth.com/insights/introducing-collective-go/> or they can be reached directly at GoBiocom@collectivehealth.com

Fine Print- This offer is available to members anywhere in the country but is only available for members with 100 employees and over. Collective Health can work out a custom deal for those under 100.

See also- https://www.washingtonpost.com/climate-environment/how-a-small-michigan-company-reopened-averting-a-coronavirus-outbreak/2020/05/22/33ed7fc6-9a3f-11ea-89fd-28fb313d1886_story.html

One Medical is a membership-based primary care organization combining seamless digital health with inviting in-office care and testing services. One Medical helps 7,000+ companies advance recruitment and retention, employee wellbeing and productivity, and value-based care and already works with a number of Biocom members. To further support employers and members during this time of COVID-19, One Medical offers comprehensive COVID-19 screening and testing, ongoing symptom surveillance and ongoing testing, along with return-to-work programs. One Medical was featured along with Collective Health in a great piece that shows the value of the platform (see below)

What is the Deal? Biocom members receive up to 25% off standard membership fees. Members can find out more about the discounts and the program at <https://onemedical.com/biocom/> or can email them directly at biocom@onemedical.com.

Fine Print- This offer is available to members anywhere in the country but is only available for members with 25 employees and over.

See also- <https://www.onemedical.com/mediacenter/jama-network-open-study-between-collective-health-and-one-medical-finds-virtual-office-primary-care-model-linked-45-lower-employer-total-cost/>



Check out the New York Times Heat Map for the latest updates on geographic hot spots.

Solutions Today for Covid-19 Testing

Widespread Testing

DxTerity is an industry leading California based CAP accredited and CLIA licensed molecular diagnostic laboratory specializing in companion diagnostic and emergency preparedness test development. DxTerity has created a platform for organizations to offer testing to employees, complete with non-invasive saliva testing, on-site sample collection, and employer portal summary reports. Dxterity was also featured recently in the Washington Post (see below).

What is the Deal? Biocom members receive a 25% discount on account set up fees, as well as discounts starting at 8% and rising from there based on volume. These discounts are on top of already very competitive per-test pricing. Please use the code Biocomsaves when connecting with DxTerity. Members can access more information on the discounts and the program: [HERE](#) or can contact them directly at info@dxterity.com.

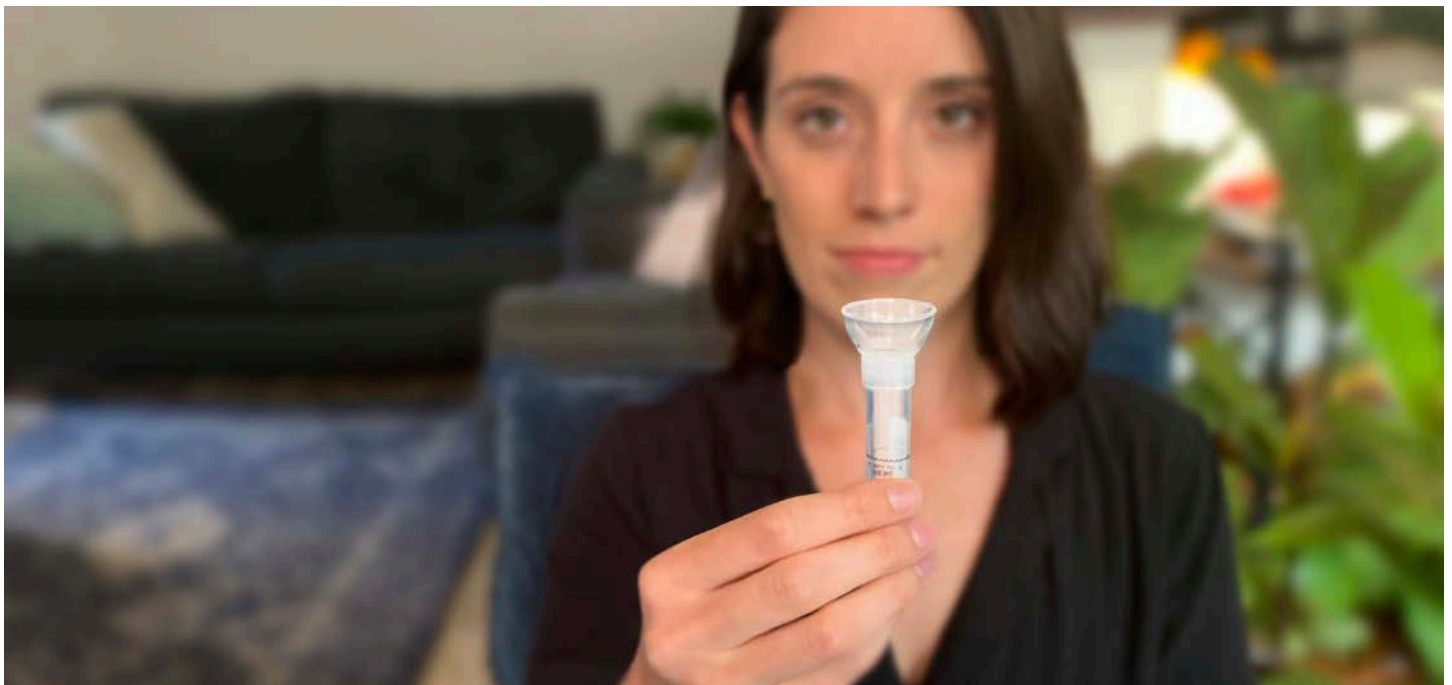
Fine Print- This offer is available to members anywhere in the country but is only available for employers with 50 employees and over.

See also- https://www.washingtonpost.com/climate-environment/how-a-small-michigan-company-reopened-averting-a-coronavirus-outbreak/2020/05/22/33ed7fc6-9a3f-11ea-89fd-28fb313d1886_story.html

StemExpress is a global biotechnology company headquartered in Folsom, California with additional collection center locations throughout the United States. Their high complexity CLIA-Certified laboratories in Folsom have established COVID-19 PCR and ELISA based Serology based antibody testing. They are actively testing individuals and employees at StemExpress locations and at employer locations.

What is the Deal? Preferred Pricing for Biocom Members: StemExpress can provide a discounted On-Site Collection Model to Biocom Members for \$125 (regularly \$149) per test. They also have set up additional discounts for our members who are able to collect their own specimens and ship to StemExpress laboratories. Kits can be provided by StemExpress. Members can find more information at <https://www.stemexpress.com/covid-19-testing/> or can email them directly at covid19@stemexpress.com.

Fine Print- In person testing at Stem Express facilities are available in most markets. Mobile and onsite testing may have additional charges depending on number of patients and onsite discounts have minimums for samples.



The Power of Connection



We may discover in the very near future that frequent, large scale, widespread prophylactic employee testing is necessary. Luckily we've been hard at work the last month solving for that exact problem through our Biocom Purchasing Group. We pride ourselves on the connections we've made for our members over the past 25 years - connecting science to savings, companies to community, and problems to solutions this unprecedented time of need. If large scale testing is needed the solution that is required might be one of the biggest projects our team has ever seen.

The Biocom Purchasing Group has been hard at work these past two months interviewing RFP candidates with the potential of becoming the state's first low cost, high throughput, large scale testing supplier. Over the next few weeks, science will decide whether widespread, frequent testing of the workforce is California's best path forward, and we will be prepared with a turnkey solution for our members up and down the state. We have interviewed dozens of stakeholders, including more than half of the CLIA labs in California, and have engaged them all in an RFP that is tracking completion in the next few weeks.

If the need for a large scale wide-spread testing solution arises, we will be able to operationalize a statewide solution to provide low cost, CLIA lab backed, large scale COVID-19 molecular testing for the entire California life science industry. We have already benefitted from the incredible generosity and investment of time and money from partners like **Alexandria Real Estate, Thermo Fisher Scientific, FedEx, ManagedLab Services, YuFlu** and many more, to help solve this problem and if the need arises we will be ready.

Biocom and the Biocom Purchasing Group are built for times like this - leveraging the power and expertise of over 1,300 members - and we will be ready to deploy a large-scale solution, if and when it is required.



Contact Tracing

Contact tracing is the process of identifying of persons who may have come into contact with an infected person, and the subsequent collection of further information about these contacts in order to isolate the spread of disease. In this section we will cover a number of contact tracing topics including:

1. Mandatory Reporting
2. Legal Context for Workplace Contact Tracing
3. Contract Tracing Algorithm
4. Testing Contacts

Mandatory reporting

Generally, mandatory reporting of positive tests is the responsibility of the reporting labs and resulting provider.

Information for Reporting Cases. To better understand the virus and its impact on health outcomes, CDC has developed a form that provides a standardized approach to reporting COVID-19 cases (individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19).

- National Notifiable Diseases Surveillance System (NNDSS) for case-based surveillance (which includes mechanisms to securely receive case data and share with CDC partners and technical assistance with onboarding new HL7 message mapping guides)
- National Syndromic Surveillance Program (NSSP) (including Emergency Department visits for onboarded facilities and COVID-19 test orders and results for 6 major commercial laboratories)
- NSSP for syndromic surveillance (which includes access to the RShiny app)
- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for quality-controlled line-level data for ED visits and 6 major commercial labs testing for COVID-19—including PCR and as of now IgA, IgG, and IgM as well; ESSENCE also provides advanced tools to rapidly query, visualize and analyze these data).

Legal context for workplace contact tracing

Workplaces who engage in contact tracing should implement appropriate privacy protective legal safeguards such as prior explicit consent from the tested worker (even if his/her/their name isn't used). Information concerning an individual's COVID-19 diagnosis—and what may be shared about that diagnosis with other employees—may be subject to a variety of federal and state employment and privacy laws, rules, and regulations, and the landscape continues to evolve rapidly. Additionally, contact tracing (and even mandatory testing) rules for independent contractors, particularly those not covered by client benefit plans, remain unclear at this time. Workplace rights in this area continue to develop rapidly and the advice of a qualified legal practitioner familiar with both the emerging laws and the workplace jurisdiction and implementation are advised. Due to the above legal concerns, we strongly recommend that workplaces first contact their local Department of Public Health (see information for reporting cases, above) and their own legal counsel, prior to designing and implementing workplace contact tracing.

Definition of a contact

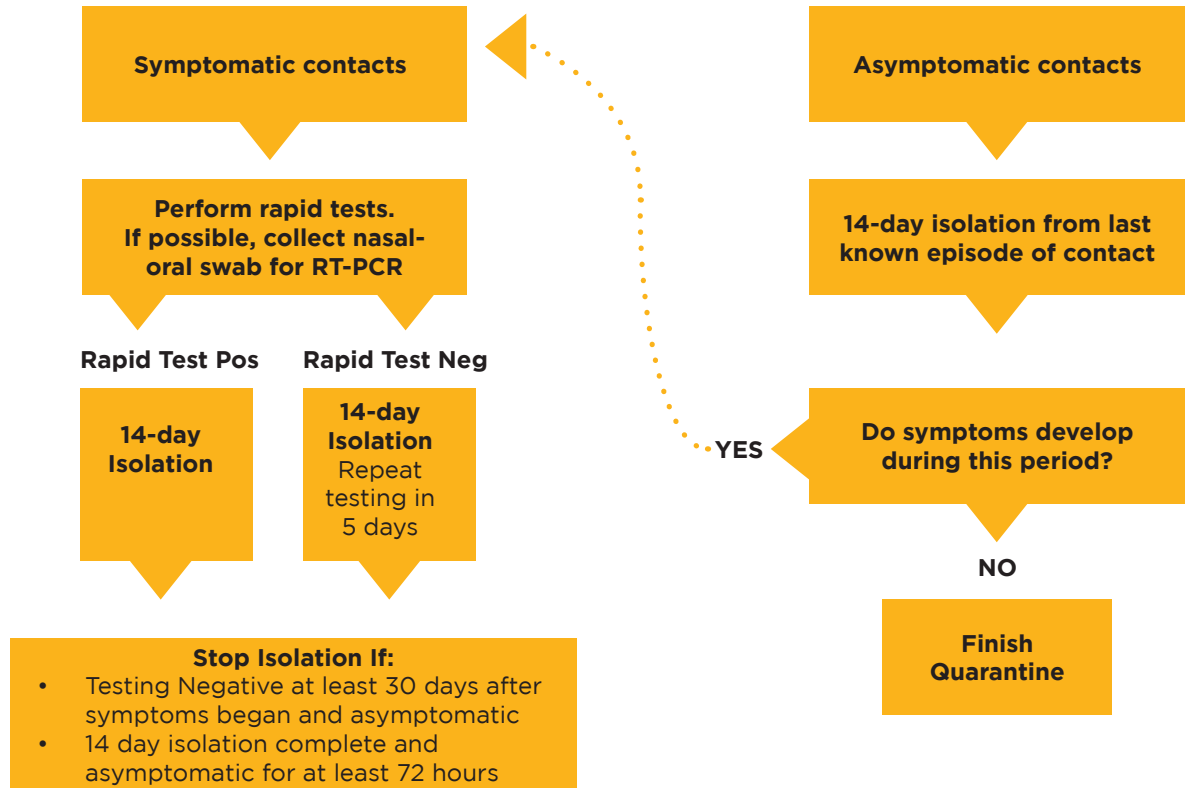
Applies to the preceding 14 days:

- Providing direct care to COVID-19 patients without proper PPE.
- Staying in the same close environment with a COVID-19 patient (workplace, classroom, household, other gatherings).
- Traveling together in close proximity (<2m) with a COVID-19 patient in any kind of vehicle

Tracing algorithm

The following contact tracing algorithm is based on a protocol developed by Harvard Medical School faculty (Testing, Contact Tracing and Community Management of COVID-19, 2020):

Contact Tracing Algorithm for Contacts of People with Documented Covid-19



Contact Tracing

Testing of contacts

Any symptomatic contacts should be tested. Asymptomatic contacts should be told to self-isolate for 14 days and call if symptoms develop. Self-isolation may mean living in a separate house, or distant room in a shared house.

Contacts testing negative

- If no symptoms, home quarantine for 14 days and call if symptoms develop, or test twice 5 days apart and clear if negative on both tests.
- If symptoms:
 - And inside the window period, home quarantine for 14 days. Test again in 5 days.
 - If outside the window period, no need for home quarantine.

Contacts testing positive

- Report to the Department of Public Health as a presumptive case of COVID-19.
- If a person will be managed as an outpatient, instruct them on home quarantine.
- Take a detailed contact history in preparation for tracing all contacts.

Contact follow up and discharge

- Daily or frequent communication with a healthcare provider via phone or visit is ideal to monitor for symptoms.
- Instructions for the contact:
 - Where to seek care if they develop a cough, fever, shortness of breath, or other symptoms.
 - The facility should be notified in advance.
 - Whenever possible, patients should remain at least 2 meters apart from anyone accompanying them to a
- Clean surfaces that come into contact during patient transport with 0.5% diluted bleach (this is 1 part bleach to 9 parts water).

Training

The Johns Hopkins University Bloomberg School of Public Health and Bloomberg Philanthropies, in partnership with New York state has launched an online course to train contact tracers. The course is free.



How Biocom / Biocom Purchasing Group Suppliers Can Help

Free PPE Through Biocom's Partnership with Cal OES: Biocom recently partnered with the California Governor's Office of Emergency Services (OES) to provide free-of-charge PPE to Biocom members who qualify as essential businesses, as part of our larger effort to safely transition members back into the lab and office space. Orders of PPE, which include a two-week supply of 3-ply disposable surgical masks and hand sanitizer, are being centralized through Biocom. Members with a two-week supply requirement of over 2,000 masks will have them shipped directly to their facility. All others will receive additional instructions on order pick up or delivery. Orders are being fulfilled on a first-come first-served basis, and we have already seen a high demand. We hope to provide free PPE to all essential members through the OES as well as our ongoing partnership with Thermo Fisher Scientific. To apply, [click here](#).

Biocom Return to Work Webinar Series

As you are preparing to open your offices and bring your employees back to the "physical" workplace, Biocom is here to help you navigate the planning process and provide industry standards and guidance. This past April, Biocom created a Task Force consisting of experts in key areas such as virology and epidemiology, environmental health and safety, facilities management, human resources and employment law, governmental affairs, communications and supply chain management who are working tirelessly to create a plan to ensure our member return to work safely.

This coming June, we will be launching a series of webinars for our members to learn firsthand from the experts participating on this Task force what you can be expecting in terms of a comprehensive "return to work" plan. Please check back often as we update this website with webinar dates and registration information. The webinar series will address the following:

June 10 | Testing and Tracing | Wednesday, June 10th

As you are preparing both your workplace and workforce for return, testing is top of mind for all employers. Please join us as we learn more about testing best practices by registering [HERE](#).

Preparing the Workplace | Date TBD

Preparing the Workforce | TBD

Each week, the Back to Work Taskforce will update the membership on best practices and recommendations that will become industry standard. The webinars will provide you with clear, vetted and scientific backed information aimed to provide you with the tools and resources to begin re-connecting your workforce. Please join our community of experts who will ensure you are armed with the most updated information while answering all your burning questions. Check back often: <https://www.biocom.org/EventDetail/?event=return-to-work-series>

Biocom Purchasing Group's network of vetted suppliers provides the critical PPE and supplies needed to stay safe and improve supply chain sustainability.

Our Biocom Purchasing Group suppliers are stepping up in big way to offer guidance on operations, lab, supply chain, EH&S, and business continuity strategies tailored specifically for the California life science industry. Take a look at some of the individual resources linked below, separated by our five core supplier suites: Lab, HR/Finance, Facilities/Operations, Data/Communications, and Travel.

For a full listing of member resources, please visit our [Coronavirus Resource Center](#).

How Biocom / Biocom Purchasing Group Suppliers Can Help

Cultura is here to help you with your Comeback Strategy.

While our team has been sheltered in place, we have proudly mobilized to not only support our essential businesses that continue to need critical care and services, but also listen, participate, learn, study and practice how we can help you get back to your workplace.

Here are some of the services that Cultura offers, bundled and ready to go:

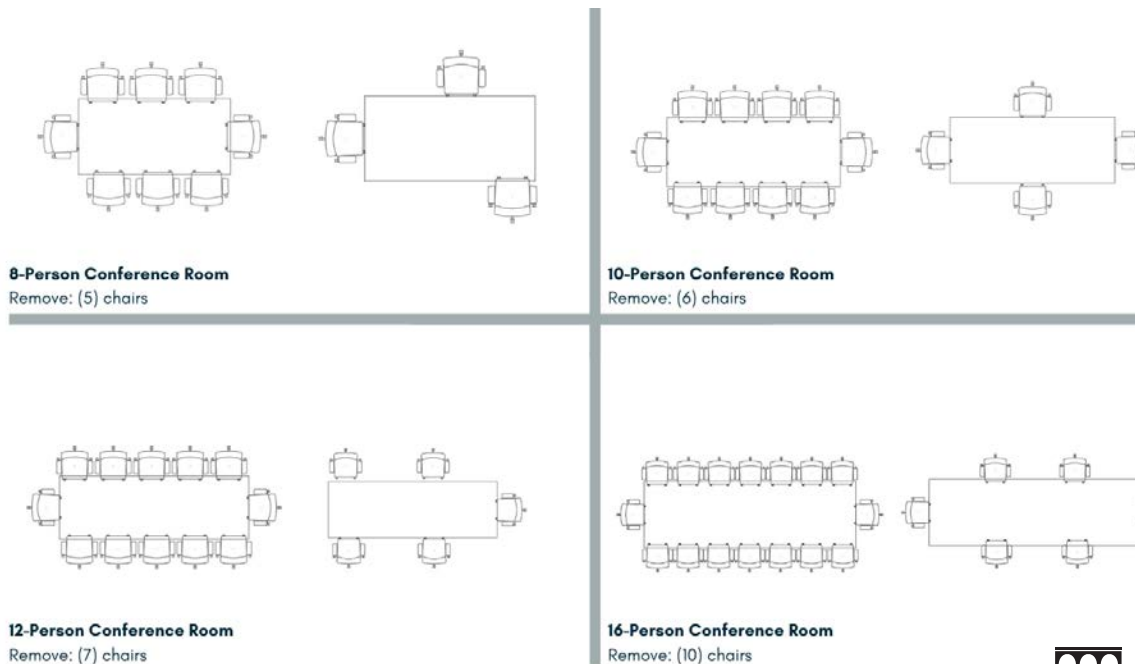
1. 6' of separation - where are you Good To Go and which areas Need Attention - FREE for Cultura clients who are Biocom Members. If you are not a Cultura client, you can have the service at a reduced rate of \$450 for under 10K sq ft and \$950 over 10K sq ft.
2. Layering in square footage per person and how that affects having a safe meeting spaces - \$500 (5 hours design time) + \$100/hour as needed
3. Easy adds to help ease your mind - product centric: screens with height adjustable tables, stacks, planters, sneeze guards - \$500 design time + product costs if needed
4. Applying New Products and Layouts - moves/adds/changes, social spaces upgrades - \$500 (5 hours design time) + \$100/hour as needed + product costs if needed
5. Culture Help - how to communicate internally, survey, build, maintain, develop, save, feed and keep your culture. Things you can do for you. - \$500 min.
6. Warehouse Storage - \$75/ bay
7. Labor for us to come to you and safely 'rearrange' a few things:
 - (2) guys and bobtail truck for the day \$1,180/ day
 - (2) guys and bobtail truck for half day \$590/ half day

If you don't need a truck, then 4-hour minimum applies but hourly rates below:

\$55/man hour - Regular Business Hours

\$82.50/man hour - After Regular Business Hours/Weekend/Overtime

If you are interested in a Physical Distance Analysis of your workspace, or any of the other services listed above please contact us. We are here to help you continue to #lovewhereyouwork!



*Specific room and table sizes should be taken into account when creating safe places for group interaction.



INDEX / ADDITIONAL RESOURCES / APPENDIX

EH&S

- Manufacturing Workers & Employers | CDC
- Reducing Transmission | Science
- Guidance for Cleaning & Disinfecting | CDC
- Disinfectants for Use Against COVID | United States Environmental Protection Agency
- Workplace Plan Policy | Veolia
- Illumina Recovery Framework | Illumina
- Safety & Precaution When Returning to Work | Fisher PPE
- Product Cleaning Instructions | Haworth
- Hierarchy of Controls | CDC
- Chemical Hygiene Plan | PennEHRS

HR

- Returning to the Lab After COVID-19 | T3 Advisors Cleaning & Social Distancing in the Lab
- Employer Information for Office Buildings | CDC Returning to work in the office
- Industry Guidance: Life Sciences | CDPH
- Maintain Physical Distance in the Lab | Promega Connections
- Occupational Health Protocol to Reduce Transmission of Coronavirus at Worksites | Collective Health
- New Guidelines for Airlines, Hotels & Rental Cares | AER Travel
- Physical Distance Services | Cultura
- Return to Work Considerations | Marsh & McLennan

Testing

- FAQs on Testing for COVID-19 | FDA
- Webinar on Testing | EEOC
- Testing 101 | FDA
- Testing & Screening | UCSD
- Temperature Checks | Marsh & McLennan

Tracing

- Automatic Contact Tracing Product | PWC
- Contact Tracing Training | Johns Hopkins University
- Testing, Monitoring & Clearing Process | MSHS
- Return to Work | Collective Health

Government

- [Guidance for Businesses & Employers Responding to COVID-19 | CDC](#)
- [Guidance for Recording Cases of COVID-19 | US Department of Labor](#)
- [COVIDView Weekly Summary | CDC](#) A weekly surveillance summary of US COVID-19 activity

Additional Guides:

- [Guidance on Preparing the Workplaces for COVID-19 | OSHA](#)
- [Ford Return to Work Manufacturing Playbook | Ford](#)
- [Roadmap for Returning to Work | Veolia](#)
- [How to Guide for Reopening Your Workplace | Cushman & Wakefield](#)
- [Returning People to the Workplace Safely | Marsh & McLennan](#)

Data / IT:

- [Free IT advisory services for Biocom Members | CentrexIT](#)

**THE PATH
FORWARD**

Biocom's Return to Work
Guide for California's
Life Science Industry

www.biocom.org/pathforward