



ABA Guide to Restoring Normal Operations: A companion to ABA's Coronavirus Reopening Matrix

Note: This document is provided as an informational resource only and should not be considered legal or medical or engineering advice. If professional advice is needed, please consult your current advisors. These are only suggestions for your consideration and any implementation should reflect your bank's unique circumstances and communities.

Introduction

The goal of this document is to lay out common practices and options for banks to consider during their reopening / return to normal planning. It is essential that each bank look at its local market conditions, assess its community transmission risks based upon CDC guidance, tailor its program, and confirm it complies with state and local guidance. State and local health departments are the authorities having jurisdiction over the public health aspects of reopening and may have specific requirements retail operations must meet.

This document is focused on bank branch operations, but many of the practices are applicable to corporate offices as well.

Assessing Community Transmission: Establishing Baseline, Situation Levels

In its Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (Table 3, page 9), the CDC breaks down the prevalence of community transmission into three categories, which we have labeled Baseline Levels 1, 2 and 3 below.

- Baseline Level 1: None to Minimal—Evidence of isolated cases or limited community transmission; case investigations underway; no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.
- Baseline Level 2: Minimal to Moderate—Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.
- Baseline Level 3: Substantial—Large-scale community transmission; healthcare staffing significantly impacted; multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.

A bank should use the criteria from the CDC's Table 3 to establish a baseline level of community transmission and then analyze local factors shown in Table 1 (page 2) of the CDC Mitigation Strategies document to establish its specific "situation level" of community transmission, which may be scaled up or down from the baseline analysis.

Local factors include:

- **Epidemiology**—Level of community transmission, number and type of outbreaks, impact of outbreaks on healthcare/infrastructure and epidemiology of surrounding jurisdictions.
- **Community Characteristics**—Size and density, size of vulnerable populations, transportation characteristics and others.



- **Healthcare Capacity**—Healthcare workforce, number of healthcare facilities, testing capacity, intensive care capacity and availability of PPE.
- **Public Health Capacity**—Public health workforce and resources to implement strategies and support available from other state/local government agencies.

Additional local measurements that banks should consider when developing their analyses, include:

- Overall number of infections in the county where their branch is located, infections in adjacent counties and infections per capita.
- Rate of change of infection rates, number of tests being conducted and the percentage of tests coming back positive.
- Distribution of cases and whether they are clustered in high risk environments such as nursing homes or prisons.

Establishing one's situation level can be challenging. Banks should visit their local public health department's website to see if it provides any measure of community transmission (to help establish a Baseline Level) at the county level and any guidance surrounding local factors that would help in establishing a situation level. ([This webpage](#) from the National Association of County and City Health Officials provides links to each county's local public health department.) If state and local health officials are unable or unwilling to provide guidance or an assessment of community transmission levels, a bank will need to develop a process for determining its situation level on its own.

In addition to the local factors listed above, we offer the following metrics and classifications to consider when establishing your situation level. Whatever methodology you use, we suggest you try to validate it with the appropriate public health officials:

Situation Level 1: Zero to minimal cases reported in a county with infection rates below 100 people per 100,000 in population. Infection rates should be relatively stable with no significant growth. Percent of tests reporting positive may not be a reliable indicator as the low number of cases may skew the data.

[Johns Hopkins Medical School](#) has an excellent website to find infection rates per 100,000 to the county level. The referenced link has been validated and uses https. The website presents cumulative cases. It is also important to look at infection and hospitalization trend lines and account for recovered cases for a real-time snapshot. This [Public Tableau website](#) offers good infection trend data under the Metro and County Overview tab.

Situation Level 2: Significant number of cases in the local area with infection rates between 100 to 1,000 per 100,000. Percent of tests reporting positive may be around 10% or higher and should be tracked closely for changes either up or down. Unfortunately, it can be challenging to find county-level percent positive rates. If local health officials don't have or don't provide that data, state level data can be found at the [Johns Hopkins website](#) and a [Public Tableau website](#).

Additionally, hospitalization and utilization rates should be watched to see if capacity starts to become scarce and may move an area to Level 3. Lastly, infection data should be examined to see if positive rates are driven by clustering in a high-risk area (such as a prison) which, if removed, may move a county back down to Level 1 numbers.

Situation Level 3: Substantial ("Severe"?) and ongoing spread of the virus. Positive testing rates are 15% to 20% or higher. Infection rates higher than 1,000 per 100,000 people. Healthcare services are under stress and surge capacity is being considered or being built.



In mid-May the CDC published the [CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again](#). The document summarizes the CDC's testing, surveillance, and tools available to manage the re-opening process. On Page 7 it provides a table of Gating Criteria and Phase-specific Thresholds for moving into the different phases of re-opening that are described in the White House [Opening Up America Again](#) plan. While these documents do not refer to the [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#), they do appear to fundamentally align. The Gating Criteria table on page 7 provides additional metrics, mostly focused on trajectories of different data streams, that banks may want to consider as they develop their Situation Levels and mitigation plans.

Tailoring Your Bank's Mitigation Plan

Once a process has been developed to identify the situation level for a bank or branch, a bank should develop a tailored mitigation plan that recognizes both the baseline and local factors.

It is possible that community transmission may be ranked at one level, but local factors may make it prudent to implement mitigation measures associated with a different level. For example, a community may be undergoing minimal-to-moderate transmission corresponding to Baseline Level 2. However, this community may have a robust epidemiological testing and tracing program, making it appropriate to label it as Situation Level 1 and implement the mitigation measures associated with that level.

Mitigation measures are outlined in the Occupational Safety and Health Administration's ([Publication 3990](#)). Specifically, beginning on page 12, OSHA categorizes and prioritizes workplace controls as follows: as engineering controls; administrative controls; safe work practices; and personal protective equipment. Additionally, on page 18, OSHA provides a methodology to classify worker risk of occupational exposure.

Generally, banking retail staff are in the OSHA low- or medium-risk categories, and movement from low- to medium-risk depends on the level of community transmission. This would likely mean an area with a Situation Level 1 rating would classify banking retail staff at an OSHA worker exposure level of low risk; Situation Level 2 would correlate to low- or medium-OSHA risk, with the final OSHA risk determination depending on the specific situation at each individual bank; and Situation Level 3 would likely translate to a medium OSHA risk level.

As banks plan their mitigation strategy, they should ensure that they have a documented process to identify their community transmission-based situation level and how they translated that level to the OSHA risk levels. One possible way to accomplish this analysis is through an OSHA job hazard analysis. OSHA [Publication 3701](#) details the process and provides an example Job Hazard Analysis Form on page 9 and the Department of Labor has a good summary of the process on their website [here](#).

Once a bank has completed its analysis and assigned a situation level, it should implement the appropriate mitigation controls to counter the risk. ABA has developed the following Q&A to aid banks in this process. The document includes a list of common questions surrounding different mitigation strategies and controls, identifies common practices being implemented by banks and other retail establishments, provides a potential mapping of mitigation measures to different situation levels, and also highlights practices and procedures that are innovative and may provide an enhanced customer experience that banks may want to consider implementing. The questions are organized in rough correlation to ABA's [Reopening Matrix](#), which is posted on [aba.com/coronavirus](#), and the referenced row numbers refer to rows in the matrix.



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1. How do you determine the number of people allowed in a branch? (Matrix Row 6)

The limit on the number of people allowed in a bank branch and how it is measured is very likely defined by state or local requirements. The current CDC guidance to [limit gatherings](#) varies by the level of ongoing community transmission so there is no hard and fast CDC number. The guidance for businesses is to maintain a healthy business environment and “[everyone should](#)” wash your hands often, avoid close contact, cover your mouth and nose with a cloth face cover when around others, cover coughs and sneezes, and clean and disinfect. Options to consider when determining how many people should be allowed in a branch include:

- Only allowing a fraction of a facility’s occupancy certificate in. We know of one state that is only allowing 50% of total occupancy.
- Some have used a square foot method by identifying the square footage of publicly accessible customer space and dividing that by the square footage of allowing everyone to maintain a distance of six feet which is a circle with a 6’ radius and is $6 \times 6 \times 3.14 = 113$ sqft.
- Some banks have significantly limited the number of customers in the branch to 1 or 2 customers at a time.
- **Highlighted approach** – Limit the number of customers in a branch to the number of teller stations and bankers desks that are open plus one to allow for a person waiting. For example, if you had two tellers stations and one banker desk operating, you would allow 4 customers total.
- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 – There are likely minimal restrictions on the number of people entering and use of the square foot method may provide the most flexibility.
 - Level 2 – Highlighted approach and consideration should be given to implementing drive through only operations when possible.
 - Level 3 – At this level, strict controls should be in place and consideration should be given to closing lobbies completely and moving to drive through operations. If lobby access is necessary to maintain service in an area, only allow pre-arranged appointments with 1-2 customers inside at a time.

2. What type of health screening procedures are banks using for customers entering their facilities? (Matrix Row 7)

Options for health screenings of customers entering a facility should be considered in the context of the ongoing level of community transmission. Current CDC guidance from the [Implementation of Mitigation Strategies](#) document is to “consider regular health checks of staff and visitors entering buildings (if feasible)” when transmission is Minimal to Moderate (page 6 Minimal to Moderate column). Additionally, part of OSHA’s administrative controls in publication 3990 (page 22) discusses restricting access to the worksite, so it would be prudent to post guidance outside of banks and ask people to self-monitor and not enter.

The [EEOC has declared](#) (Section B. Direct Threat) that the current pandemic meets the “direct threat standard” which states that “a significant risk of substantial harm would be posed by having someone with COVID-19, or symptoms of it, present in the workplace.” This standard is what authorizes employers to perform medical screening of personnel entering the facility and denying entry.

- Many are posting notifications on the outside of the facility for those entering to perform self-monitoring.



- If resources are available, a door greeter who can enforce the posted policy of not allowing visibly symptomatic people into the branch would be helpful. This person could also assist with other duties, such as enforcing any mask wearing requirements, managing entry and exits into the branch, identifying customers, and ensuring that the branch customer loading limit is not exceeded. Although, it is important that the staff is appropriately trained in de-escalation techniques and can enforce the policy as smoothly as possible.
- Another potential screening method according to the ABA Return to Offices and Facilities (RTO) survey shows approximately 20% of banks are implementing either a symptomology questionnaire and/or temperature check for any customers entering the bank branch.
- One other consideration is potentially to maintain a customer access log that can be used by public health authorities for contact tracing in the event that a positive result comes from an employee or customer at the branch. This type of measure should be coordinated with state and/or local public health departments to see if necessary or useful.
- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 – Likely post fliers asking customers to self-screen.
 - Level 2 – If possible, implementation of door screener to enforce symptomology checks, which could include temperature checks, depends on local factor analysis.
 - Level 3 – Some type of active screening of customers entering the branch is likely appropriate along with a policy to refuse service to those who are symptomatic as they would pose a “direct threat” and their entry could potentially make for an unsafe work environment unless other controls were in place.

3. What type of health screening procedures are banks using for employees entering their facilities? (Matrix Rows 49/54)

In addition to the web-based [CDC Interim Guidance for Businesses and Employers](#) (Section: Prevent and Reduce Transmission Among Employees) to encourage sick employees to stay home, the EEOC has an excellent [question and answer guide](#) that outlines what measures an employer can take to try and ensure a safe workplace since the current pandemic meets the Direct Threat Standard. The answer to Section B Question 7 allows for a medical examination, including temperature checks in response to acknowledged community spread. Additionally, in [Number 13 under the Section - Scope and Manner of Disability-Related Inquiries and Medical Examinations](#), the EEOC states that employers can gather “the information necessary to determine whether the employee can do the...job or work without posing a direct threat.” Medical information can be collected regarding an employee, but it must be protected as a confidential medical record.

Current CDC guidance is to ask employees if they have a temperature less than 100.4 F. ([General Business FAQ - Should we be screening employees for COVID-19 symptoms \(such as temperature checks\)?](#)) Additionally, banks should check to see if their state or local health department has different policy for fevers as there have been reports that some localities have adopted a lower standard such as 99.5F.

- According to the ABA RTO survey, 46% of banks will require some type of screening of either a temperature or symptomology check of employees and contractors prior to entry into their branch.
- There are various ways that screening can be accomplished.
 - Some banks are having a branch supervisor question employees as they enter the branch and take their temperature. Some use security guards to perform the screening function and very few, according to the RTO Survey, 3%, are using third parties with



medical training to perform the screening. We have not found any guidance from the CDC or OSHA that states that medical credentials are needed to perform the screening. A challenge with the approach of taking temperatures at the building entrance is that it generally requires contact within 6' and can create queues to enter the branch.

- Some banks have established a policy that, by swiping their badge to enter the facility, they are attesting that they are asymptomatic and free of a fever.
- **Highlighted approach** – Several banks have created an online questionnaire using SharePoint or other intranet capability or use their own or a third party app that allows employees to self-screen at home, enter in their temperature, and then attest to the data submitted. Since the ADA considers this process a health exam, the data should be protected appropriately and results should only be forwarded to appropriate individuals in the company such as HR. Supervisors can get a notification if the employee doesn't fill out the app/form, and some have integrated the app with their building access systems so that employee's access only works if the screening is completed satisfactorily.

The screening questions should include the updated list of DC identified symptoms, such as chills and body aches, as well as asking the employee if they, or someone they have been in close contact with, has been diagnosed with a confirmed or suspected case of COVID-19. For the temperature section, banks could ask whether the employee has taken any fever reducing medicine in the last six hours. If an employee does not own their own thermometer, some banks have established procedures to have them checked by their supervisor or security guard upon arrival to the branch/office.

- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Employees should be encouraged to stay home if they are sick or exposed to sick individuals that they are in close contact with.
 - Level 2 - Consideration should be given to implementing a screening program such as the one described in the highlighted approach.
 - Level 3 - A employee/contractor screening program such as the one described in the highlighted approach would be appropriate.

4. How are banks managing customer queues and social distancing measures? (Matrix Row 8)

Similar to the limit on the number of people allowed in a bank branch, this aspect of operations may be driven by state and local requirements, and banks should ensure they are aware of any potential requirements.

- For drive-through operations, some banks have reported dedicating lanes to customers and non-customers to try and ensure customers' wait times will be minimized; banks can likely process customers faster.
- Assuming that lobbies are open to customers, there are multiple approaches to manage queues of customers waiting to get into the branch.
 - One common practice is to place tape or other markings on the sidewalk to provide a visual cue for where people should stand.
 - This same approach is used in the branch where teller lines are physically separated by rope lines that ensure appropriate spacing between lines and have markings on the floor to ensure appropriate distance in the queue. Where possible, open every other teller window to maintain appropriate spacing between queues.



- One administrative control to ensure social distancing between the customer and staff is to require staff to step back from the teller window as the customer approaches, have the customer leave their documentation and step back, and then have staff step forward to pick up the documentation. If this method is used, it should be documented, the staff should be trained, and notices should be posted to customers.
- **Highlighted approach 1** - Where possible, establish dedicated entry and exit doors which reduces the likelihood of customers having to walk within 6' of each other.
- **Highlighted approach 2** - Implement “curbside” banking. Instead of making individuals wait on the sidewalk, a customer’s name and place in the queue could be noted by the door greeter, the customer returns to their car to wait their turn, and when their turn comes up, the door greeter calls or texts the customer to come up and into the lobby. Where local conditions permit, this process helps with social distancing and provides an enhanced customer experience.
- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Markings on sidewalks and the floor and rope lines to maintain social distancing.
 - Level 2 - Highlighted approach 1 and 2 should be considered.
 - Level 3 - If lobby operations are essential versus moving to drive through operations, rigorous implementation of administrative controls and staff training to ensure social distancing, along with highlighted approaches 1 and 2, should be considered.

5. What physical barriers or engineering controls are being utilized to protect staff from potentially infected customers? (Matrix Row 9)

Engineering controls are at the top of OSHA’s hierarchy of controls and “these types of controls reduce exposure to hazards without relying on worker behavior,” making them cost effective and efficient. This section will focus specifically on customer / staff engineering controls. HVAC controls will be addressed in a separate section. According to OSHA pub. 3990, for workers at lower exposure risk, “additional engineering controls are not recommended” (Engineering Controls page 20). When worker exposure risk is at the Medium level, OSHA states to “install physical barriers, such as clear plastic sneeze guards, where feasible.” This guidance highlights the need for banks to perform their own risk analysis as the move from lower exposure risk to medium is generally dependent on the determination that there is “ongoing community transmission” (Medium Exposure Risk Page 20) and would likely correlate to a situation level of 2 or 3.

- Several banks have actively promoted their digital channels and enacted promotions to try and drive customers to download and use mobile apps and introduce them to features such as Remote Deposit Capture. Additionally, as part of this outreach, banks created charts that clearly show all activities that can be done online, and which would require a bank branch visit.
- Where possible, banks should consider making drive through banking the primary mode of operation.
- Do not allow access to the lobbies for non-banking purposes, such as bathroom use, and disablement of WiFi hotspots should be considered to discourage loitering.
- If lobbies are open, community amenities should be removed, such as candy dishes, donuts and coffee machines.
- For lobbies that remain open, consideration should be given to the installation of sneeze guards. Many have used the opportunity to upgrade teller windows with bullet resistant glass versus the temporary measure of installing plexiglass or plastic sheeting. If installed, the primary purpose of the barrier is protection from droplet transmission. However, if possible, consideration should be



given to extending the barrier to the ceiling to minimize airflow towards the teller and further reduce risk.

- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Promotion of digital channels and removal of community amenities.
 - Level 2 - Consideration should be given to some type of sneeze guard. If additional mitigation measures are employed, such as requiring customers to wear masks in the lobby, that may be sufficient based on a bank's risk analysis.
 - Level 3 - If lobby operations are essential versus moving to drive through operations, implementation of sneeze guards should be strongly considered along with additional mitigation measures, such customers wearing masks, lobby access restrictions, and airflow control alterations.

6. What physical barriers / engineering controls and administrative controls are being utilized to protect staff from potentially infected staff? (Matrix Row 11)

The [OSHA Act of 1970](#) applies to all workplaces in the United States and its territories and requires employers to furnish “a place of employment which are free from recognized hazard.” Employers must take proper precautions to protect staff not just from potentially infected customers but also potentially infected coworkers. Social distancing and engineering controls in the workplace are key mitigation measures. As always, the mitigation efforts implemented should be guided by a risk determination, and the Basic Infection Prevention Measures in OSHA Pub. 3990 page 8 should be examined and considered as a starting point.

- Workstations should be implemented that allow for social distancing where possible. Additionally, physical barriers between workstations should be considered if appropriate distancing is not possible.
 - According to OSHA, COVID-19 infections are a recordable illness. However, OSHA has issued [Enforcement Guidance](#) that this requirement will not be enforced for non-healthcare / emergency response organizations, except when “there is objective evidence that a COVID-19 case may be work-related.”
 - In the [Public Health Recommendations for Community-Related Exposure](#), the CDC provides guidance for determining community related exposures, defining those at risk as an “individual who has had close contact (<6 feet) for a prolonged period of time” with an infected person. The determination on the meaning of a prolonged period of time is a judgement call based on whether the infected person was symptomatic, how close they got to others, and whether they were wearing a facemask “which can efficiently block respiratory secretions from contaminating others and the environment.” Additionally, the [CDC guidance for contact tracing](#) defines a close contact of someone who has tested positive as “someone who was within 6 feet of an infected person for at least 15 minutes.”

If a bank's policy is to maintain social distancing measures, and it is trained and enforced, no close contact between staff or customers should occur. Therefore, it can be strongly argued that any potential infections by staff or customers are not workplace related and should help a bank avoid liability issues.
- Use of shared equipment and shared offices should be minimized where possible, and robust cleaning procedures should be used if sharing equipment is necessary.



- A/B type shift structures should be considered for continuity of business purpose to ensure operations. If some staff are infected and cause an entire shift to self-quarantine, a second shift would still be available to take over operations.
- Restrictions should be placed on the use of breakrooms, conference rooms, onsite gyms and other social gathering places to minimize likelihood of employees gathering in close contact.
 - The amount of virus being expelled by an infected person increases significantly with breathing rate. The use of a gym by multiple employees should be highly discouraged in areas of ongoing community transmission, even with appropriate social distancing, unless significant airflow mitigation measures are in place to reduce the potential viral loading caused by asymptomatic workers breathing heavily from working out.
- Some studies have shown that bathrooms are high-risk transmission areas. Especial care should be given, and mitigation measures should be considered.
 - Spacing between stalls and urinals should be implemented by closing off every other stall and urinal.
 - The virus is known to be present in stool. When toilets are flushed, they can aerosolize a significant number of droplets. This causes a relatively short-lived airborne hazard but a potential surface contamination issue. Wipes or another type of mitigation measure should be provided to ensure a clean environment.
 - Paper towels or some other type of tissue should be available to open and close bathroom doors.
 - Consideration should be given to increasing the flow rate of the bathroom exhaust fans or leaving switched fans on continuously.
 - In Level 3 situations, consider deploying portable HEPA air filtration machines or indirect UV germicidal lamps inside bathrooms if exhaust fan rates are insufficient to help eliminate potential viral loading.
- Consider limiting the number of personnel in an elevator at one time or require the use of masks while riding the elevators. As an alternative, consider encouraging the use of stairwells, especially for movement between 1 or 2 floors as the stairwells include large volumes of air that help dilute any viral loading. Investigate whether air change rates in the stairwells can be increased.
- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Implement workstation social distancing where possible and minimize shared equipment usage.
 - Level 2 - Implement Level 1 measures and consider some type of split-shift arrangement along with bathroom, elevator and common area mitigation measures.
 - Level 3 - Consider all measures, including closing down all common areas and conference rooms, and ensure mitigation measures are in place for closed environments such as bathrooms and elevators.

7. What HVAC control measures should be considered to protect employees? (Matrix Rows 10/25)

The CDC continues to state that the primary mechanism of infection is via large droplets. However, the CDC acknowledges the potential for aerosol transmission. Additionally, there are several studies that show mechanically driven airflows can cause infections across distances longer than 6'. It is reasonable to conclude that mechanically driven airflows, such as fans or HVAC vent outlets and returns, can influence the flow of potentially contaminated air and spread an infectious dose of the virus further than



6'. OSHA recommends looking at pressure differentials and HEPA filtration, and the CDC recommends increased airflow and air change rates. The American Society of Heating, Refrigerating and Air-Conditioning Engineers also provides [recommendations for potential HVAC mitigation measures](#). The strategies outlined below provide more detailed guidance focused on bank branch operations.

- For branch operations, the HVAC system should be examined and, where possible, returns and supplies should be configured for the general airflow to move from the staff section (e.g. behind the teller window) of the building, then to the public areas, and then to the lobby area. This measure would reduce the likelihood of potentially contaminated air moving around a sneeze guard and into the teller's space.
- Opportunities to increase the fresh air supplied to the facility should be explored to dilute the air and increase the air change rates per hour.
- Consideration should be given to increasing the flow rate of the bathroom exhaust fans or leaving switched fans on continuously.
- In some situations, consideration should be given to deploying portable HEPA filters inside the staff areas and bathrooms to provide additional capability to reduce viral load. Care should be given on placement of the units so that the inlets do not inadvertently bring staff into contact with potentially contaminated air prior to it being filtered. For example, if the unit were placed near a teller window and the unit inlet drew air in from the lobby across a teller's workspace prior to exhausting it after filtration, staff could come into contact with potentially contaminated air.
- **Highlighted approach** - If the HVAC system includes recirculation capabilities, the return air should be filtered with MERV-13, or preferably MERV-14 filters, which existing HVAC systems may be able to handle without fan upgrades. Higher level filtration, including HEPA filters, provide significantly more protection, but likely cannot be implemented without significant system upgrades due to the increased pressure drop across the filters.

The MERV 13/14 filters are moderately effective at capturing potentially aerosolized viral particles in the 0.1 to 1.0 micron size. This continual "scrubbing" of the air would significantly reduce the likelihood that viral loading would build up to the point of infectiousness and provide continual protection to both occupants and staff. If the system design does not allow for both increased outside air and increased filtered air recirculation, a system analysis identifying which approach provides the most cfm of "clean" air should be considered to guide implementation decisions.

- For systems that cannot handle the increased pressure drop of higher quality filters, UV neutralization systems could be explored. The virus has proven to be susceptible to UV light, but these types of systems must be engineered properly to correctly work, including ensuring the fluence levels of the light are high enough to neutralize the virus at the system flow rate and duct size. Strong consideration should be given to only using vendors with expertise in designing and installing these types of systems.
- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Consider increasing fresh air supplies and bathroom exhaust fan volumes.
 - Level 2 - Review HVAC systems and consider tailoring flows away from staff. Additionally, look at feasibility and costs of the highlighted approach and determine if local risks warrant additional measures.
 - Level 3 - Attempt to identify ways to reduce potential viral load buildup either through recirculation filters and/or increased fresh air. Explore additional tailored mitigation strategies such as deployment of individual stand-alone HEPA filters.



8. What basic infection control procedures should be available for staff and customers?

Both the CDC ([Guidance for Businesses and Employers](#)) and OSHA publication 3990 (page 8 - Prepare to Implement Basic Infection Prevention Measure) provide guidance regarding basic infection control procedures. Toward the bottom of the CDC guidance is a table that identifies potential engineering, administrative and PPE controls that may be appropriate for the workplace. It is useful to note that this table uses similar nomenclature to OSHA and also identifies the need to assess or analyze job/workplace hazards. Several of the items listed in both documents are fairly standard recommendations, such as maintaining social distance, considering partitions as barrier shields, encouraging sick workers to report symptoms and stay home, providing sick leave for employees to reduce pressure to report to work if sick, establishing a policy to not share equipment, etc. Banks should review both the CDC and OSHA recommendations and implement an overall basic infection control program that correlates to the community transmission risks for their local market. In addition, the list below identifies some common practices specific to the banking sector that banks may want to consider.

- Having hand sanitizer available for customers upon entry into the branch and at other locations.
- Contactless door entry with automatic doors.
- Having wipes available at the ATM.
- Providing disposable pens for customers so that pens do not need to be re-used.
- Figure 1 provides results from the ABA RTO survey identifying common items banks are providing to staff.

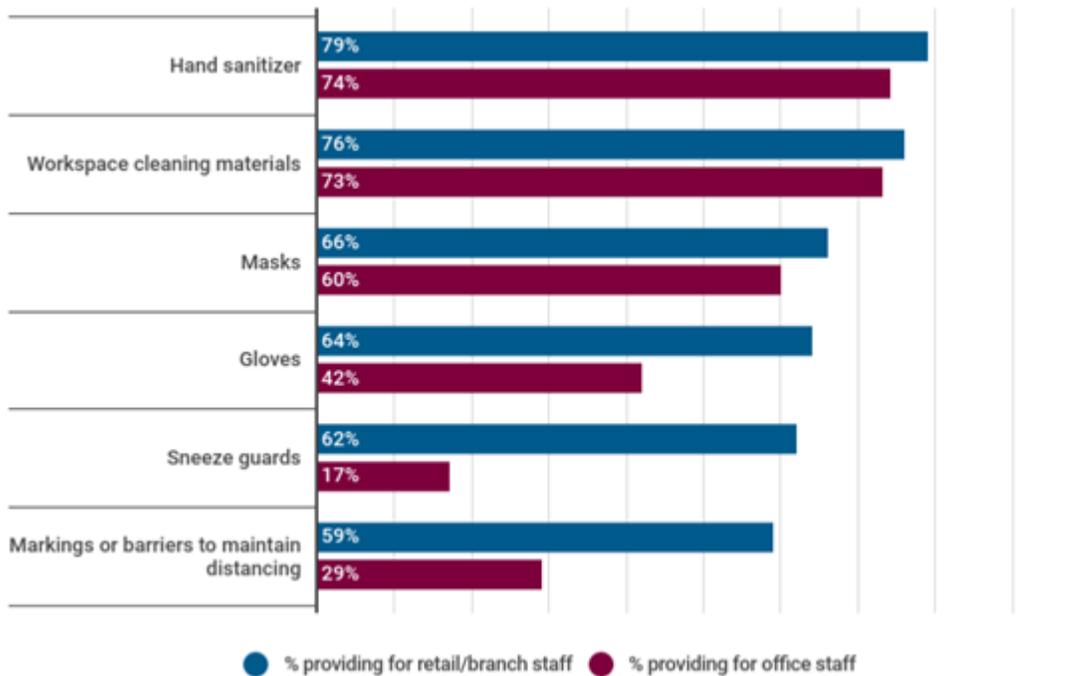


Figure 1. From the ABA RTO Survey



- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Consider flexible sick leave policies and encourage workers to self-monitor and stay home if feeling ill or exhibiting any symptoms. Likely appropriate to focus on administrative controls and potential use of cloth face coverings for staff.
 - Level 2 - As risk increases, consider potential engineering controls that could be implemented to encourage and maintain social distancing and mitigate potential exposures. Continue to monitor CDC guidance surrounding cloth face coverings and consider requiring for both staff and customers/visitors entering the branch, as well as the potential to perform health screenings of staff and customers/visitors.

The ABA RTO survey results showed that 55% of banks plan to require customers/visitors at both branches and corporate facilities to wear masks, and approximately 20% plan to implement some type of health screening as well.
 - Level 3 - Review all potential administrative and engineering controls and determine if any increased level of PPE for staff would be appropriate for local market conditions.

9. What type of masks or Personal Protective Equipment (PPE) should banks consider using, do banks need to provide the masks, can employees use their own mask, and how should employees who cannot wear masks be accommodated? (Matrix Rows 35/36/38)

Current guidance from the CDC ([Guidance for Businesses and Employers](#)) is for all individuals, including employees at work, to wear cloth face coverings (masks). In general, OSHA does not view these masks as PPE because the primary purpose is to protect others versus protecting the wearer of the mask. Currently both the CDC (Table at bottom of [Guidance for Businesses and Employers](#)) and OSHA (pub. 3990 page 22 - Personal Protective Equipment) recommend a hazard assessment prior to issuing PPE to employees.

If an employer requires an employee to wear PPE, then that employer is required to furnish the PPE ([Clarification of Employer Duty to Provide Personal Protective Equipment and train Each Employee](#)). This is a clear directive if a bank chooses to require respirators, such as N95 masks, that are clearly PPE. Additionally, banks must "[Make a good-faith effort to comply with 29 CFR § 1910.134](#)" (This 3/14/20 guidance was originally only for healthcare organizations but was extended to all workplaces on 4/8/20.) 29 CFR § 1910.134 includes many requirements, such as a written respiratory protection program, fit testing, etc. If a bank chooses to require N95 masks, it should carefully review the OSHA requirements prior to the decision. If a bank does require N95 masks, and an employee chooses to wear their own mask, the bank is still responsible for ensuring the N95 mask is adequate and functional.

The requirements surrounding the use of face cloth coverings / masks are not as clear cut. They are not respirators and therefore do not require compliance with 29 CFR § 1910.134, but it could be argued they are PPE. The CDC explicitly states that "cloth face coverings are not considered PPE" under Section [Prevent and Reduce Transmission Among Employees](#), but it is unclear if the CDC has the authority to make that technical designation. If they are classified as PPE and are required by the employer, the bank must provide the masks for their employees. As it is open for interpretation, banks should consult with appropriate counsel and consider their unique situation, prior to deciding they will not provide the masks for the employees if they are required. Additionally, since these masks are not respirators and do not have to meet any NIOSH standards, it does not appear that there would be any issue with employees wearing their own masks versus wearing the ones provided by their employer.

If an employer requires masks and an employee states that they have a condition that prevents them from wearing the mask, they should attempt to make a reasonable accommodation. Additionally, an



employer “is entitled to know that an employee has a covered disability that requires a reasonable accommodation” ([Question 7](#)). Reasonable accommodations could include letting the employee work from home or in a position that isolates them from other employees. Additionally, current EEOC guidance states “only when an employer can demonstrate that a person with a disability poses a direct threat, even after reasonable accommodation, can it lawfully exclude him from employment or employment-related activities.” ([Question 14](#)) Since the purpose of the mask is to protect others, it could be interpreted that an employer may only exclude those who are unable to wear a mask if they are positive or are exhibiting COVID-19 symptoms. However, in areas of high community transmission, it may be possible for someone to be asymptomatic and thus pose a direct threat. Since every situation is different, a bank facing this situation should consult counsel prior to making any decisions regarding an employee who requests an accommodation to not wear a mask.

- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Review existing CDC guidance and consult with state and local health authorities to see if cloth face coverings / mask use is recommended in your local area.
 - Level 2 - When community transmission is ongoing, requiring employees to wear masks is a reasonable precaution. Depending on conditions and other engineering/administrative controls in place, consideration should be given to requiring all employees/visitors/customers to wear masks inside the branch. Additionally, for specialized higher-risk situations, banks may want to consider performing a hazard analysis for those employees who regularly interact with the public to determine if requiring PPE would be appropriate.
 - Level 3 - All personnel in the facility should be required to wear masks. Banks should consider performing a hazard analysis for those employees who regularly interact with the public to determine if requiring PPE would be appropriate.

10. Should banks require customers to wear masks and what are the common practices being used to mitigate the security implications of masked people entering the branch? (Matrix Rows 37/38)

As stated previously, current CDC guidance recommends everyone wear masks when they have to go out in public. According to the ABA RTO survey, 55% of banks plan to require masks for those entering their facilities. Each person who is infected, whether exhibiting symptoms or not, generates viral particles that become airborne. The amount of viral particles generated can vary significantly from person to person and whether the person is breathing, talking, shouting, etc. The easiest way to mitigate the risk of someone who is infectious from contaminating a space is to have them wear a mask. The mask significantly reduces the risk of viral particles becoming airborne and, along with social distancing recommendations, greatly decreases the likelihood of the spread of infection.

Each bank should review their local conditions and the other engineering and administrative controls in place to determine whether they should require customers to wear masks inside their facilities. If masks are required, then banks must address the security challenge of dealing with masked customers inside a bank. Several banks have concerns regarding this situation and have different strategies to handle the situation.

- If a bank requires customers and visitors to wear masks inside the facility, and a customer refuses on account of a medical condition or requirement, banks should attempt to accommodate them following ADA guidance and have them execute their transaction via an alternative method that does not provide them entry into the branch, whether using the drive through, assist them with remote or mobile banking options, or attempt to assist them outside. If none of these options work, a bank will need to determine if the customer presents a “direct threat” which would likely be based on the ongoing level of community transmission and may decide to deny them



entry. Banks should develop a written policy that outlines their decision making and have it reviewed by counsel.

If a person refuses to wear a mask inside because they simply do not believe they should have to, the door greeter should attempt to use de-escalation techniques to try and ensure the situation does not become aggressive. If the customer continues to insist they don't need a mask, the bank can enforce their policy and choose to refuse service. This policy should be written and enforced on an equal basis to avoid even an appearance of bias.

- Customer Identification Program (CIP) requirements focus on BSA/AML rules at account openings. CIP requirements typically do not come into play when someone executes a transaction against an existing account. However, for security reasons, banks may have their own policies about identifying a person conducting a transaction. This provides banks some flexibility in terms of how they validate identities for existing accounts. Any revisions to a policy that apply to new accounts or that may touch BSA/AML programs, should be closely reviewed prior to executing.
- For those customers who do arrive in the branch wearing a mask and need to execute a transaction that requires identity validation, banks can ask them to momentarily drop their mask to verify their face with the ID. Banks should ensure to maintain appropriate social distancing, and if a customer refuses, they should consider refusing service as current CDC guidance focuses on transmission between people who experience “close contact” (e.g., less than six feet for a prolonged period of time). The momentary lowering of a mask is basically a zero-risk request of the customer. If they refuse, attempt to accommodate them, including:
 - Offering them service through a drive through.
 - Have them drop their masks outside and validate them outside or through a window.
 - If they continue to refuse and there is no other way to verify their identity, banks should consider refusing them service.
 - **Highlighted Approach 1** - Some banks are using their call center validation procedures to verify the identity of customers without requiring them to drop their masks momentarily.
- **Highlighted Approach 2** - If it is feasible to have a door greeter, have them ask each person entering the branch to face a CCTV and momentarily lower their mask so they are captured on camera. This approach provides a visible deterrent. If proper social distancing is observed, the risk from this action is near-zero.

Additionally and/or alternatively, a bank could choose to have the door greeter validate the customer's ID so that it does not have to be accomplished in the branch prior to executing their transaction.

- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Review existing CDC guidance and consult with state and local health authorities to see if cloth face coverings / mask use is recommended in your local area.
 - Level 2 - When community transmission is ongoing, requiring customers to wear masks is a reasonable precaution. Depending on conditions and other engineering/administrative controls in place, consideration should be given to requiring all employees/visitors/customers to wear masks inside the branch.
 - Level 3 - All personnel allowed in the facility should be required to wear masks.



11. What cleaning procedures should be followed daily and after an employee tests positive? (Matrix Rows 28,30,31,32)

In late April, the CDC issued a nine page pdf document "[Guidance for Cleaning and Disinfecting](#)" that provides detailed instructions on how to clean and disinfect a facility. However, the document appears to be focused on re-opening procedures versus response procedures in the event of positive employee in a facility. The document also refers to the "[Cleaning and Disinfecting Your Facility](#)" section of its website, which provides broad guidance surrounding day to day cleaning as well as instructions to follow after someone tests positive. Additionally, in publication 3990, OSHA refers to CDC guidance and also lists several fundamental cleaning steps that should be accomplished on a daily basis as part of a Basic Infection Prevention measures plan.

- Daily routine cleaning and disinfection should be accomplished for high touch surfaces.
- CDC recommends that more frequent cleaning and disinfection may be required depending on the level of use, and "point of sale keypads should be cleaned and disinfected before each use." ([Cleaning and Disinfecting your Facility - Subsection - Clean](#))
- The Guidance for Cleaning and Disinfecting specifically calls out "touch screens" and "ATM machines" as examples of frequently touched surfaces/objects that will need routine disinfection.
- The rules surrounding what needs to be disinfected after an employee tests positive are open to interpretation based on the web-based Cleaning and Disinfecting Your Facility. One key to remember regarding cleaning is that the CDC states that: "[The virus does not spread easily in other ways - From touching surfaces or objects.](#)" The primary method is person to person through close contact and respiratory droplets. Once the droplet/aerosol risk has been eliminated either by waiting or airing out a facility, the risk is significantly diminished.

Some of the key points from "Cleaning and disinfecting your building or facility if someone is sick" section include:

- "Close off areas used by person who is sick. Companies do not necessarily need to close operations, if they can close off affected areas."
- "Wait 24 hours - If 24 hours is not feasible, wait as long as possible." This guidance attempts to reduce the risk of airborne transmission as well as some time for the virus to degrade. If airflow can be increased, it would reduce the risk of cleaning the facility earlier.
- "Clean...areas used by the person who is sick..." The virus starts to degrade immediately after leaving the body and is no longer [viable/infectious](#) after approximately three days on plastic. Wiping down and disinfecting the hard surfaces used by the sick person eliminates the risk from surface transmission.
- The bigger challenge is what is required to disinfect soft surfaces such as carpets, drapes, upholstery, etc. The guidance is unclear. It talks about vacuuming "if necessary" but the link it provides simply says the "risk of transmitting ... during vacuuming is unknown" without any guidance on how to determine if it's necessary.
- Prior to expending significant resources cleaning and disinfecting soft surfaces, banks should check with their local health department for specific guidance. In one large Virginia county, the local public health authority stated that once all hard surfaces were disinfected, the facility could be re-opened without further cleaning. This guidance appears to align with existing CDC statements that the risk of transmission of the virus are generally from person to person. Soft surfaces likely do not need disinfection unless unusual circumstances exist, such as visible contamination of the surface caused by an infected person.



- Another key point is that the CDC states: “Regular cleaning staff can clean and disinfect community spaces.” ([General Business FAQ - Who should clean and disinfect community spaces?](#)) Before banks hire specialized companies to disinfect/sterilize their facilities after an employee tests positive, they should explore whether their existing cleaners have the appropriate disinfection cleaning supplies available. It is also important to remember that the virus degrades rapidly on its own on surfaces and that cleaning and disinfecting simply accelerates its natural decay. See Table 1 from [ABA’s Surface Contamination White Paper](#).

Table 1 (below) shows the degradation of viable virus over time for steel, cardboard and plastic using the median half-life calculated in the Appendix and assuming a starting concentration of 100,000 or 10⁶ TCID₅₀ per mL which is a similar concentration to that observed in the respiratory tract⁴.

Table 1. Degradation estimates of viral viability over time using the median half-life estimates at 21 to 23 C and 40% relative humidity.

Time (hours)	Cardboard (TCID ₅₀ per mL)	Plastic (TCID ₅₀ per mL)	Steel (TCID ₅₀ per mL)
0	100,000	100,000	100,000
6	30,060	54,297	47,774
12	9,036	29,482	22,823
18	2,716	16,008	10,904
24	816	8,692	5,209
36	74	2,562	1,189
48	7	755	271
72	0	66	14

- Potential mitigations mapped to community transmission analysis situation level.
 - Level 1 - Regular and routine cleaning, including disinfection, should occur at least once daily on high touch surfaces.
 - Level 2 - Consideration should be given to cleaning twice a day for high touch surfaces, along with making disinfecting wipes available for customers for high touch public surfaces, such as door handles, keypads and ATMs.
 - Level 3 - Cleaning and disinfecting should be done multiple times a day for high touch surfaces. CDC recommendations to clean keypads and ATMs after every use should be considered for implementation.

12. After an employee tests positive what actions need to be taken and who needs to be notified? (Matrix Rows 91/92)

The notifications required when an employee tests positive depends on the engineering and administrative controls that are in place and followed at the time. Current CDC guidance for workplace interactions states community exposure occurs when an [“individual has had close contact \(<6 feet\) for a prolonged period of time.”](#) If the co-workers of the positive employee meet this criteria, including during the 48 hours prior to symptom onset, they must be notified, while attempting to protect the identity of the infected individual, and they are recommended to self-quarantine.

The “prolonged period of time” does not necessarily have a hard and fast timeline and can be a judgment call based on whether the infected employee was symptomatic, how close they got to others, and whether they were wearing a facemask “which can efficiently block respiratory secretions from



contaminating others and the environment.” Additionally, the [CDC guidance for contact tracing](#) defines a close contact of someone who has tested positive as “someone who was within 6 feet of an infected person for at least 15 minutes.”

Both sets of guidance strongly argue that a bank should have appropriate social distancing measures in place and require employees to wear masks. If a bank’s policy is to maintain social distancing measures, and it is trained and enforced, then no close contact between staff or customers should occur, and it greatly minimizes the risks of a positive employee infecting others. The wearing of face masks provides further protection to minimize the impact on business operations and provides an argument for reduced liability; a bank could argue that their procedures effectively eliminate community spread as defined by the CDC.