Notes from the Health Officer

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OSHA COVID -19 Guidance for Workers and Employers

(https://www.osha.gov/SLTC/covid-19/controlprevention.html#health)

General guidance for all U.S. workers and employers

For all workers, regardless of specific exposure risks, it is always a good practice to:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled
- Avoid touching your eyes, nose, or mouth with unwashed hands
- Avoid close contact with people who are sick.

For most types of workers, the risk of infection with COVID-19 is similar to that of the general American public therefore:

- Employers and workers in operations where there is no specific exposure hazard should remain aware of the evolving outbreak situation.
- Changes in outbreak conditions may warrant additional precautions in some workplaces not currently highlighted in this guidance.

Despite the low risk of exposure in most job sectors, some workers in the United States may have exposure to people who have contracted COVID-19. Workers with increased exposure risk include those involved in:

- Healthcare (including pre-hospital and medical transport workers, healthcare providers, clinical laboratory personnel, and support staff)
- Deathcare (including coroners, medical examiners, and funeral directors)
- Airline operations
- Solid Waste and wastewater management operations
- Travel to areas with ongoing, person to person transmission of COVID-19.

Employers should:

- assess the hazards to which their workers may be exposed
- evaluate the risk of exposure
- select, implement, and ensure workers use controls to prevent exposure

Control and Prevention

- Measures for protecting workers from exposure to, and infection with, the coronavirus which causes COVID-19 depends on:
    - the type of work being performed
    - exposure risk, including potential for interaction with infectious people
    - contamination of the work environment

- Employers should prevent workers' exposures by adapting infection control strategies based on thorough hazard recognition and assessment, and using appropriate combinations of:
    - engineering and administrative controls
    - safe work practices
    - personal protective equipment (PPE)

- Some OSHA standards that apply to preventing occupational exposure to COVID-19 also require employers to train workers on elements of infection prevention, including PPE.

- Hazard Recognition and Assessment (Identifying Potential Sources of Exposure):
    - OSHA standards, including those for personal protective equipment (PPE, 29 CFR 1910.132) and respiratory protection (29 CFR 1910.134), require employers to assess the hazards to which their workers may be exposed.
    - In assessing potential hazards, employers should consider whether or not their workers may encounter someone infected with COVID-19 in the course of their duties.
    - Employers should also determine if workers could be exposed to environments (e.g., worksites) or materials (e.g., laboratory samples, waste) contaminated with the virus.
    - Depending on the work setting, employers may also rely on identification of sick individuals who have signs, symptoms, and/or a history of travel to COVID-19-affected areas that indicate potential infection with the virus, in order to help identify exposure risks for workers and implement appropriate control measures

Identify and Isolate Suspected Cases

In all workplaces where exposure to the COVID-19 may occur, prompt identification and isolation of potentially infectious individuals is a critical first step in protecting workers, visitors, and others at the worksite:

- Immediately isolate people suspected of having COVID-19. For example, move potentially infectious people to isolation rooms and close the doors. In other worksites, move potentially infectious people to a location away from workers, customers, and other visitors.

- Take steps to limit spread of the person's infectious respiratory secretions, including by providing them a facemask and asking them to wear it, if they can tolerate doing so. Note: A surgical mask on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).

- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission, including in screening, triage, or healthcare facilities.

- Restrict the number of personnel entering isolation areas, including the room of a patient with suspected/confirmed COVID-19.

- Protect workers in close contact* with the sick person by using additional engineering and administrative control, safe work practices and PPE.

    - **CDC defines "close contact" as being about six (6) feet (approximately two (2) meters) from an infected person or within the room or care area of an infected patient for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person.*

Environmental Decontamination

When someone touches a surface or object contaminated with the virus that causes COVID-19, and then touches their own eyes, nose, or mouth, they may expose themselves to the virus.

- Because the transmissibility of COVID-19 from contaminated environmental surfaces and objects is not fully understood, employers should carefully evaluate whether or not work areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response.

- Outside of healthcare and deathcare facilities, there is typically no need to perform special cleaning or decontamination of work environments when a person suspected of having the virus has been present, unless those environments are visibly contaminated with blood or other body fluids.

- In limited cases where further cleaning and decontamination may be necessary, consult U.S. Centers for Disease Control and Prevention (CDC) guidance for cleaning and disinfecting environments, including those contaminated with other coronavirus.

- Workers who conduct cleaning tasks must be protected from exposure to blood, certain body fluids, and other potentially infectious materials covered by OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) and from hazardous chemicals used in these tasks. In these cases, the PPE (29 CFR 1910 Subpart I) and Hazard Communication (29 CFR 1910.1200) standards may also apply.

- Do not use compressed air or water sprays to clean potentially contaminated surfaces, as these techniques may aerosolize infectious material.

Worker Training

All workers with reasonably anticipated occupational exposure to COVID-19 should be trained about:

- sources of exposure to the virus
- hazards associated with that exposure
- appropriate workplace protocols in place to prevent or reduce the likelihood of exposure.
- how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases
- how to report possible cases.

Training must be offered during scheduled work times and at no cost to the employee.

Workers required to use PPE must be trained. This training includes:

- when to use PPE
- what PPE is necessary
- how to properly don (put on), use, and doff (take off) PPE
- how to properly dispose of or disinfect, inspect for damage, and maintain PPE
- the limitations of PPE.

Applicable standards include the PPE (29 CFR 1910.132), Eye and Face Protection (29 CFR 1910.133), Hand Protection (29 CFR 1910.138), and Respiratory Protection (29 CFR 1910.134) standards. The OSHA website offers a variety of training videos on respiratory protection.

When the potential exists for exposure to human blood, certain body fluids, or other potentially infectious materials, workers must receive training required by the Bloodborne Pathogens (BBP) standard (29 CFR 1910.1030), including information about how to recognize tasks that

may involve exposure and the methods, such as engineering controls, work practices, and PPE, to reduce exposure.

Healthcare Workers and Employers

- Until more is known about how the COVID-19 spreads, CDC and OSHA recommend using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect healthcare workers with exposure to the virus.
- CDC provides the most updated infection prevention and control recommendations for healthcare workers managing suspected or confirmed cases of COVID-19.
- Employers of healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards..

Engineering Controls

Engineering controls are the first line of defense in healthcare facilities to shield healthcare workers, patients, and visitors from individuals with suspected/confirmed COVID-19. This includes:

- physical barriers or partitions in triage areas to guide patients
- curtains separating patients in semi-private areas
- airborne infection isolation rooms (AIIRs) with proper ventilation.
    - Place patients with suspected or confirmed COVID-19 in an AIIR if available at the healthcare facility.
    - AIIRs are single-patient rooms with negative pressure that provide a minimum of 6 air exchanges (existing structures) or 12 air exchanges (new construction or renovation) per hour
    - Ensure that the room air exhausts directly to the outside, or passes through a HEPA filter, if recirculated.
- If an AIIR is not available, isolate the patient in a private room. Keep the door closed.
- Isolation tents or other portable containment structures may serve as alternative patient-placement facilities when AIIRs are not available and/or examination room space is limited.
    - Ensure that the room air exhausts directly to the outside, or passes through a HEPA filter, if recirculated.

The CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Environmental Infection Control in Healthcare Facilities contains additional information on negative-pressure room control for airborne infection isolation.

Administrative Controls

Consistent with the general guidance described above administrative controls involve:

- isolating patients with suspected or confirmed COVID-19 to prevent transmission of the disease to other individuals. If possible, isolating suspected cases separately from confirmed cases may also help prevent transmission.
- Restricting the number of personnel entering the room of a patient with suspected/confirmed COVID-19. This may involve training healthcare workers in appropriate use of PPE so they can perform tasks such as housekeeping and meal service to reduce the need for environmental and food service workers to enter areas where suspected or confirmed COVID-19 patients are isolated.
- Following CDC guidelines for signs for and labeling of patient room doors when transmission-based precautions (i.e., contact and airborne precautions) are in place.
- Minimizing aerosol-generating procedures (AGPs), performing only those that are necessary for clinical diagnosis and care of a patient. Minimize the number of staff present when performing AGPs.

Safe Work Practices

- Perform as many tasks as possible in areas away from a patient with suspected/confirmed COVID-19 (e.g., do not remain in an isolation area to perform charting; use closed-circuit television systems to communicate with patients in an isolation area when a worker does not need to be physically present).

- Work from clean to dirty (i.e., touching clean body sites or surfaces before touching dirty or heavily contaminated areas) and limit opportunities for touch contamination (e.g., adjusting glasses, rubbing nose, or touching face with gloves that have been in contact with suspected/confirmed COVID-19 patients or contaminated/potentially contaminated surfaces).

- Prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.

- Ensure that there are systems in place to: differentiate clean areas (e.g., where PPE is put on) from potentially contaminated areas (e.g., where PPE is removed); handle waste and other potentially infectious materials; and clean, disinfect, and maintain reusable equipment and PPE.

- Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.

- Train and retrain workers on how to follow the established protocols.

Personal Protective Equipment

Healthcare workers must use proper PPE when exposed to a patient with confirmed/suspected COVID-19 or other sources of COVID-19 (See OSHA's PPE standards at 29 CFR 1910 Subpart I).

CDC and OSHA recommend that healthcare workers wear:

- Gowns
- Gloves
- Respirators (NIODH Certified Disposable N95 or better)
- Eye/face protection (e.g., goggles, face shield)

Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.

When doffing potentially contaminated PPE such as a N95 respirator, do not touch the outside of the respirator without wearing gloves.

After removing PPE, always wash hands with soap and water, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).

Emergency medical services (EMS) and medical transport:

- Workers and employers involved in EMS or other medical transport operations will likely need to adapt guidelines for the mobile work environment. That may mean relying on PPE (e.g., respirators) to protect workers when use of AIIRs or other isolation mechanisms are not practical and when staff have potentially prolonged, close contact with suspected or confirmed COVID-19 patients in transit.

Home care:

- CDC has developed interim guidance for healthcare providers who are coordinating the home care and isolation or quarantine of people confirmed or suspected to have COVID-19.

Cleaning and disinfection:

- Follow standard practices for high-level disinfection and sterilization of semi-critical and critical medical devices contaminated with COVID-19, as described in the CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.

- There are currently no EPA-registered disinfectants that specifically include the SARS-CoV-2 virus on the product label. Refer to the following list from the U.S. Environmental Protection Agency for products that control the virus:

List N: Disinfectants for Use Against SARS-CoV-2

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

- The CDC advises the use of EPA-registered chemical germicides that provide low or intermediate level disinfection for SARS during general use (surface and noncritical patient-care equipment) because these products inactivate related viruses with similar physical and biochemical properties. CDC's Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 provides information on the effectiveness of germicides on coronaviruses.

Environmental Cleaning and Disinfection Recommendations Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Clean and Disinfect Your Facility Everyday Steps, Steps When Someone Is Sick, and Guidance for Employer

https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html

Using Disinfectants to Control the COVID-19 Virus

http://npic.orst.edu/ingred/ptype/amicrob/covid19.html

Using products effectively:

- **To kill the virus, the surface must stay wet for the entire time on the label. Look for "contact time" or "dwell time".**
- Surface wipes can dry out during use. They must remain wet to be effective.
- Each product has only been shown to work where the label says it can be used. Look for **"use sites"** on the label.
- Disinfectants may not work on all surfaces. Follow the label carefully. Examples of surface types are listed in Table 1 below.
- "Cleaning" wipes do not kill viruses. They do not make claims to disinfect and are not registered by the U.S. EPA.

Consider these steps to reduce your risk when using disinfectants:

- To avoid chemical exposure when using disinfectants, follow the label's "precautionary statements". If no label guidance is provided, consider wearing gloves, eye protection, shoes with socks, and long sleeves/pants.

- Keep children, pets, and other people away during the application until the product is dry and there is no odor.
- Open windows and use fans to ventilate. Step away from odors if they become too strong.
- Wash your hands after using any disinfectant, including surface wipes.
- Keep lids tightly closed when not in use. Spills and accidents are more likely to happen when containers are open.
- Do not allow children to use disinfectant wipes. Keep cleaners and disinfectants out of reach from children and pets.
- Throw away disposable items like gloves and masks after use. They cannot be cleaned.
- Do not use disinfectant wipes to clean hands or as baby wipes.

For questions about disinfectants and other pesticides call us at **800-858-7378** (8:00am - 12:00pm PST), or email us at **npic@ace.orst.edu**.

OSHA Standards

There is no specific OSHA standard covering COVID-19. However, some OSHA requirements may apply to preventing occupational exposure to COVID-19. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection.
    - When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134).
    - OSHA has issued temporary guidance related to enforcement of respirator annual fit-testing requirements for healthcare.
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm."
- OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit COVID-19. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard.

Recording workplace exposures to COVID-19

OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log.

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are met:

- The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19)
- The case is work-related, as defined by 29 CFR 1904.5; and
- The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first-aid, days away from work).

Visit OSHA's Injury and Illness Recordkeeping and Reporting Requirements page for more information.