CAROLINA PROSPER

Promoting Safe Practices for Employees' Return

Workplace Safety & Health During the COVID-19 Pandemic

Resources and Recommendations for Fearrington Cares

NORTH CAROLINA Occupational Safety and Health Education and Research Center

UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

NC Policy Collaboratory

Contents

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About Carolina PROSPER

Carolina PROSPER (Promoting Safe Practices for Employees' Return) recognizes the critically important role that small- and medium-sized businesses play in the state's economy. We know that the COVID-19 pandemic has had a crushing impact on many of these businesses. Carolina PROSPER exists to assist small- and medium-sized businesses to stay open or re-open while maintaining a healthy workforce during the pandemic.

Carolina PROSPER began in the fall (2020) with the Carolina PROSPER COVID-19 Worksite Impact Survey. Our aim was to assess COVID-19-related safety and health needs and interests of small- and medium-sized businesses in a ten-county region in central North Carolina. The data from this survey have helped us develop programs, policies and technical assistance plans to offer interested businesses.

Executive Summary

Thank you for taking time to complete the survey this fall. We have prepared this resource guide for Fearrington Cares based on your responses and what we learned from your employees and volunteers.

In the survey, you indicated your business's concern and/or interest in encouraging healthy behaviors, promoting overall health, implementing infection control, disinfecting your work environment, and improving ventilation. We heard from Fearrington Cares employees and volunteers that they are most interested in mental health resources, consistent leadership communication, and clear safety plans for reopening and restarting volunteer services.

This report provides highly relevant and current information (as of March 2021) on the topics you and your employees and volunteers identified as priority concerns. Each section in the resources portion of this report includes an overall highlight on each priority topic, as well as links to resources should you want to learn more. Many of the resource links include materials that can be shared and easily printed and used for your employees and volunteers such as posters, fact sheets, and checklists. We have also included a section on trauma-informed organizational practices that we encourage you to review based on what we heard from volunteer drivers about their experiences transporting people to and from important health appointments. The available information on trauma-informed organizational practices is traditionally intended for improving employee well-being, but many of the resources and practices may also apply to improving volunteer well-being at Fearrington Cares. Lastly, the report contains the walkthrough assessment and associated recommendations that we delivered to Fearrington Cares on January 8th, 2021.

Disclaimer Note: This report (and related resources) is designed to assist employers as they consider what is needed for their workplace's pandemic planning and implementation for their workplace. The information is current as of March 2021 and could change as scientific advances continue to address the SARS-CoV-2 virus risk. The information should not be construed as medical advice on any subject matter. The North Carolina Occupational Safety and Health Education and Research Center (NC OSHERC) disclaims all liability from actions you take or fail to take in workplace pandemic planning or implementation based on any content from this document.

Successes and Opportunities: Direct Employee and Volunteer Input on Safety and Health

This section summarizes responses from Fearrington Cares employees and volunteers who either participated in a one-on-one interview or focus group with our study team. Thirteen Fearrington Cares volunteers participated in two separate focus groups, including seven volunteer drivers and six volunteer handypersons. Four Fearrington Cares employees participated in in-depth interviews.

The opinions of all employees and volunteers may not be represented by this information. This section of the report represents the opinions of the 17 people who actively participated in data collection via focus group discussions or in-depth interviews.

The following information highlights our major findings relevant to Fearrington Cares employees' and volunteers' safety, health, and well-being.

Fearrington Cares Health and Safety Practices

What are employees and volunteers aware of?

Fearrington Cares employees are aware of a variety of current workplace practices, specifically the following:

- ***"Masks while moving"*** - Employees are required to wear masks while moving around the office or while sharing a space with someone else.
- Performing temperature checks on visitors entering the facility
- Accessing the office only by appointment; not allowing walk-in visitors
- Requesting that all visitors sanitize their hands

Volunteers were aware of current instruction from Fearrington Cares to suspend most driving and handyperson services. Volunteer drivers were aware of specific instructions from Fearrington Cares leadership to refrain from transporting passengers in the backseat of their cars for safety. Volunteers were also aware of mask policies, including requiring homeowners to wear masks when receiving handyperson services.

What's Working?

In general, employees and volunteers felt that Fearrington Cares has done what they can to keep them safe. One employee said, ***"I just feel safe, I think we've done everything we can"*** and added ***"I don't think there is anything else to do"*** when asked about other safety and health efforts. Another employee said, **"we *can feel secure that all of us are doing what we can do outside of the office as well as in the office."*** Additionally, one hundred percent of Fearrington Cares employees strongly agreed that leaders and management staff work together to ensure the safest possible working environment and 100% of Fearrington Cares employees either "agree" or "strongly agree" that it is important to keep employees safe from hazards at the workplace. Employees and volunteers specifically mentioned that sanitation practices, social distancing, and the suspension of most volunteer activities are effective safety efforts.

Fearrington Cares employees felt comfortable being in their workspaces because of the implemented safety measures. Some of the policies specifically mentioned by staff and volunteers included: wiping down shared surfaces; adjusting cleaning crew responsibilities to accommodate SARS-CoV-2 disinfection requirements; and enforcing mask wearing, temperature checks, and the use of hand sanitizer. Employees and volunteers also highlighted that social distancing measures have been successful because there are very few people in the office at a time, visitors are not allowed without appointments, and meetings are being held with physical distancing.

Additionally, at the time of the focus groups in mid-January 2021, volunteers voiced support for continuing to delay the resumption of volunteer activities until the COVID-19 pandemic is more under control. One volunteer driver noted they ***"will not be comfortable having anyone else in my car except [a family member] until we're both inoculated, and I feel safe driving."***

Main Areas of Concern: Mental Health, Leadership Communication, and Clear Safety Plans for Reopening and Restarting Volunteer Services

Mental Health

Mental health emerged as a top concern for Fearrington Cares employees and volunteers. They expressed concern over employees' ability to maintain resident engagement in Fearrington Cares communal activities offered via Zoom.

> ***"I think the biggest challenges are mental. That we're not serving our population and we're very concerned about them. Fearrington Cares staff are very invested in delivering the services we deliver, and we know that people have been negatively impacted by [COVID-19]."***

Three other employees indicated that their worry about their safety and health has increased since the COVID-19 pandemic began in March 2020. Additionally, 3 employees indicated that they worry about their safety and health "to some extent" or "a lot." Volunteers echoed this sentiment as several of them stated that they are worried about their own health.

Volunteers specifically stated that some have experienced "trouble sleeping" since the beginning of the pandemic, and they are interested in multiple types of assistance, including resources on sleep, stress management, and mental health in the time of the COVID-19 pandemic. One volunteer noted that existing Zoom classes for residents on sleep and mental health may address this need.

Communication from Leadership

Another top priority for volunteers and employees is receiving consistent and updated resources and information from leadership personnel at Fearrington Cares.

Fearrington Cares' approach to communication has included directing employees to online informational resources. Communication from leadership is important to Fearrington Cares volunteers and they expressed a desire for more direct communication. If volunteer services resume, volunteers want definitive and up-to-date information relevant to their roles to help guide them through their responsibilities in the safest way possible. Some topics that have come up during interviews and focus group discussions include:

- *What specific precautions can we take when transporting passengers in our cars? (e.g., maximizing clean airflow and length of time between different passengers)*
- *Are Plexiglas partitions to use in the facility worthwhile? Where do we find these?*
- *How do you handle someone who does not want to wear a mask when you're inside their home? What are the best ways to encourage mask wearing?*
- *How do you sanitize shared tools?*

Volunteers expressed the need for a variety of communication platforms to effectively reach all residents, volunteers, and staff. Some volunteers voiced their preference for flyers and bulletin boards while others appreciated direct emails and newsletters. One focus group participant mentioned that Fearrington Cares staff call residents on the phone if they do not have

computers, internet, or email. Volunteers also suggested adding more updates about COVID-19-related findings and recommendations to regularly distributed newsletters. The data suggest that both volunteers and residents would benefit from receiving communication in mediums that best suit their needs, preferences, and comfort with technology.

Reopening Plans

Reopening the facility to walk-in visitors and resuming regular volunteer activities is a concern for Fearrington Cares employees and volunteers. One employee said leadership will have to decide when to open the facility and they will have to communicate the rationale behind the decision for everyone to feel as safe as possible.

Employees are curious about future plans and hope to find out more about how rules and the physical space will be updated when more people can enter or walk into the facility. One specific item might include changes to mask wearing policies, which are pertinent given that some employees currently wear their mask "some of the time" while working. Additionally, one employee expressed interest in having office disinfection policies reviewed, to ensure continual adherence and effectiveness. Another employee suggested the use of Plexiglas partitions in the facility to improve safety. Clarifying any updates to policies and the physical space with Fearrington Cares employees will maintain their effectiveness and may increase employee confidence in the workplace.

Reopening concerns extend to volunteer roles as well, as explained in the sections below.

Restarting Driving Services

Volunteer drivers wanted to know when and how their services would resume. They shared their concern for the community and the impact the COVID-19 pandemic is having on residents, and one participant said, "***It became a huge issue for the community when we had to shut down."*** Their concerns for the wellbeing of the community were challenged by their own personal safety concerns. One participant described one of their biggest worries was having people in their cars before it was safe to do so. Others discussed the uncertainties of what a COVID-19-conscious driving service would look like.

> ***"Do we then have to become the cop that has to ask everyone that we would have an appointment with 'show me your vaccination certificate before I'll take you'?"***

Volunteers wanted information from PROSPER regarding the best air ventilation practices that would keep both them and their passengers safe. Several volunteers reported utilizing various sources of information and recommendations found on the internet or from their own personal connections.

Volunteers appreciated not being asked to drive passengers right now. They also made it clear that they want to be a part of the decision-making process regarding when driving services will start again. They actively brainstormed amongst themselves different potential thresholds for deciding when to resume driving services.

> ***"I'm curious about the dividing line, AKA when will it be safe? When the numbers go way down, or when everyone is vaccinated?"***

Restarting Handyperson Services

Regarding restarting handyperson services, volunteer handypersons' top concerns were:

1. Effectively screening handyperson requests

To screen residents' requests for handyperson services, some volunteers valued current practices, with one person saying, ***"I like the fact that when the coordinators call via client that they go through a drill on the COVID-19 safety and make sure precautions are being taken. We might go beyond masking and get into other things [on the screener call]."*** Other volunteers hoped for screening calls to expand saying, for example, ***"it would be helpful to have screening measures in place, like [checking] do you have symptoms?"*** Another volunteer said, ***"maybe add another question to the screener to ask if or when they were vaccinated."***

2. Ensuring safety compliance of residents requesting handyperson assistance

Ensuring resident safety compliance can take the form of enforcing proper surface disinfection practices, enforcing proper mask wearing, and creating a plan for how to address those who do not wish to comply. One volunteer explained their concerns about surface disinfection:

> ***"Surface disinfection is something that's easy for someone to miss. There are lots of surfaces that are touched. You are asking the homeowner to anticipate every surface that everyone may touch and to disinfect them and that's something that is easy to miss. I don't know how strict we should be about that."***

One volunteer suggested having scheduling coordinators review and reiterate necessary COVID-19 precautions with residents requesting handyperson assistance. However, uncertainty remains about what to do if a homeowner does not want to follow precautions. One volunteer illustrated this concern by saying, ***"some outliers don't believe in precautions, there should be advice on how to deal with those who want help but don't want to follow precautions."*** Another volunteer added that it is a good policy to advise volunteers to ***"walk away if they aren't comfortable and call the coordinators to tell them what happened."*** Overall, handyperson volunteers want to resume their roles once they feel safe with the precautions and the environment.

How to Address Main Concerns

For help promoting employee and volunteer mental health and well-being, refer to the "**Cope and Thrive: Helping Employees and Volunteers Maintain Mental Health**" section of this report (pg. 11). We specifically recommend that employees and volunteers view the Carolina PROSPER Wellness Webinar Series Recordings.

For help improving sleep and reducing stress, refer to the "**Stay Healthy: Promoting Overall Health During the COVID-19 Pandemic**" section of this report (pg.14).

Update Precautions for Volunteer Services

At this time, we are not directly recommending resumption of volunteer services, as the ultimate decision whether to resume volunteer services should be made at the discretion of Fearrington Cares and the community they serve based on developments related to SARS-CoV-2 virus and

concomitant mutations. Before services resume, we recommend that Fearrington Cares continues to facilitate conversations with volunteers to engage them in decision-making and to keep them updated. Volunteers are heavily invested in their roles and have productive suggestions for improving safety and health practices.

For specific suggestions to consider when updating volunteer precautions, refer to the **"Driver and Handyperson Services"** section of this report (pg. 31) and **APPENDIX C: Driver and Handyperson Resources** (pg. 43). Additionally, the CDC recently released interim guidance for people who have been fully vaccinated, which should be considered in instances when volunteers and the residents they are serving have all been fully vaccinated.

Clarify Required In-Office Safety Practices

Current in-office safety practices, including mask wearing, can be clarified and strengthened by increasing public-facing signage and instituting a policy that masks are required all the time except when eating or drinking in the facility. The CDC recommends that masks should still be worn in addition to staying at least 6 feet apart, especially when indoors around people who do not live in your household. We recommend use of the Carolina PROSPER wall posters, floor decals, and A-frame signs to communicate in-office safety practices to employees and visitors.

For more tips on encouraging proper mask wearing, refer to the "**Masks Go Over the Nose: Encouraging Healthy Behaviors**" section of this report (pg.10).

For tips on suggested updates to safety measures, refer to the "**Slow the Spread: Implementing Infection Control Protocols**" section of this report (pg. 16).

Resources for Fearrington Cares

What, How, and Where: Getting Tested in NC

Testing can help people who are infected get treatment quickly, reducing the risk of severe illness and reducing exposure to others. Testing is key to preventing the spread of COVID-19 through isolation and contact tracing. See the NC DHHS website for the most up-to-date information on where and how to get tested.

Highlights

Diagnostic Tests

- Show if someone has an active coronavirus infection and should take steps to quarantine or isolate themselves from others.
- Most tests occur at pharmacies, clinics, or doctor's offices, but at-home collection tests are available, and employers can arrange **for worksite testing**.
- Worksite testing can occur several ways. Some providers send trained personnel to assist with sample collection at your worksite, while others will pick-up and analyze saliva samples taken on-site.

Understand the Language around Testing*

There are two types of diagnostic tests:

- **Molecular tests** (aka viral test, nucleic acid amplification test (NAAT), rRT-PCR test, LAMP test) detect the virus's genetic material.
  - Can take one day to a week for results depending on location and number of tests
- **Antigen tests** detect specific proteins from the virus.
  - Can receive results extremely fast (15-30 minutes)
  - Negative results may need to be confirmed with molecular test, especially if symptoms are present

Two of the main considerations in assessing a test are its sensitivity and specificity:

- **Sensitivity** refers to the accuracy of positives. A highly sensitive test means that there are few false-negative results so fewer cases of the disease are missed.
- **Specificity** refers to the accuracy of negatives. A highly specific test means that there are few false-positive results.

Pooling can be an affordable option, particularly for businesses or areas with low prevalence.

- **Pooling** combines samples from several people and conducts one lab test on the combined sample to detect the virus.
  - If the pooled test is negative, you can assume all in the pool are negative.
  - If the pooled test is positive, everyone will need to be tested individually.

*Information pulled from multiple sources including U.S. Food and Drug Administration, Centers for Disease Control and Prevention, MedTech Dive, Peterson-KFF, Altamirano et.al, GoodRx, Pasomsub et.al, LiveScience

See **Appendix A for Selected Testing Vendors**, including those who offer worksite and at-home testing options.[1]

Sources and Additional Resources

1. Testing Basics – Terms and How It Works from the Food and Drug Administration
2. More about Antigen Tests from the Centers for Disease Control and Prevention
3. Policies around Testing Costs from Peterson-KFF

Masks Go Over the Nose: Encouraging Healthy Behaviors

In addition to testing, health experts recommend the following healthy behaviors to help slow the spread of coronavirus: handwashing, mask wearing, and physical distancing. Consider what changes you can make in your work environment to help support your employees, volunteers, and community residents to practice these behaviors. Print and share the free materials in the resources section.

Highlights

1) Hand Washing Basics

- Scrub hands for at least 20 seconds.
- In public spaces, try to use a paper towel or cloth to turn off water and open doors.
- You can use warm or cold water as well as bar or liquid soap.
- Soap does not have to be antibacterial.

2) Using Hand Sanitizer

- Washing your hands with soap and water is the most effective way to prevent the spread of infections.
- If soap and water are not available, use alcohol-based hand sanitizer with at least 60% ethanol or 70% isopropanol.
- Spread the sanitizer over all parts of your hands and fingers and rub together until they are dry.
- Use soap and water instead of hand sanitizer if hands are visibly dirty or greasy.

3) Maintaining Physical Distancing

- When possible, stay at least 6 feet away from others not living in your household.
- Utilize drive-through, curbside pick-up, and delivery options, as available.

4) Wearing Masks Properly

- Reusable masks should have two or more layers of washable, breathable fabric.
- Masks should be worn completely over nose and mouth and fit snugly.
- If your mask is always slipping, try a different shape/size.

CDC, How to Wear Masks

- Do NOT touch your mask while you are wearing it. That contaminates your hands and/or the mask.
- When taking off a used mask, only handle the loops or ties, fold the outside corners together so that the part of the mask facing out is now covered.
- Wash hands after removing masks.

[1] Please note that as of the date of this report, several companies sell at-home testing kits, but it is important to check that these tests are U.S. FDA approved for use per applicable Emergency Use Authorization (EUA). At-home testing should not be used as a sole diagnosis tool, nor is a substitute for a visit to a healthcare professional. Always check with your healthcare provider.

Sources and Additional Resources

From the Centers for Disease Control and Prevention

1. Posters, Stickers, Videos, and Other Communications about Keeping Hands Clean
2. "Life is Better with Clean Hands" Posters, Fact Sheets, Social Media Posts
3. How to Select, Wear, and Clean Your Mask Recommendations and Graphics
4. How to Safely Wear and Take Off a Mask One-Pager
5. How to Protect Yourself and Others
6. "Handwashing: A Corporate Activity" One-Pager

From the World Health Organization

7. How-To Guide on Physical Distancing Downloadable Posters

From the Association of American Medical Colleges

8. The science and psychology behind masking to prevent the spread of COVID-19

From Current Psychology - A Journal for Diverse Perspectives on Diverse Psychological Issues

9. Behavioral and psychosocial factors associated with COVID-19 skepticism in the United States

From Prevent Epidemics - a project of Resolve to Save Lives, an initiative of Vital Strategies

10. Promoting mask-wearing during the COVID-19 pandemic: A POLICYMAKER'S GUIDE

From Spectrum Health System

11. 9 Ways to Encourage Compliance with Facemask Mandate

Cope and Thrive: Helping Employees and Volunteers Maintain Mental Health

In addition to concerns over the physical health and well-being of ourselves and loved ones, the pandemic has affected nearly every aspect of our lives from finances to the education of our children to our social lives. These changes and limitations can cause numerous mental health concerns, which can severely interrupt functioning in work productivity and daily life.

Highlights

Mental Health Concerns & Symptoms

- Stress
- Anxiety
- Depression
- Loneliness
- Grief
- Poor Sleep
- Exhaustion and Burnout
- Lack of Motivation
- Difficulty Concentrating
- Substance Abuse

Suicide Hotline

If you feel you or someone at your workplace may harm themselves or someone else:

National Suicide Prevention Lifeline

Toll-free number 1-800-273-TALK
1-800-273-8255

The Online Lifeline Crisis Chat is also free and confidential. Users are connected to a skilled, trained counselor in their area.

Disaster Distress Helpline

Immediate crisis counseling is also available for people experiencing emotional distress (e.g., stress, anxiety, depression-like symptoms) related to any natural or human-caused disaster:

Substance Abuse and Mental Health Services Administration's Disaster Distress Helpline

Call or text: 1-800-985-5900 to connect with a trained counselor

Ways Employers Can Help

1) Minimize Work Stress

- Talk openly about how the pandemic affects work.
- Discuss and work together to identify ways to reduce stress caused by work, such as by reducing Zoom (or virtual meeting) fatigue.
- Share information and resources to support mental health.
- Review policies and benefits to minimize work stress and link to available mental health resources.
- Show empathy.

2) Share Information: How to Promote Health & Build Resilience Among Employees

- Make a consistent schedule for sleep, self-care, work, screen breaks, connection, etc.
- Stay informed but take breaks from checking social media and the news.
- Practice mindfulness techniques and self-compassion.
- Stay connected to loved ones.
- Get fresh air – go outside from time to time or open windows to improve air quality.
- Keep your immune system strong by eating healthy foods, prioritizing sleep, being physically active, and maintaining good hygiene.

3) Facilitate Peer Support Groups or Systems

- Create space (virtual or otherwise) for employees and volunteers with common experiences to provide one another emotional or social support (e.g., buddy system or support group at work).
- Establish strong linkages with professional mental health and care services.

Sources and Additional Resources

1. Carolina PROSPER Wellness Webinar Series Recordings and Slides
2. How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic from the Centers for Disease Control and Prevention
3. Working Remotely During COVID-19: Your Mental Health and Well-being from the American Psychiatric Association
4. Peer Support Resources from UNC Peers for Progress
5. 10 Ways to Make Zoom Meetings Less Exhausting, According to Psychologists from Prevention
6. COVID-19 Resource and Information Guide from the National Alliance on Mental Illness
7. Mental Health and COVID-19 Information and Resources from Mental Health America
8. Care for you Coronavirus Anxiety from Shine in collaboration with Mental Health America
9. Taking Care of Your Emotional Health from Alliance Health
10. Family Forward NC – provides helpful guides and resources for employers to create family-friendly practices and policies.

Trauma-Informed Organizational Practices During the COVID-19 Pandemic

Trauma-informed organizational practices help make workplaces more supportive, healthy, and equitable environments. Becoming more "trauma-informed" does not involve diagnosing employees with trauma-related mental health conditions, but rather implementing practices to prevent traumatization at work and support staff who may be experiencing traumatic reactions to current or previous circumstances. Trauma-informed organizational practices include promoting transparency, voice and choice for employees, peer support, collaboration, mutuality, safety, sensitivity to cultural and historical trauma, and more.[2]

These practices can be especially beneficial for organizations in which employees may experience occupational vicarious trauma. Vicarious trauma is a "negative reaction to trauma exposure and includes a range of psychosocial symptoms that providers and responders may experience through their intervention with those who are experiencing or have experienced trauma."[3] Human service providers may face the risk of workplace vicarious trauma depending on their roles and the experiences of their clients.[4]

Before the pandemic, there was an expanding array of resources on how to make workplaces more trauma-informed such as the Department of Justice's Vicarious Trauma Toolkit and the Department of Health and Human Services Resource Guide to Trauma-Informed Human Services. Notably, in 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) created the foundational Concept of Trauma and Guidance for Trauma Informed-Approaches that synthesized the current evidence base, created a collective definition of trauma, and outlined strategies for organizational trauma-informed approaches. These resources, while not tailored to COVID-19, provide helpful context and foundational information on trauma-informed workplaces.

As the pandemic unfolds, resources on trauma-informed approaches such as resources 1-3 listed below are being updated to recognize the continuing impacts of the pandemic on the mental health of employees and on the organizational culture of the workplace. Below, we have provided resources and referrals to two service providers who can provide additional support if you are interested in learning more about and implementing trauma-informed practices.

Sources and Additional Resources

1. Trauma Informed Oregon: Considerations-for-COVID-19-Trauma-Informed-Response. An overview of guiding principles for how to implement trauma-informed practices in the current moment.
2. Headington Institute: Covid-19 | Headington Institute (headington-institute.org). Headington specializes in working with humanitarian organizations on mental health. And for management, specifically: Manage Your Team | Headington Institute (headington-institute.org).
3. Public School Forum: Trauma-Informed School COVID Re-Entry Planning Guide. An example of using trauma-informed principles to think through supporting teachers,

[2] Substance Abuse and Mental Health Administration, Concept of Trauma, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
[3] Department of Justice, Vicarious Trauma Toolkit: https://ovc.ojp.gov/program/vtt/glossary-terms
[4] Department of Health and Human Services, Resource Guide to Trauma, https://www.acf.hhs.gov/trauma-toolkit

students and staff that is not focused on your sector but illustrates how these principles have been translated for one area.

4. The Substance Abuse and Mental Health Administration: Concept of Trauma and Guidance for a Trauma-Informed Approach. This is a key resource that outlines a definition of trauma in greater detail and provides an outline on trauma-informed organizational practices.
5. The Department of Health and Human Services: Resource Guide to Trauma-Informed Human Services.
6. The Department of Justice: Vicarious Trauma Toolkit. This toolkit provides resources for organizations whose employees may experience vicarious trauma through their jobs. Although it is focused on victim services, EMS, fire, and law enforcement, the concepts and practices may be applicable for your volunteer drivers.

If you are interested in referrals for additional training and/or technical assistance in this area, we can provide the following:

7. Jan Williams at the Center for Child and Family Health is well respected and a great local trainer on compassion fatigue, burnout, and staff care. Jan Williams, LCSW | Center for Child & Family Health (ccfhnc.org).
8. Futures Without Violence's Workplaces Respond to Domestic and Sexual Violence National Resource Center has resources on trauma-informed workplaces and the impacts of vicarious and secondary trauma on employees. It also offers free training and technical assistance.

Stay Healthy: Promoting Overall Health During the COVID-19 Pandemic

Besides avoiding COVID-19, workers benefit from taking care of their overall health. Get adequate sleep, be physically active, and make healthy food choices, to name a few points of advice. However, some basic health advice does not work as well when many of our normal activities are so limited. Health tips and resources in this section consider COVID-19 limits.

Highlights

1) Improve Sleep

- Set a schedule and routine.
  - Many cell phones now have a bedtime alarm which will alert you when you intended to go to sleep.
- Try to reserve the bedroom for sleep and limit distractions in the bedroom.
  - Keep cell phones out of the room or out of reach.
- Expose yourself to natural light (including opening windows and blinds) throughout the day.
- Utilize relaxation techniques such as meditation, yoga, and warm baths.
- Stay active and maintain a healthy diet.

3) Be Physically Active

- Make use of free online videos and aerobic activities that can be done in small spaces such as dance classes and jumping jacks.
- When possible, get outside to walk or jog.
- Check websites such as eBay and local online marketplaces for secondhand treadmills, ellipticals, or stationary bikes if walking or exercising outside is not an option.
- Use free weights or household items (e.g., canned goods, textbooks, or water jugs) to help build strength.
- Make it a family activity.

2) Eat Healthy

- Plan meals for the week and make a grocery list ahead of going to the store.
- Schedule eating times, whether at home or at work.
- Stock up on fresh fruit and vegetables, or frozen varieties that stay fresh longer to minimize store trips.
- Watch portion sizes; check labels when uncertain.
- Plan for and enjoy an occasional comfort food.
- Limit purchase of salty and sweet snacks. If something is not in the cupboard, you cannot reach for it.

4) Maintain Recommended Healthcare

- Get a flu shot.
- Continue to receive regular medical screenings and dental care.

Sources and Additional Resources

1. Sleep Guidelines During the COVID-19 Pandemic from the Sleep Foundation
2. Staying Physically Active during Self-Quarantine from the World Health Organization
3. Making Health and Nutrition a Priority During the Coronavirus (COVID-19) Pandemic from American Society for Nutrition
4. Eating during COVID-19: Improve your mood and lower stress from Harvard Medical School

Avoid Neck and Back Pain: Leveraging Ergonomic Resources for Home

During the pandemic, many more employees are now working from home; most without the benefit of a home office. Short-term working solutions, particularly around how employees are sitting, can cause neck and back pain, which can reduce productivity. Moreover, as short-term working solutions become longer-term work environments, it is important to consider ergonomic hazards and strategies. Many of the following tips and resources are applicable for traditional office workstations in addition to home-based workstations.

Highlights

1) Improve Sitting and Posture

- Sit in an adjustable, comfortable chair or add lumbar support to a dining room chair with a rolled-up towel.
- Sit with back straight, thighs parallel to the floor, and elbows at 90 degrees.

2) Adjust Environment

- Raise monitors to eye-level and use an external keyboard and mouse.
- Position frequently used items directly in front of you.

3) Listen to Your Body

- Take frequent stretch breaks.
- Listen to your body and move at least every hour.

Sources and Additional Resources

From the Ergonomics Center at NC State University

1. Ergonomics for the Home Office
2. Tips for Working from Home
3. Seated and Standing Neutral Postures
4. Office Chair Adjustments
5. Troubleshooting Discomfort Across the Body
6. Office Ergonomics Screening Tool
7. Returning to Work During COVID-19: An Ergonomics Perspective

From the Centers for Disease Control and Prevention

8. Ergonomics and Musculoskeletal Disorders CDC Resources

Slow the Spread: Implementing Infection Control Protocols

Fearrington Cares is encouraged to continue enforcing its COVID-19 policies and practices and to review the following additional general practices to help reduce transmission of coronavirus in the workplace. It is also important to continue monitoring guidance from federal, state, or local public health agencies (e.g., CDC, NIOSH, State Department of Health, county or municipal health department) and federal or state regulatory agencies (e.g., Federal OSHA, State OSHA, Labor & Industries) for updates.

Highlights

1) Engineering Controls to Reduce Exposure

- Make ventilation improvements as recommended (pg. 30).
- Deliver services remotely, or provide remote alternatives (e.g., delivery, pick-up).
- Modify the workplace to increase physical space between employees, and between employees and visitors, to 6 feet or more (two arm lengths), where feasible.
- Install sneeze guards, plastic shields, and other barriers between workers and between workers and visitors.
- Use signs, tape marks, floor decals, or other visual cues to indicate where to stand when physical barriers are not possible.
- Place multilingual posters that encourage cough/sneeze etiquette, mask wearing, and hand hygiene at the entrance to and throughout your workplace.

2) Administrative Practices to Reduce Exposure

- Identify a COVID-19 coordinator who keeps up with updates, monitors the spread of COVID-19 among the community and employees, and acts as the check-in person for visitors to the worksite to ensure they know the rules of the site. Think of this person as your “gatekeeper”.
- Minimize contact among workers and visitors and discontinue non-essential travel.
- Limit the number of staff present for potential exposure tasks.
- Stagger start/stop times and break times.
- Increase the number and/or length of breaks so employees have time for proper hygiene.
- Encourage workers to take extra precautions when carpooling or using public transportation. When possible, reduce numbers in cars and stagger start times.
- Cross-train essential functions.

- Provide training for workers on hygiene, COVID-19 symptoms, disinfecting, relevant policies, etc.
- Conduct daily in-person or virtual health checks.
    - Consider multiple screening entries and designating doorways as “entry only” or “exit only.”
    - Ask workers to self-identify symptoms of fever, coughing, shortness of breath, chills, muscle pain, headache, sore throat, and new loss of taste or smell each day, before the shift, mid-shift, and at home.
    - Screen all workers with a no-touch thermometer for fever (≥100.4°F) at the beginning of shifts and if they become ill on the job.

3) Work Policies to Reduce Exposure

- Encourage workers who are ill to stay home without fear of reprisals or loss of pay.
- Implement flexible worksites, work hours, and meeting and travel options.
- Use email, phone, and teleconferences instead of face-to-face contact.
- Limit unnecessary visitors to the workplace.
- Provide personal protective equipment (face masks, face shields, gloves, etc.) at no cost.
- At minimum, face masks/coverings must be worn when in close proximity to others, e.g., in vehicles, indoors, within 6 feet, and when poor ventilation exists. If respirators are provided, e.g., N95 or KN95 respirators, a written respiratory protection program must be in place, which includes a fit testing plan. A respiratory protection program is NOT required for face masks or coverings.

4) Plan for When Employees Develop Symptoms or Are Exposed to Coronavirus

- Immediately separate employees who appear to have symptoms from others.
- Have a procedure for safe transport of a sick employee to home or healthcare.
- Determine which employees may have been exposed to the virus and put them on sick leave.
- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality.
- If workers or someone in their immediate household have symptoms or test positive, they should notify their supervisor and stay home.
    - A person should stay out of work at least 10 days if they test positive or since symptoms have passed. Workers should not return to work until they meet CDC or local health department criteria to discontinue home isolation.
    - If an employee came in contact with a person with COVID-19, they should quarantine for 14 days as long as they do not have symptoms or test positive.

Sources and Additional Resources

1. CDC Resuming Business Toolkit for Non-Healthcare Employers from the Centers for Disease Control and Prevention
2. Response Training Tool: Protecting Yourself from COVID-19 in the Workplace from the National Institute of Environmental Health Sciences

Keep it Clean: Disinfecting Your Work Environment

In addition to implementing policies and procedures to limit close contact and encourage healthy behaviors such as handwashing, proper cleaning and disinfecting are critical to businesses stopping the spread of coronavirus.

Highlights

In most cases, you want to **clean AND disinfect using EPA approved disinfectants for SARS-CoV-2**, particularly frequently touched surfaces (e.g., drawer handles, door handles, light switches, appliances).

Understand the Language around Disinfecting

- **Cleaner**: removes dirt and germs; should be done before disinfecting
- **Sanitizer:** reduces germs to safe levels (99.99%)
- **Disinfectant:** destroys almost all infectious germs; does not affect dirt or dust

1) Disinfecting Process

- Wear disposable gloves when cleaning and disinfecting.
- Wash hands immediately after removing gloves.
- Use approved disinfectants including wipes, cleaners, or sprays that are included on EPA's N-List of Disinfectants for COVID-19.
- Take precautions such as wearing skin and eye protection, using the amount recommended on the label, and ensuring adequate ventilation.

2) Special Considerations

- Consider putting wipeable covers on electronics.
- Any items that can be laundered should be washed on the highest temperature setting possible and dried completely.
- Dirty laundry should be handled with disposable gloves and should not be shaken before putting into machine.
- Hampers should also be cleaned and disinfected.

3) If Someone was Sick

- Close off the area the sick person used if they were there within the last 7 days.
- Wait at least 24 hours to begin disinfection process.
- Open outside doors and windows to increase air circulation during the waiting period.
- Do not vacuum with anyone in the area.
- Clean and disinfect all areas used by person who is sick.

Sources and Additional Resources

1. Look-Up Your Disinfectant with the Environmental Protection Agency
2. 6 Steps for Safe & Effective Disinfectant Use from the Environmental Protection Agency
3. Cleaning and Disinfecting Your Facility from the Centers for Disease Control and Prevention
4. CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes from the Centers for Disease Control and Prevention

Breathe Cleaner Air: Improving Ventilation

SARS-CoV-2 is transmitted through aerosols, small droplets, and particles, which can stay aloft for hours in poorly ventilated spaces. Heating, Ventilation, and Air Conditioning (HVAC) systems play an important role in minimizing the spread of coronavirus and other harmful pathogens. The most effective ways to maintain healthy indoor air quality are to reduce or remove the sources of pollutants, to ventilate the facility with clean outdoor air, and to ensure that the system is functioning properly. See the **"HVAC System Assessment"** section of this report (pg. 25) for Fearrington Cares' ventilation assessment results.

Highlights

1) Maintain HVAC

- Inspect annually.
- Change filters at least every 6 months, more often for spaces with high particulate loads or other environmental factors.
- Change belts in belt driven systems and clean coils and condensers annually.
- Replace worn parts as needed.

2) Check Air Filters

- The higher the MERV rating on the filter, the fewer dust particles and other contaminants that can pass through it.
    - Use filters with a minimum filter rating of MERV 8.
    - Upgrade filters to at least a MERV 13 rating if the system has been designed to accommodate these larger, more efficient filters.

3) Consider Supplemental Air Cleaners

- When high-efficiency filters are not an option, use a portable air cleaner equipped with a HEPA filter or a high-MERV rated filter and with a Clean Air Delivery Rate that is sufficient for the space.

4) Leverage Nature

- When weather appropriate, you can also increase ventilation through natural means such as by opening windows or moving appropriate tasks outside.

5) Monitor Temperature

- Maintain temperature and humidity at reasonable settings.
- Thermostat setbacks may be appropriate during off hours or for prolonged periods of infrequent use.
- Avoid wide temperature swings as this may contribute to other indoor air quality problems.

6) Operate HVAC System when Anyone is Present

- Operate the system in Occupied Mode, even if just a small fraction of the intended building capacity is present.

Sources and Additional Resources

1. COVID-19 Employer Information for Office Buildings from the Centers for Disease Control and Prevention
2. Coronavirus disease: Ventilation and air conditioning in public spaces and buildings from the World Health Organization
3. HVAC Standards and Guidelines from the American Society of Heating, Refrigerating and Air-Conditioning Engineers

What Comes Next: Preparing for Vaccination

In Mid-December 2020, the state of North Carolina began administering vaccines to frontline healthcare workers with the highest risk of exposure to COVID-19. Now, in mid-March 2021, North Carolina is vaccinating adults at higher risk for exposure and at increased risk of severe illness, and in the near future vaccines will be available to the remaining population.

"Tested, safe and effective, COVID-19 vaccines will help us get back in control of our lives and back to the people and places we love."
NC Department of Health and Human Services

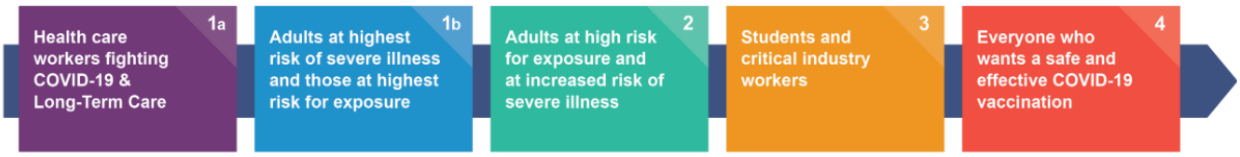
Highlights

1) About the Vaccine

- You cannot get COVID-19 from the vaccine.
- To date, the vaccines are 95% effective in preventing COVID-19.
- No serious safety concerns occurred in clinical trial.
- Temporary reactions like sore arm, headache, or achiness for a day or two may occur.
- The Pfizer-BioNTech and Moderna vaccines require two shots.
- The Johnson & Johnson vaccine requires one shot.

2) Getting the Vaccine

- Vaccines are free for all.
- The NC Department of Health and Human Services have built the COVID-19 Vaccine Management System to help ensure people get the second dose at the right time and to manage supply and distribution.
- Those at highest risk for exposure are receiving the vaccine first starting with health care workers and long-term care staff followed by those at highest risk for severe illness.
- Individuals should talk to their healthcare provider about where their spot is depending on their health and job status.
- If it has been less than 2 weeks since a person's shot, or if they still need to get their second dose, they are NOT fully protected.



Vaccination Plan from the NC Department of Health and Human Services

3) Hosting Vaccination Clinics in the Workplace

- As more vaccine doses become available, the state will expand available sites to receive vaccines. Businesses and individuals can stay up to date at https://covid19.ncdhhs.gov/vaccines.
- In case the option for worksite vaccination becomes available, businesses can prepare by reviewing CDC information for hosting vaccination clinics.

4) After Employees are Vaccinated

- COVID-19 vaccines protect people from getting sick.
- We are still learning how effective the vaccines are against SARS-CoV-2 variants.
- We are still learning how well COVID-19 vaccines reduce the spread of COVID-19.
- We are still learning how long COVID-19 vaccines can protect people.
- People who have been fully vaccinated should still wear masks, maintain 6 feet of distance from others, and avoid crowds and poorly ventilated spaces in public.

Sources and Additional Resources

From the North Carolina Department of Health and Human Services

1. COVID-19 Vaccine Information
2. Vaccines Frequently Asked Information
3. COVID-19 NC Vaccination Dashboard

From the Centers for Disease Control and Prevention

4. Promoting Vaccination in the Workplace
5. COVID-19 Vaccine Communication Toolkit for Community-Based Organizations: Getting Started
6. When You've Been Fully Vaccinated

From the National Institute of Environmental Health Sciences

7. COVID-19 Vaccine Information for Workers
8. Key Elements of a Model Workplace Safety and Health COVID-19 Vaccination Program

Fearrington Cares Walkthrough Assessments and Recommendations

This section presents the consolidated results of activities performed by the Carolina PROSPER team and partners on-site at Fearrington Cares. This information was previously delivered to Fearrington Cares on January 8th, 2021 and is included again here. The Carolina PROSPER partners who contributed to the walkthrough assessments and recommendations are:

Geosyntec Consultants: Frank Stillo, PhD and Savannah Volkoff, PhD

Ventilation Consultant: Richard Cravener Jr., MS, CIH, CSP

Overview

As part of your business's participation in the Carolina PROSPER project, consultation with the business leadership and a worksite assessment were performed on December 1st, 2020. The primary goals of these activities were to identify the layout of the facility, evaluate occupancy, observe facility utilization and occupant behavior, learn more about the facility ventilation system, and identify high-touch surfaces within the facility during the COVID-19 pandemic. Surface sampling was conducted on December 11th and December 14th, 2020, and a thorough ventilation system evaluation was conducted on December 16th, 2020. This section of the report presents the consolidated results of these activities.

Facility Details

The facility is a single-story structure originally constructed in 2005 with an expansion completed in August 2020. The original part of the facility occupies 1,196 ft^2 and the expansion occupies 1,912 ft^2 for a total of 3,108 ft^2. The original part of the building is divided into smaller rooms which are used for the main reception area, office space, health consultation, grief counseling, and storage. The expansion added bathrooms, a breakroom, storage areas, and a large multipurpose room. The expansion has been minimally used due to the shutdown.

At the time of the walkthrough assessment on December 1st, 2020, the employees were the primary occupants of the building. The primary activities on-site included office work and minor health consultations. Future use of the facility will include visitation from members of the community, vendors, service contractors and community partners from outside the Village.

COVID-19 Protocols

Many changes to the primary service functions were implemented after the issuance of North Carolina's COVID-19 stay-at-home orders. Specifically, most community activities and volunteer services were suspended, although certain activities such as information and referral, limited volunteer driving, health consultation, and equipment loaning continued. Additional engineering and administrative modifications to general workplace practices have been implemented, and cleaning and disinfection services have been updated in response to the COVID-19 pandemic.

Engineering and Administrative Controls

Engineering controls are policies or actions that are designed to isolate workers from hazards. At the time of the assessment, the engineering controls implemented at the facility included modifying the orientation of armchairs in the main activity/conference room to allow for 6 feet of physical distance between occupants and ensuring that employees were able to physically distance themselves in all areas of the building.

Administrative controls are policies or actions that are designed to change the way people work. At the time of the assessment, a rotating shift schedule was implemented for the two receptionists. Employees were required to wear facial coverings at all times and any employees experiencing COVID-19 symptoms, such as fever, cough, or lack of taste/smell, were required to stay home.

At the time of the assessment, each person entering the facility was required to use hand sanitizer, measure their temperature, and sign-in on a sheet. Surface sanitizing wipes (i.e., Clorox® wipes) were located in the reception area, in the Grief Room, and in the cleaning storage cabinets. Employees were discouraged from using the shared kitchen area.

Surface Sampling Assessment

Two testing methods were used to verify surface disinfection practices. Adenosine Triphosphate (ATP), a molecule found in all living cells of animals, plants, humans, and microorganisms, was used as an indicator of general cleanliness. ATP measure provides an indirect assessment of the effectiveness of disinfection activities. This method does not measure or indicate the

presence of coronaviruses. Conversely, testing for SARS-CoV-2 measures the presence of the coronavirus on surfaces, but because this method measures only a specific fraction of the virus, it does not provide information on if the virus is still infectious.

Additionally, tracer samples containing a non-pathogenic viral model with SARS-CoV-2 genes were placed on high-touch surfaces in the facility and sampled to further verify disinfection practices.

ATP Sample Collection

Five ATP samples were collected using the Hygiena® SystemSURE Plus™ Luminometer to assess overall cleaning effectiveness. Samples were collected according to the Hygiena® SystemSURE Plus™ protocols using dedicated swabs. Surfaces sampled included a countertop in the reception area, the main entrance door push bar, push handles on both water fountains, armchair arms in the main conference/activity room, and the guest armchair arm in the Grief Room (Table 1).

SARS-CoV-2 Sample Collection

SARS-CoV-2 samples were collected using either a single (Singlet-Kit) or a composite (Comp-Kit) test, depending on the sampling objective. Singlet-Kit testing allows for sampling of individual surfaces or objects, while Comp-Kit testing provides composite results of virus presence in common areas and community-use facilities. SARS-CoV-2 samples were collected using swabs and sent to SiREM Laboratories, a Geosyntec subsidiary (Knoxville, TN), for analysis using a reverse transcriptase quantitative polymerase chain reaction (RT-qPCR) assay specific to SARS-CoV-2. Sample collection followed the protocols developed by SiREM Laboratories.

Six composite samples of commonly used items and frequently visited areas were collected within the facility and analyzed for SARS-CoV-2. Sampled surfaces included various surfaces at the reception area, doorknobs throughout the facility, armchair arms in the conference room, two water fountains, and various surfaces within the Grief Room (Table 1). Additionally, each surface sampled for ATP with a result exceeding 50 Relative Light Units (RLU) was further sampled for SARS-CoV-2.

Predetermined volumes of the tracer product were placed in three locations, including (1) the countertop of the reception desk, (2) the “E” in the ELKAY® raised plastic area of the water fountain push-button, and (3) the top of the interior door handle in the southeast bathroom (images in Appendix B). On December 14th, 2020, the site visit was dedicated to sampling the three tracer locations using Singlet-Kits.

Results

ATP results are presented in RLU with exceedances determined at 50 RLU per manufacturer’s recommendations. ATP readings from various surfaces ranged from 2 – 150 RLU. The lowest ATP reading was from the push handle of the water fountain with the bottle-refill capabilities. The ATP reading from the sample collected from the surface of the reception area desk was 107 RLU, the reading from one of the push-bars on the main front doors was 21 RLU, and the

reading from one of the armchair arms in the main activity room was 37 RLU. These three results suggest that some of the common high-touch surfaces in the main spaces of the facility are cleaned with either greater frequency or more rigor than other high-touch surfaces. The highest ATP reading of 150 RLU was detected in the sample collected from the guest armchair arm in the Grief Room. This result is likely due to infrequent general cleaning of the furniture in this area.

SARS-CoV-2 results are reported as either “Detected”, indicating that at least one of the three SARS-CoV-2 target genes was detected in the composite sample, or “Not Detected” (Table 1). Negative results are those below the limit of detection for the RT-qPCR assay (approximately 200 viral copies) after 45 amplification cycles. There were no detections of SARS-CoV-2 in any of the surface swab samples analyzed.

Tracer sampling occurred approximately 72 hours after placement. The three tracers were still visible 72 hours after placement, as the liquid from the tracers had evaporated and left a residue on the surfaces. However, the only surface with detectable concentrations of the non-pathogenic SARS-CoV-2 genes was the countertop in the reception area. This surface also had an ATP result of 107 RLU (exceeding the acceptable threshold of 50 RLU). This result suggests that more attention should be paid to general cleaning and disinfection of the reception area, which is a frequently touched area in a high-traffic zone of the facility.

Summary

SARS-CoV-2 was not detected on any of the sampled surfaces. However, it is important to remember that these analyses offer a snapshot in time, and these surfaces could become contaminated with SARS-CoV-2. The staff and visitors should feel comfortable entering and working within the facility if the cleaning and disinfection protocols recommended by the CDC are regularly implemented.

Based on the surface sampling findings, the following recommendations are offered:

Recommendation 1. Continue to regularly clean and disinfect surfaces within the facility according to CDC and OSHA guidelines. Disinfectant products used by the hired cleaning service (pg. 42) were reviewed and all found to be approved disinfectants for SARS-CoV-2, as outlined by the US Environmental Protection Agency (USEPA) N-List.

Recommendation 2. The positive detection of the tracer sample placed on the countertop of the reception area suggests that more attention should be paid to frequent cleaning of this and other high-touch surfaces, such as the water fountains, door handles, and furniture (including upholstered armchairs) in the facility. Refer to the USEPA’s N-List of disinfectants when selecting disinfectants to use in the facility.

Additionally, for future consideration, regular SARS-CoV-2 monitoring of surfaces could help verify that continued disinfection practices and the facility’s COVID-19 protocols and precautions are effective against spreading SARS-CoV-2. This is not a direct recommendation at this time, as the ultimate decision whether to continue surface monitoring should be made at the

discretion of Fearrington Cares and the community they serve based on developments related to SARS-CoV-2 virus and concomitant mutations in the coming year.

Note: The entire surface-sampling technical report, including the field forms with sample collection details, is available upon request.

HVAC System Assessment

Heating, Ventilation, and Air Conditioning (HVAC) systems play an important role in minimizing the spread of harmful pathogens. A well-designed and operationally effective HVAC system, one that is properly maintained, eliminates or reduces indoor air pollutants. Conversely, an HVAC system that has been poorly designed or, especially, one that has not been properly maintained can contribute to the buildup of indoor air pollutants that may adversely affect human health. Some of these pollutants come from the outdoors, while others, including viruses, come from indoor sources.

The most effective ways to maintain healthy indoor air quality are to reduce or remove the sources of pollutants, to ventilate the facility with clean outdoor air, and to ensure that the system is functioning properly per design intent. Air filtration is an effective method for removing sources of pollutants. Upgrading the air filters in an HVAC system, if possible, or even using a portable air cleaner can improve indoor air quality.

We evaluated the HVAC systems from an operational effectiveness and maintenance perspective in order to provide guidance for reopening the building safely. Key resources for the evaluation included, but were not limited to, the following:

1. COVID-19 Employer Information for Office Buildings, Centers for Disease Control and Prevention, COVID-19 Employer Information for Office Buildings |CDC
2. ANSI/ASHRAE Standard 62.1-2019, Ventilation for Indoor Air Quality
3. Guidance for Re-Opening Buildings, American Society for Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE), Guidance-for-reopening-buildings.pdf (ashrae.org)
4. ANSI/ASHRAE Standard 62.1-2019, Table 8-1 Minimum Maintenance Activity and Frequency for Ventilation System Equipment and Associated Components
5. General Recommendations for Building Readiness, ASHRAE, Building Readiness (ashrae.org)
6. HVAC System Air Filtration and Disinfection, ASHRAE, Filtration / Disinfection (ashrae.org)
7. Guide to Air Cleaners in the Home, EPA, Guide to Air Cleaners in the Home (epa.gov)
8. ANSI/ASHRAE Standard 52.2-2017, Method of Testing General Ventilation Air-Cleaning Devices for Removal Efficiency by Particle Size

Findings and Observations

The building is served by two separate HVAC heat pumps working in conjunction as a split system. Air-Handling Unit #1, manufactured by Trane Technologies Inc., serves the original building. Air-Handling Unit #2, manufactured by Carrier Corporation, serves the expansion. The systems are controlled by a 7-day programmable thermostat and have the capability to operate continuously during occupied hours. The air-handling units are equipped with 5” Aprilaire Model 213 filters with a MERV 13 rating. Periodic maintenance is contracted out to Warren-Hay

Mechanical of Hillsborough, NC. The filters are changed out annually. The following observations were identified during the walkthrough evaluation:

- The split systems effectively maintain temperature and humidity throughout the entire facility.
- There were no offensive odors detected.
- There was no visible evidence of mold or mildew throughout the facility or within the HVAC systems.
- There was no evidence of moisture or standing water throughout the facility or within the HVAC systems.
- The split systems were visually inspected and were observed to be in excellent condition.

Recommendations

Room Conditioning

Even though the facility is currently not being used as intended, it is important to maintain temperature and humidity at reasonable settings. Currently, the split systems effectively maintain temperature and humidity throughout the entire facility.

According to ASHRAE guidance criteria for thermal comfort purposes, building temperatures should range between 67 – 82 °F. The “set point” (the temperature for the thermostat to maintain throughout the building) during winter months should be between 67 – 75 °F and between 75 – 82 °F during summer months. Of course, the temperature set point depends on seasonal weather, relative humidity levels, activities within the building, personal comfort, and so on. The thermostat may also be “set back,” which refers to changing the temperature set point on the thermostat for a period of time when the space will not be occupied. However, avoid wide temperature swings as this may contribute to other problems with indoor air quality, such as mold growth.

While adjusting set points or turning the system off may save energy, depending on outdoor conditions, it often increases demand on the HVAC system when it is turned back on. Essentially, the equipment must operate longer and harder to reach the desired indoor temperature set point. It can also create other issues such as mold and mildew, problems with drywall joints, or cracks in wood flooring or trim if indoor temperatures become too warm or too cold during the off periods. Therefore, it is recommended that temperature setbacks range between 5 – 8 °F from the original temperature set point.

More sophisticated HVAC systems with programmable thermostats or building automation systems allow for the ventilation equipment to be automatically set back during unoccupied periods. This method still allows the indoor temperature and humidity to drift further from the occupied set points, but eventually the HVAC system will come on to prevent fluctuations as extreme as they might otherwise be with the equipment powered off. The “set back” method still provides significant energy savings, but it does not require the system to work as long or as hard to bring the indoor conditions back to set points in preparation for building occupancy.

Whether the system runs continuously, is powered off during unoccupied periods, or is “set back” when the facility is unoccupied, the indoor temperature and humidity conditions should always meet ANSI/ASHRAE recommendations any time the building is occupied.

Filters

The current HVAC filters have a MERV rating of 13. MERV stands for Minimum Efficiency Reporting Value and is used to rate the filtration effectiveness of an air filter. MERV ratings range from 1 – 16. The higher the MERV rating on the filter, the fewer dust particles and other contaminants can pass through it. The scale was designed by the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and represents a filter’s worst possible performance at removing particles 0.3 – 10 micrometers in size. The following table, found in the ANSI/ASHRAE Standard 52.2 Understanding MERV User Guide, is intended to be a general guide to filter selection and use.

MERV Std 52.2	Intended Dust Spot Efficiency Std 52.1 (1)	Average Arrestance	Particle Size Ranges	Typical Applications	Typical Filter Type
1 - 4	<20%	60 to 80%	> 10.0 µm	Residential/Minimum Light Commercial/ Minimum Minimum Equipment Protection	Permanent / Self Charging (passive) Washable / Metal, Foam / Synthetics Disposable Panels Fiberglass / Synthetics
5 - 8	<20 to 60%	80 to 95%	3.0-10.0 µm	Industrial Workplaces Commercial Better / Residential Paint Booth / Finishing	Pleated Filters Extended Surface Filters Media Panel Filters
9 - 12	40 to 85%	>90 to 98%	1.0-3.0 µm	Superior/Residential Better/Industrial Workplaces Better/Commercial Buildings	Non-Supported / Pocket Filter / Rigid Box Rigid Cell / Cartridge V-Cells
13 - 16	70 - 98%	>95 to 99%	0.30-1.0 µm	Smoke Removal General Surgery Hospitals & Health Care Superior/ Commercial Buildings	Rigid Cell / Cartridge Rigid Box / Non-Supported / Pocket Filter V-Cells

Note: This table is intended to be a general guide to filter use and does not address specific applications or individual filter performance in a given application. Refer to manufacturer test results for additional information.
(1) ANSI/ASHRAE 52.1 ranges are provided for reference only. The ANSI/ASHRAE 52.1 Standard was discontinued as of January 2009.

The particle size of the SARS-CoV-2 virus is around 0.1 micrometers. Considering that the virus is human-generated, the virus is trapped in respiratory droplets that are predominantly 1 micrometer in size and larger. ASHRAE currently recommends a minimum MERV of 8 for commercial applications (according to ANSI/ASHRAE 62.1-2019) and higher if possible. The presently installed filters rated at MERV 13 are at least 85% efficient at capturing particles in the 1 – 3 micrometer size range. Therefore, these filters are more than adequate to filter out indoor air pollutants, including the SARS-CoV-2 virus.

A visual inspection revealed that the filters are in great shape. The filters are currently changed out on an annual basis. Nonetheless, it is recommended that the filters be changed more frequently; perhaps every six months initially and evaluated periodically thereafter by the service contractor to determine if a quarterly changeout schedule is warranted. Filters with a higher

MERV rating need to be changed more frequently to avoid restricted airflow that can cause the system to work inefficiently or possibly even damage the system due to increased static pressures. However, changing filters more frequently increases the costs but in time it will preserve and maintain healthy indoor air quality throughout the facility and prolong the service life of the HVAC split systems.

Portable Air Cleaners

From time to time, there may be a concern or desire to supplement the HVAC system air filtration by using a portable air cleaner. These portable systems, also known as air purifiers, are designed to filter the air in a single room. Most systems are designed to filter either particles or gases, not both. To filter both particulates and gases, the portable air cleaner must have two separate filters – one for particulates and another for gases.

When considering a portable air cleaner for particulates, choose a cleaner equipped with a HEPA filter or one with a high-MERV rated filter. A HEPA filter (High Efficiency Particulate Air) is 99.97% effective at removing particles from the air stream that are 0.3 micrometers in diameter or larger. ***Another consideration is to choose a cleaner that has a Clean Air Delivery Rate (CADR) large enough for the size of the room in which it will be used.*** The CADRs are based on an 8-foot ceiling height and provide an air-change rate of approximately five air-changes per hour. In other words, the entire volume of room air would theoretically be filtered approximately once every 12 minutes. The higher the CADR, the more particles the air cleaner can filter, and the larger the room it can serve. The CADR rating will be included in the equipment packaging. Portable air cleaners can be purchased from a local home improvement store or online. The following chart can be used to determine which type of portable air cleaner to purchase:

Room area (ft^2)	100	200	300	400	500
Minimum CADR (cubic feet per minute)	65	130	195	260	325

Choose a portable air cleaner based on room size. For example, the Counseling Room is 9’ x 11’ which is 99 ft^2. Based on the chart above, a portable air cleaner with a CADR of 65 would be appropriate. The Health Consultation space is approximately 11’ x 13’6” which is around 150 ft^2. In this case, a portable air cleaner with a CADR of 130 would be appropriate. Based on the dimensions of these two rooms, it would be appropriate to choose a portable air cleaner with a CADR of 130 as it could be used in either room. Again, choose a portable air cleaner that has a CADR large enough for the size of the room in which it will be used.

To filter gases, choose a portable air cleaner equipped with an activated carbon filter. The activated carbon (or charcoal) will remove certain gases through adsorption into the solid media. Note, however, that not all gases are effectively removed by a carbon filter. Also, note that the CADR rating only applies to particulate removal, not for gases. As mentioned previously, there were no offensive odors detected in any area throughout the facility. Therefore, a portable air cleaner equipped with an active carbon filter is not warranted at this time.

Other Air Cleaning Options

There are other options for cleaning the indoor air that act in addition to and supplement the HVAC filters. While not specifically endorsed or recommended, some of these options include ultraviolet lamps and the iWave Air Purifier.

Depending on the facility, ASHRAE recommends installing ultraviolet lights in either the ductwork, air-handling equipment, or in the upper region of a room. The effectiveness of ultraviolet germicidal irradiation (UVGI) at reducing the presence of microorganisms depends on the intensity of the UV-C wavelength and the duration of exposure. Because the duration of exposure in the airstream is short, trying to reduce the presence of microorganisms in a passing air stream requires a high-intensity UV-C lamp. While this method has proven to be effective, there are some disadvantages. The UV-C wavelength can damage some materials, particularly plastics and some gaskets used in air handling equipment. Also, UV-C is damaging to the eyes and skin. Therefore, the application requires careful attention to protect personnel working on the system.

Another option, one that is preferred over UV radiation, is the iWave Air Purifier that can be purchased from and installed by Warren-Hay Mechanical. The iWave is an air-purifying device that installs in any duct air conditioning. In theory, the system produces positive and negative ions, which are injected into the air stream. The charged ions break down passing pollutants and gases, which converts them into harmless compounds such as oxygen, carbon dioxide, nitrogen, and water vapor. When the charged ions come in contact with viruses, bacteria, or mold, they remove the hydrogen molecules, eventually killing the pathogens.

For more information about these other options, consult with a UVGI system vendor or with Warren-Hay Mechanical about the iWave Air Purifier.

CO_2 Sensor in the Multipurpose Room

Note #15 found in the HVAC Details (Sheet M201 of the construction blueprints) states, “For spaces larger than 500 square feet, the contractor shall provide CO_2 sensors and motorized dampers on all HVAC systems to provide demand-controlled ventilation in compliance with Section C403.2.6 of the NC Energy Conservation Code unless otherwise noted.”. When carbon dioxide (CO_2) sensors are used with demand control ventilation (DCV) systems, the amount of fresh air ventilation is controlled based on how many people are in the space. As CO_2 levels rise with increased occupancy, more fresh air is introduced to the space. As people leave the space, CO_2 levels would naturally decrease, and the system would react accordingly by reducing the amount of air that must be heated or cooled.

The Multipurpose Room is approximately 715 ft^2. According to the design specification listed in the blueprints, this room should have been equipped with a CO_2 sensor. However, there is no evidence that a CO_2 sensor was installed. And representatives from Warren-Hay Mechanical have no recollection of one being installed. According to the Fearrington Cares representative, the CO_2 sensor was omitted to reduce construction costs. CO_2 sensors are not mandatory in large gathering spaces. Take note, however, that when the Multipurpose Room is heavily occupied, occupants may begin to feel that the room is “stuffy”. In these instances, it would be

acceptable to adjust the room temperature set point using the programmable wall thermostat at the beginning of the event. As the event concludes, reset the room temperature set point to the original setting.

Summary

The split HVAC systems serving the facility are in excellent condition, operate effectively, and are well-maintained by the service contractor, Warren-Hay Mechanical. The staff and visitors should feel comfortable entering and working within the facility, knowing that the HVAC system is operating as designed and functions in a manner that provides and maintains healthy indoor air quality.

Based on findings identified during the walkthrough assessment, the following recommendations are offered:

Recommendation 1. Maintain building temperature and humidity within a reasonable range. Thermostat setbacks may be appropriate during off-hours or for prolonged periods of infrequent use. However, avoid wide temperature swings as this may contribute to other problems with indoor air quality.

Recommendation 2. Consider changing filters every 6 months. This will prolong the service life of the HVAC split systems and maintain healthy indoor air quality within the facility. Seek feedback from the service contractor whether the filters should be changed more frequently than twice per year.

Recommendation 3. To accommodate sensitive staff or visitors, consider purchasing a portable air cleaner equipped with a HEPA filter or a high-MERV rated filter with a Clean Air Delivery Rate that is sufficient for the space in which it will be used.

General Recommendations

Engineering and administrative controls that reduce the workers' risk of SARS-CoV-2 exposure are recommended by the CDC. Fearrington Cares has instituted many of these controls in the workplace including daily temperature checks for each visitor and employee working on-site, a weekly alternating office schedule for receptionists, modifying communal seating areas to maintain 6-feet of physical distance, encouraging employees experiencing COVID-19 symptoms to stay home, and reducing visitation, social activities, and community services. Fearrington Cares has also hired an independent contractor to clean and disinfect high-touch surfaces.

In addition to the workplace controls already in place, in compliance with OSHA recommendations, educational materials about hand hygiene, face coverings, physical distancing, and common COVID-19 symptoms could be posted in restrooms and common-use areas.

Driver and Handyperson Services

The CDC, OSHA, and American Industrial Hygiene Association (AIHA) offer interim recommendations for cleaning and disinfecting non-emergency transport vehicles and for handypersons and in-home repair services (Appendix C), which may allow for the reintroduction of services at this facility. These recommendations are provided if Fearrington Cares decides to pursue reintroduction of these services, but they are not a recommendation to reintroduce services at this time.

If Fearrington Cares decides to pursue reintroduction of driving services, drivers and passengers should wear face coverings in line with CDC requirements.[5] Drivers may consider using eye protection (e.g., face shield, goggles). Using larger vehicles that allow passengers to further distance from each other is recommended. Drivers should also practice regular hand hygiene, avoid touching their nose, mouth, and eyes, as well as avoid picking up passengers from multiple households. Finally, cleaning and disinfecting commonly touched surfaces should occur between household pick-ups, or at the beginning and end of each shift, at a minimum. Refer to the resources from CDC, OSHA, and AIHA in Appendix C for additional recommendations.

If Fearrington Cares decides to pursue reintroduction of handyperson services, service providers and all members of the household should wear face coverings and service providers may ask members of the household to cover coughs and sneezes. They should avoid shaking hands and indoor conversations should be minimized. Service providers should be provided with gloves and disinfectants to wipe surfaces that they will be touching in the household, and they should avoid touching their faces until after thoroughly washing their hands. Providers may use scheduling calls to assess potential exposures prior to entry. Refer to the OSHA resource for handypersons in Appendix C for sample screening questions. Six feet of physical distance between the service provider and the members of the household should be maintained. When closed doors and walls are not useful for separating the service provider from household members, service providers may use plastic sheeting as a temporary barrier. During indoor services, ventilation in the home should be maximized by requesting that the client turn on the air conditioner or open windows. Refer to the resources from CDC, OSHA, and AIHA in Appendix C for additional recommendations.

Further Support

Carolina PROSPER and NC OSHERC recognize that this is a challenging time for you and your employees and volunteers. We hope that the resources and recommendations provided in this report help keep your employees and volunteers safe and healthy and help you re-open successfully.

For additional resources and updates on future offerings, please visit the NC OSHERC website, the Carolina PROSPER website, or follow us on social media (@NCOSHERC on Twitter, Facebook, and LinkedIn).

You can also contact the Carolina PROSPER team at prosper@unc.edu.

[5] https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rideshare-drivers-for-hire.html

Carolina PROSPER participating businesses were introduced to several community partners who provided important information about their respective areas of expertise:

- Frank Stillo, PhD and Savannah Volkoff, PhD, Geosyntec Consultants
- Richard Cravener Jr., MS, CIH, CSP, Owner and Operator, Cravener Consulting Solutions
- Edwin Fisher, PhD, Director of Peers for Progress and Professor of Health Behavior, UNC Gillings School of Global Public Health
- Patrick Tang, MPH, Peers for Progress Program, UNC Gillings School of Global Public Health
- Bahby Banks, PhD, CEO, Pillar Consulting
- The Ergonomics Center of North Carolina, North Carolina State University

Please contact the Carolina PROSPER team if you need additional information or support from our partners.

TABLE: Summary of Sample Locations and Results

TABLE 1: SUMMARY OF SAMPLE LOCATIONS AND RESULTS
Business #3
Pittsboro, NC
Project: Carolina PROSPER / GN7340

Sample ID	Location	Test Type				Location Description[1]	ATP Result (RLU)	SARS-CoV-2 Tracer Result (Positive/Negative)	SARS-CoV-2 Results
		ATP	Comp-Kit	Singlet-Kit	SARS-CoV-2 Tracer				
CV00188	Reception area	--	--	X	--	Pre-tracer singlet on counter surface near hand sanitizers	--	--	Not Detected
CV00189	Recption area	--	X	--	--	Front desk bell	--	--	Not Detected
		--	X	--	--	Computer mouse	--	--	
		--	X	--	--	Stapler handle	--	--	
		--	X	--	--	Desk area by computer	--	--	
		--	X	--	--	"Dirty"/"Clean" sign	--	--	
		--	X	--	--	Chair arms	--	--	
		--	X	--	--	Paper cutter handle	--	--	
		--	X	--	--	Drawer handles	--	--	
		--	X	--	--	Phone and buttons	--	--	
		--	X	--	--	Printer buttons	--	--	
CV00190	Reception area	X	--	X	--	Reception counter surface near sanitizer station	107	--	Not Detected
CV00191	Door knobs	X	X	--	--	Front door push button	21	--	Not Detected
		--	X	--	--	Front door bars	--	--	
		--	X	--	--	Two bathroom handles inside and outside	--	--	
		--	X	--	--	Grief room handle	--	--	
		--	X	--	--	Small meeting room handles outside	--	--	
CV00192	Grief room	X	X	--	--	Guest left armchair arm (facing chair)	150	--	Not Detected
		--	X	--	--	Each arm of armchairs (n=2)	--	--	
		--	X	--	--	Two lamp on/off knobs	--	--	
		--	X	--	--	Kleenex box	--	--	
		--	X	--	--	Lotion pump or unlabeled bottle	--	--	
		--	X	--	--	Pens (n=2)	--	--	
CV00193	Water fountains near bathrooms	--	X	--	--	Left water fountain (with fill bottle) front push handle	2	--	Not Detected
		X	X	--	--	Handles on both water fountains, left and right	--	--	
CV00194	Conference room	X	X	--	--	Armchair arms (n=8)	37	--	Not Detected
CV00034	Water fountains near bathrooms	--	--	X	X	Tracer placed on "E" of "ELKAY" push button on left water fountain	--	Not Detected	--
CV00035	Bathroom	--	--	X	X	Tracer placed on inside door handle of restroom	--	Not Detected	--
CV00036	Reception area	--	--	X	X	Tracer placed on counter near sanitizers	--	Detected	--

Notes:
RLU - Relative Light Units
"--" - Not evaluated.
1. Samples with (n= x) indicate the number of similar objects within the composite sample.
2. ATP testing was performed using the Hygiena® SystemSURE Plus Luminometer™.
3. "Negative" results indicate that SARS-CoV-2 target genes were not detected in samples.
4. Tracers were non-pathogenic, surrogate samples with known copies of SARS-CoV-2 genes, intentionally placed on surfaces and sampled after 72 hours.

APPENDIX A: Area Testing Vendors

This list is accurate as of March 2021.[6] For an updated list, please visit the NC DHHS testing webpage. Please note that U.S. FDA-approved home-testing kits are available in some locations, and some of the vendors on this list may provide that option. Please refer to the contact information to obtain more information.

Vendor	Services	Contact Information	Cost
CVS Health	Molecular Testing, CVS Pharmacy drive-thru, Worksite Testing	Complete contact form at cvshealth.com/covid-19/return-ready/workplaces to set up a consultation	Not available
Genome Insights	Pooled Saliva Testing, Worksite Testing	919-630-1679 or help@genomeinsights.com	Varies, about $20/person
Greenlight Durham (Durham only-spots limited)	COVID-19 Testing Resources and Screening	Complete registration form at greenlightdurham.com	Free
Groundwater Solutions	Molecular Testing, Worksite Testing	704-596-0505	Free
IndyCare Health (Partners with Geosyntec Consultants) **Geosyntec Consultants**	Molecular PCR Nasal Swab Test, Rapid Antigen Test, Pooled Saliva Testing, In-Home Saliva Test, Worksite Testing Pooled Saliva Testing	Franklin Roye (franklin@indycarehealth.com) OR Greg Vassie (gvassie88@gmail.com) Frank Stillo (FStillo@Geosyntec.com) *Mention your affiliation with Carolina PROSPER when contacting any of the individuals listed above	$100 PCR Nasal Swab Test, $80 Rapid Antigen Test, $115 In-Home Saliva Test $300-$450 per pooled test, per person cost dependent on number of people in the pool
LabCorp	Molecular PCR Nasal Swab using self-collection, and Worksite Testing Pixel by LapCorp At-home testing kit	LabCorp Employer Services at 1-877-469-5411	Not available
Visit Healthcare	Worksite Testing	Complete inquiry form at https://www.visit-healthcare.com/contact-us Or email INQUIRIES@VISIT-HEALTHCARE.COM	Not available

[6] Please note that this list is for informational purposes only. It is not an exhaustive list of all the COVID-19 testing vendors in central North Carolina nor is it endorsement of any particular service.

APPENDIX B: Walkthrough Photolog

GEOSYNTEC CONSULTANTS Photographic Record	Geosyntec consultants
Client: Carolina PROSPER	**Project Number: GN7340**
Site Name: Fearrington Cares	**Site Location: Pittsboro, North Carolina**

Water Fountains **Date: 11 December 2020** **Comments:**	
Grieving Room **Date: 11 December 2020** **Comments:**	

GEOSYNTEC CONSULTANTS Photographic Record	Geosyntec consultants
Client: Carolina PROSPER	**Project Number: GN7340**
Site Name: Fearrington Cares	**Site Location: Pittsboro, North Carolina**

Behind the Front Desk **Date: 11 December 2020** **Comments:**	
Conference Room **Date: 11 December 2020** **Comments: Chairs in conference room**	

GEOSYNTEC CONSULTANTS
Photographic Record

Geosyntec consultants

Client: Carolina PROSPER	**Project Number: GN7340**
Site Name: Fearrington Cares	**Site Location: Pittsboro, North Carolina**

Water Fountain **Date: 11 December 2020** **Comments: Tracer applied to the "E" of the water fountain push button**	
Front Desk Counter **Date: 14 December 2020** **Comments: Tracer visible on counter after cleaning**	

GEOSYNTEC CONSULTANTS Photographic Record	
Client: Carolina PROSPER	**Project Number: GN7340**
Site Name: Fearrington Cares	**Site Location: Pittsboro, North Carolina**
Bathroom Door Handle **Date: 11 December 2020** **Comments: Tracer applied to inside bathroom door handle**	
Bathroom Door Handle **Date: 14 December 2020** **Comments: Tracer still visible on bathroom door handle 72 hours after application**	

GEOSYNTEC CONSULTANTS
Photographic Record

Geosyntec consultants

Client: Carolina PROSPER	**Project Number: GN7340**
Site Name: Fearrington Cares	**Site Location: Pittsboro, North Carolina**

Disinfectant Products

Date: 14 December 2020

Comments: Disinfectant products used by hired cleaning service.

APPENDIX C: Driver and Handyperson Resources

General Resources for Handypersons and Drivers

Disclaimer: These resources are provided in case Fearrington Cares decides to pursue reintroduction of these services, however, they are not a direct recommendation to reintroduce services at this time.

Guidance for when volunteers have been fully vaccinated:

- **CDC –** When You've Been Fully Vaccinated

Handyperson Resources:

- **OSHA -** COVID-19 - Control and Prevention / In-Home Repair Services
- **CDC -** Hiring In-Home Services or Repairs
- **AIHA -** Reopening: Guidance for At-Home Service Providers

Driver Resources:

- **OSHA -** COVID-19 Guidance for Rideshare, Taxi, and Car Service Workers
- **CDC -** What Rideshare, Taxi, Limo, and other Passenger Drivers-for-Hire Need to Know about COVID-19
- **AIHA -** Returning to Work: Rideshare, Taxi, Limo, and other Passenger Drivers-for-Hire