Alaska Occupational Safety and Health Consultation and Training Virtual Training Anchorage, AK 99504

Protecting the Safety and Health of Workers Coronavirus Disease 2019 (COVID-19)

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What is novel coronavirus?

- Coronaviruses are a family of viruses that can cause illness in people. Coronaviruses circulate among animals, including camels, cattle, and cats.
- SARS-CoV-2, the seventh known human coronavirus and the virus that causes COVID-19, is thought to have jumped species from animals to begin infecting humans.





How is COVID-19 different from other known coronaviruses?

- Several coronaviruses cause common colds, but are not significant threats for most healthy people.
- Other coronaviruses have caused past outbreaks, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)—each caused by a different coronavirus.
- SARS-CoV-2 is a distinct coronavirus.





Signs and symptoms of infection

- COVID-19 typically causes mild respiratory illness, but can cause severe disease, including pneumonia-like illness (novel coronavirus-infected pneumonia or NCIP).
- Typical symptoms include fever, cough, and shortness of breath.
- Symptoms begin 2-14 days after exposure.





Current pandemic

- More than 1 million cases worldwide.
- Different parts of the U.S. are seeing different levels of COVID-19 activity.
- All 50 states have reported cases of COVID-19 to CDC.

Latest situation summary: www.cdc.gov/coronavirus/2019-ncov/





Current pandemic

- U.S. COVID-19 cases include:
 - Imported cases in travelers.
 - Cases among close contacts of a known case.
 - Community-acquired cases where the source of the infection is unknown.
- Most U.S. states are reporting community spread of COVID-19.

www.osha.gov/coronavirus

Latest situation summary: www.cdc.gov/coronavirus/2019-ncov/





How COVID-19 is spread

- Person-to-person spread.
 - COVID-19 is thought to spread mainly through close contact from person-to-person in respiratory droplets from someone who is infected. People who are infected often—but not always—have symptoms of illness. People without symptoms are able to spread virus.
- Spread from contact with contaminated surfaces or objects.

Latest situation summary: www.cdc.gov/coronavirus/2019-ncov/





If you have been exposed/infected

- Prior to seeking treatment, alert your healthcare provider or occupational health clinic if you think you may have COVID-19.
- Tell your healthcare provider if you have been exposed to someone with the virus and have signs/symptoms of infection, as well as about any recent travel to areas where COVID-19 is spreading.



Photo: CDC / Scott Housley



Diagnosis and treatment

- Your healthcare provider can determine if you should be tested for COVID-19.
- There is no vaccine or specific treatment for COVID-19.
- Some patients, especially those who become very ill, may require supportive care in a hospital.



Photo: CDC / Scott Housley



Occupational exposure risks

- OSHA is closely coordinating with CDC, including NIOSH, and other agencies to monitor the ongoing pandemic.
- The risk of exposure in many workplaces likely reflects the risk to the general public in the community where the workplace is located.
- Risk increases when workers have frequent, close contact with the general public or other coworkers.

www.osha.gov/coronavirus



Photo: U.S. Navy / Seaman Rob Aylward



Occupational exposure risks

- Workers in some sectors may have increased risk of occupational exposure to SARS-CoV-2, including in:
 - Healthcare and Laboratories
 - Emergency response
 - Mortuary services and other deathcare
 - Airline operations
 - Border protection and passenger screening
 - Critical retail operations (e.g., grocery stores, pharmacies)



Photo: U.S. Customs and Border Protection / James Tourtellotte



Existing OSHA standards protect workers from exposure

- Follow existing OSHA standards to help protect workers from exposure to SARS-CoV-2 and infection with COVID-19.
- Employers should also remember that OSHA can use the General Duty Clause, Section 5(a)(1), of the Occupational Safety and Health Act to ensure that workers are protected from recognized safety and health hazards that may cause serious harm.

Relevant OSHA requirements

- Personal Protective Equipment (29 CFR 1910 subpart I), including:
 - PPE General Requirements (1910.132)
 - Eye and Face Protection (1910.133)
 - Respiratory Protection (1910.134)
 - Hand Protection (29 CFR 1910.138)
- Bloodborne Pathogens (29 CFR 1910.1030)
- Hazard Communication (29 CFR 1910.1200)
- Recordkeeping (29 CFR part 1904)



Exposure risk – very high

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, EMTs) performing or present for aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, CPR, some dental procedures and exams, invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients.
- Morgue workers performing autopsies on the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.





Exposure risk – high

- Healthcare delivery and support staff (e.g. doctors, nurses, and other hospital staff who must enter patients rooms) exposed to known or suspected COVID-19 patients. (While <u>NO</u> aerosol generating procedures are being performed.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.





Exposure risk – medium

- Jobs that require frequent (i.e., more than a few minutes) and/or close (i.e., within 6 feet) contact with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients.
- Examples include:
 - Critical retail workers, such as those in pharmacies and grocery stores.
 - Transit workers, such as bus drivers, subway operators, and taxi drivers.
 - Workers in other transportation operations.





Exposure risk – low (caution)

- Jobs that <u>do not</u> require contact with people known to be, or suspected of being infected with SARS-CoV-2 nor frequent close contact with (within 6 feet) of the general public.
- Workers in this category have minimal occupational contact with the public and other coworkers.





OSHA enforcement

OSHA:

- Typically responds to emergencies, including disease outbreaks, in a technical assistance posture.
- Provides compliance assistance to employers to help ensure workers are protected.
- Provides technical assistance and support to other federal agencies, as well as state/local partners.

OSHA enforcement authority

- During emergency response operations, even when OSHA is operating in a technical assistance and support mode, OSHA standards remain in effect and OSHA retains its ability to enforce the OSHA standards under the OSH Act.
- Enforcement of OSHA standards follows the jurisdiction in place before the emergency, such as in states operating OSHA-approved occupational safety and health programs called State Plans.



OSHA enforcement discretion

OSHA has provided enforcement discretion for some of its requirements, including:

- Respiratory Protection standard (29 CFR 1910.134)
- Other health standards with respirator requirements
- Recording and Reporting Occupational Injuries and Illness (29 CFR Part 1904)

Memorandum	Effective
Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak	March 14, 2020 - present
Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the 2019 Novel Coronavirus Disease (COVID-19) Pandemic	April 3, 2020 – present
Enforcement Guidance for Use of Respiratory Protection Equipment Certified Under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic	April 3, 2020 - present
Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease (COVID- 19) Pandemic	April 8, 2020 - present
Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)	April 10, 2020 - present





Dccupational Safety and Health Administration

- OSHA has developed a variety of guidance materials for workers and employers on how to stay healthy during the pandemic.
- OSHA.gov/coronavirus includes information on implementing the hierarchy of controls when workers have specific exposure risks.

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- OSHA guidance helps employers comply with OSHA standards.
- Guidance is based on anticipated hazards and risks, and incorporates standard, contact, and airborne precautions, and use of face/eye protection.
- Guidance should be adapted based on employer's hazard assessment and workers' tasks.



Clockwise from L: public domain; WikimediaCommons;





For all workers, regardless of specific exposure risks:

- Practice good and frequent hand hygiene.
- Follow good cough/sneeze etiquette.
- Avoid touching the eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.



Photo: U.S. Department of Defense





- Employers should implement protocols for regularly cleaning and disinfecting high-touch surfaces in the work environment.
 - Wipe down surfaces such as door push bars, shopping carts, points of sale, chairs in waiting areas, and other areas that customers, visitors, or workers frequently touch.
- Follow manufacturer's instructions for use of all EPA-approved cleaning and disinfection products.
- CDC provides detailed guidance for environmental cleaning and disinfection.



- Train all workers about their risk of occupational exposure to COVID-19 as well as on what to do if they have traveled to high-risk areas or been exposed to possible cases.
- For workers at particular risk of exposure (e.g., in healthcare, others), discuss:
 - Sources of exposure to the virus and hazards associated with that exposure.
 - Appropriate ways to prevent or reduce the likelihood of exposure, including use of engineering and administrative controls, safe work practices, and PPE.
- Some OSHA standards (e.g., BBP, PPE) require worker training.





For U.S. workers and employers of workers with potential occupational exposures to COVID-19:

- Identify and isolate suspected cases.
- Implement other precautions appropriate for the worksite and job tasks, and according to the hierarchy of controls.







- What should standard, contact, and airborne precautions consist of in workplaces where workers may be exposed to COVID-19? OSHA guidance breaks this down by worker type.
 - Engineering controls, such as isolation rooms and other physical barriers, can limit most workers' exposures.
 - Administrative controls and safe work practices include measures such as limiting access to patient care areas, effective sharps management, and worker training.
 - PPE may include gloves, gowns, goggles or face shields, and N95 or better respirators.



OSHA guidance – recordkeeping exposures to COVID-19

- 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).
- OSHA is providing enforcement discretion around recordkeeping for most sectors.
- Visit OSHA's Injury and Illness Recordkeeping and Reporting Requirements page for more information.



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Questions?

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