BACKGROUND
This tool is intended to assess and reduce the exposure risk to SARS Co-V2. This document is aligned with the Centers for Disease Control and Prevention (CDC) and, to the extent possible, consensus local health department recommendations.

COVID-19 Transmission
COVID-19 is believed to be primarily spread from person-to-person when viral respiratory droplets expelled by an infected person enter the mouth, nose, or eyes of nearby persons. For the most part, viral respiratory droplets are transmitted through coughing and sneezing. However, an infected person may still spread viral mucus or saliva droplets when talking, laughing, sharing food, or shaking hands. Risk of exposure exists through direct or close contact with an infected person.

COVID-19 may also be spread through contaminated objects and surfaces, although it is less likely to occur via this route. An uninfected person may touch an object or surface with the virus on it (phone, table, door handle) and then touch their eyes, nose, or mouth with their contaminated hand, leading to infection.

The CDC Framework of Hierarchy of Controls
The risk of getting sick with COVID-19 is associated with a variety of factors including your environment, social interactions, and prevalence of infection in the community. The risk of transmission can easily be remembered with the following phrase: time, space, people, place. The more time you spend and the closer in space you are to any infected people, the higher your risk. Interacting with more people raises your risk, and indoor places are often riskier than outdoors.

This tool uses the CDC Framework of “Hierarchy of Controls” to mitigate risks in the work environment. This model suggests the best ways of controlling the hazards are to systematically remove them rather than primarily relying on the community reduce their own exposure.

To fully Eliminate the hazard (level 1 control), social isolation should be encouraged, whenever possible. This may not be a realistic approach for all settings, but when possible, options for virtual business operations should be considered. Additionally, non-essential personnel and visitors should be reduced or eliminated, whenever possible.

There is no available Substitution (level 2 control) for COVID-19.
# Reopening Amidst COVID-19 Risk Assessment Tool

## I. GENERAL INFORMATION

<table>
<thead>
<tr>
<th><strong>Business Name</strong></th>
<th>Kansas State House</th>
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<tbody>
<tr>
<td><strong>County/State</strong></td>
<td>Shawnee County, Kansas</td>
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<tr>
<td><strong>Persons Conducting Assessment</strong></td>
<td>Amanda Cackler &amp; Lance Williamson</td>
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<tr>
<td><strong>Date</strong></td>
<td>12/22/2020</td>
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### Community/County Transmission Severity Index

- 20 – Uncontrolled (High Risk)
- Published Date of Guidance: 12/17/2020

### County Masking Guidance

- All businesses or organizations in Shawnee County must require all employees, customers, visitors, members or members of the public to wear a mask or other face covering when:
  1. Employees are working in any space visited by customers or members of the public if members of the public or coworkers are present at the time and social distancing cannot be achieved
  2. Employees are working in any space where food is prepared or packaged for sale or distribution and social distancing cannot be achieved
  3. Employees are working in or walking through common areas, such as hallways, stairways, or elevators

### County Capacity Limitations/Mass Gathering Rules

- Mass gatherings – any planned or spontaneous public or private event or convening that will bring together or is likely to bring together more than people, where social distancing cannot be maintained
- Mass events should be limited to no more than 100 people/participants
- Published Date of Guidance: 12/10/2020

### County/State Close Contact Definition

- Closer than 6 feet for more than 10 minutes
- Published Date of Guidance: 12/3/2020

### Has the business been in contact with the local health department?

- ☐ Yes
- ☐ No
- ☐ Unknown: This was not discussed during the site visit – We recommend presenting plans to the county health department upon finalization to confirm whether County mandates apply to this business setting

### Briefly describe the activities being evaluated

- View various meeting rooms, conference rooms, and galleries
- Provide general recommendations for reopening State House to employees, visitors, and public

### Are any of the following “high-risk” activities anticipated?

- ✓ Group gatherings cannot be eliminated
- ☐ Activities requiring extended close contact
- ☐ Situations in which masking is not possible
- ☐ Activities where aerosolization is anticipated

**Description:** Large groups of people (exceeding 10) are needed to pass legislation. Meeting room size and ventilation (air circulation) vary by location. Meeting duration vary and may extend beyond 120 minutes. Virtual participation is not always possible for all participants.
## II. RISK ANALYSIS AND EVALUATION

<table>
<thead>
<tr>
<th>CONTROL MEASURE</th>
<th>CURRENT STATE</th>
<th>RECOMMENDATIONS</th>
</tr>
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</table>
| Limit the number of interactions between employees, visitors, media, public     | Partially in place  | ✓ If not essential for business, enable employees to work from home and establish virtual service options  
✓ If not essential for business, prohibit visitors and establish virtual participation options in a consistent manner for non-essential personnel  
✓ Modify entrances and exits to better control traffic patterns and flow (security and access)  
✓ Stagger schedules/staffing patterns to reduce the number of people in any setting at any given time  
✓ Identify activities where congregating is promoted and design controls to mitigate gathering (e.g., scheduled testimony, waiting to provide testimony outside conference room/chamber) |
| Encourage or mandate face coverings (source control), in conjunction with state or county mandates | Partially in place  | ✓ Require face coverings throughout in the State House unless within a closed-door office alone (including previously infected or vaccinated individuals)  
✓ Post signage for how to properly wear face coverings  
✓ Educate on proper donning, doffing, and storage procedures for face coverings  
✓ Educate on components of respiratory etiquette, and hand hygiene |
| Limit close-contact interactions between employees, customers, clients           | Partially in place  | ✓ Conduct meetings virtually whenever possible  
✓ Post signage in highly visible locations that promote everyday protective measures and describe how to stop the spread of germs  
✓ Establish capacity limits to conference rooms and other shared spaces  
✓ Reduce density or increase spacing of furniture  
✓ Remove chairs or other furniture that promotes sitting and congregating (e.g., audience/gallery chairs)  
✓ Implement one-way flow for shared spaces and hallways  
✓ Utilize floor and table markings as a visual cue for social distancing  
✓ Maintain at least 6 feet distance during all interactions, more distance is better  
✓ Keep doors open to promote air circulation in meeting rooms, especially when meetings are anticipated to extend beyond 30 minutes |
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| Promote hand hygiene practices | Not in place | ✓ Increase access to hand hygiene products and placement of alcohol-based hand rub (ABHR) dispensers consisting of at least 60% ethanol or 70% isopropyl alcohol throughout the State House – likely dozen+ locations needed. Place small bottles on desktops and dispensers by staircases/elevators and at entry points to meeting rooms.  
✓ Post signage for proper hand hygiene |
| Reduce or eliminate the number of shared surfaces or equipment | Not in place | ✓ Remove shared items from the workplace  
✓ Reduce or eliminate clutter from the work environment (pamphlets, pens, etc....)  
✓ Identify high touch surfaces and develop routine cleaning practices for these surfaces  
✓ Consider physical barriers or partitions as additional protection  
✓ Consider deactivation of shared dispensers (food, beverage, water, etc.)  
✓ If shared surfaces or equipment are required, ensure ready access to disinfectants and provide education related to proper and contact times of disinfectants available.  
✓ Implement visual aids to denote whether surfaces are clean or dirty |
| Maintain necessary supply of cleaners and disinfectants | Partially in place | ✓ Ensure supplies are approved by the EPA-N list as effective against SARS CoV2  
✓ Increase access to disinfectant wipes in large conference/meeting rooms  
✓ Educate users on the importance of contact time |
| Develop policies and procedures for screening prior to reporting to work and a response plan if individuals become ill while on-site | Partially in place | ✓ Distribute symptom screener to employees  
✓ Post signage indicating COVID-19 symptoms  
✓ Perform temperature screening upon entry to buildings  
✓ Encourage employees to stay home when ill  
✓ Establish a communication plan for responding to an ill individual  
✓ Create or adapt paid sick-leave policies to suit recommended 14-day quarantine/10-day isolation policies  
✓ Establish a communication strategy for responding to ill individuals  
✓ Discuss testing and contact tracing options with your local health department officials |
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<td>Establish a communication plan for ever-changing guidance and response to COVID-19</td>
<td>Not in place</td>
<td>✓ Ensure a reliable system is in place to communicate regularly with employees&lt;br&gt;✓ Identify a point of contact for responding to feedback and concerns</td>
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<td>Unique Circumstance – Constitutionally-required House Chamber Voting conducted to avoid close</td>
<td>Not in place</td>
<td>✓ Conduct House Chamber voting in a fashion with&lt;br&gt;a) a larger, likely off-site, facility allowing for entire House debate and voting in a single room,&lt;br&gt;b) staged debate/voting within the existing House Chamber reducing the physically present members at any given time and utilizing gallery space to a level avoiding close contact, or&lt;br&gt;c) virtual debate and/or voting mechanisms. We recognize that changes to house voting rules may require in-person gatherings to approve. Other infection prevention measures should be followed during that initial vote.</td>
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<tr>
<td>Unique Circumstance – Entry and Regular Testing Program as a Supplement to Primary Infection Prevention Measures</td>
<td>Not in place</td>
<td>✓ As a supplement to the above infection prevention recommendations, consider a regular COVID-19 testing program from a lab able to provide dependable turnaround time &lt;48 hours and valid clinical results (e.g., PCR) administered in a fashion likely to encourage participation and decrease clinical staffing needs (e.g., self-administered saliva). Ideally, entry testing is performed prior to arrival and interaction among members/staff (e.g., by mail).</td>
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III. RESOURCES AND REFERENCES

EPA N-LIST:
List of EPA-approved disinfectants for use against the virus that causes COVID-19 is available at: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

CDC SIGNAGE:
- When and How to Wash Your Hands: https://www.cdc.gov/handwashing/when-how-handwashing.html
- Clean Hands Save Lives: https://www.cdc.gov/handwashing/fact-sheets.html

RECOMMENDATIONS FOR CLOTH FACE COVERINGS:

We recommended cloth masks that:

- Consist of at least 2 layers of washable, breathable fabric without an exhalation valve.
- Fit above the nose and beneath the chin, completely covering your nose and mouth.
- Fit snugly around the sides of your face with no gaps.
- Secures to face by straps, loops, or ties around your head or ears.

Safe use of cloth face coverings:

- Perform hand hygiene before and after you put it on and take it off.
- Make sure it fits comfortably over your nose and mouth
- Limit touching mask it after its on your face.
- Carefully remove the mask touching only ear loops or ties in the back
- Place cloth in a designated area to reduce cross-contamination.
- Wash your cloth face covering at least once per day. Wash and dry using standard detergent and settings. If you do not have a dryer, air dry the face covering.

For any additional questions or concerns, please contact Amanda Cackler: agartner@kumc.edu