Protecting the Safety and Health of Workers
Coronavirus Disease 2019 (COVID-19)
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David K. McDonnell
Compliance Assistance Specialist
Occupational Safety and Health Administration
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.

www.osha.gov/coronavirus
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.

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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.

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.

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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)

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Photo: U.S. Customs and Border Protection / James Tourtellotte
Workers in other sectors, including some in critical infrastructure, may be at risk because of frequent or long-duration contact with coworkers:

- Food processing (including meatpacking)
- Manufacturing
- Construction
- Oil and gas
- Other sectors where workers would typically be within 6 feet of one another
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)
- Bloodborne Pathogens (29 CFR 1910.1030)
- 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.

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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 NO 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.

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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.

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Exposure risk – low (caution)

- Jobs that do not 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.

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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.

- Implemented interim enforcement plan for investigating COVID complaints, while ensuring the safety of workers, employers, and inspectors.

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.

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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)

<table>
<thead>
<tr>
<th>Memorandum</th>
<th>Effective</th>
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<tr>
<td>Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak</td>
<td>March 14, 2020 - present</td>
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<tr>
<td>Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the 2019 Novel Coronavirus Disease (COVID-19) Pandemic</td>
<td>April 3, 2020 – present</td>
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<tr>
<td>Enforcement Guidance for Use of Respiratory Protection Equipment Certified Under Standards of Other Countries or Jurisdictions During the COVID-19 Pandemic</td>
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<tr>
<td>Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the COVID-19 Pandemic</td>
<td>April 8, 2020 - present</td>
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<tr>
<td>Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the COVID-19 Pandemic</td>
<td>April 24, 2020 – present</td>
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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.
OSHA guidance

OSHA Alerts

- COVID-19 Guidance for the Construction Workforce
- COVID-19 Guidance for the Manufacturing Industry Workforce
- COVID-19 Guidance for the Package Delivery Workforce
- COVID-19 Guidance for Retail Workers
- Prevent Worker Exposure to Coronavirus (COVID-19)

www.osha.gov/coronavirus
OSHA guidance

OSHA and CDC Interim Guidance for Meatpacking and Processing (beef, poultry, and pork)

- **Guidance includes information on:**
  - Cleaning of shared meatpacking and processing tools;
  - Screening employees for the coronavirus before they enter work facilities;
  - Managing workers who are showing symptoms of the coronavirus;
  - Implementing appropriate engineering, administrative, and work practice controls;
  - Using appropriate personal protective equipment; and
  - Practicing social distancing at the workplace.

[www.osha.gov/coronavirus](http://www.osha.gov/coronavirus)
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.
OSHA guidance

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.

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Photo: U.S. Department of Defense
OSHA guidance

- 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.

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▪ 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.
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.

www.osha.gov/coronavirus
All workers have the right to:

- Raise a safety or health concern with their employer or OSHA, request personal protective equipment, or report a work-related injury or illness, including COVID-19.
- Receive information and training on job hazards in their workplace.
Whistleblower Protections under the OSH Act

- Employers cannot retaliate (fire, lay off, demote, etc.) against employees for engaging in activity protected under the OSH Act.

- Protected activity includes:
  - Requesting personal protective equipment
  - Wearing personal protective equipment
  - Reporting a work-related injury or illness, including COVID-19, to an employer or OSHA
  - Reporting an unsafe condition to an employer or OSHA
  - Requesting guidance on workplace safety from an employer, OSHA, or other government entity
Work Refusals under the OSH Act

- Under the OSH Act, employees have the right to refuse to perform an assigned task if they:
  - Have a reasonable apprehension of serious injury or death arising from a hazardous condition at the workplace; and
  - Refuse in good faith to expose themselves to the hazardous condition; and
  - Have no reasonable alternative; and
  - Have insufficient time, due to the urgency of the situation, to eliminate the danger through resort to regular statutory enforcement channels (i.e., contacting OSHA or an OSHA State Plan); and
  - Where possible, sought from their employer, and were unable to obtain, a correction of the dangerous condition.
For continual updates

- Visit OSHA’s website to sign up to receive OSHA information:
  - QuickTakes biweekly newsletter
  - Tip of the Day
  - www.osha.gov/contactus

- Follow OSHA on social media
  - Twitter: @OSHA_DOL
  - Facebook: Follow the Department of Labor page

www.osha.gov/coronavirus
Questions?

- David K. McDonnell
  OSHA Wichita Area Office
  Email: mcdonnell.david@dol.gov
  Phone: 316 796-8837

- OSHA Directorate of Technical Support and Emergency Management
  Phone: 202-693-2300

www.osha.gov/coronavirus
Dr. Agustina Boehringer
Associate Chief Medical Officer
Heart to Heart International

Agustina.Boehringer@hearttoheart.org
Disease Transmissions Chain and IPC

- IPC: Infection Prevention & Control, includes a *variety of strategies* to ‘BREAK THE CHAIN’ i.e. prevent or stop the spread of infections.

- Breaking any one link will stop chain of disease infection
IPC: Standard Precautions

1. Hand hygiene
2. Respiratory hygiene (etiquette)
3. Personal Protective equipment (PPE) according to the risk
4. Safe handling, cleaning and disinfection of surfaces and environment
5. Waste management
Hand Hygiene Technique:
Parts of Hand Usually Missed

The use of gloves **does NOT** replace the need to perform hand hygiene. Hand hygiene **must** be performed after removing gloves.
Respiratory hygiene (etiquette)

1. Cover your mouth and nose with a paper tissue when you cough or sneeze.
2. Dispose of the tissue in a waste bin after every use.
3. If you don’t have a paper tissue, cough/sneeze into your upper sleeve.
4. Wash your hands with soap and water after coughing/sneezing.
PPE and the Cloth Mask Debate

PPE should be worn according to risk. Not all levels of exposure carry the same risk, therefore, PPE should be tailored to the specific activity.

Overuse or misuse of PPE can lead to it becoming unavailable to those performing high-risk tasks

Cloth Mask Pros:
• May provide a layer of protection if properly used
• Signals it is not business as usual
• Decreases stigma

Cloth Mask Cons:
• Improper use can lead to greater transmission risk
• False sense of security
• Variability of fabrication
• Depleted supply
1. Start by identifying the hazards, and the possible scenarios that could arise from these.
2. Estimate the level of the inherent risk (the risk without any control measures in place).
3. Develop control measures for each hazard. Often these are simple solutions, like advising caution or stocking supplies.
4. Estimate the rating of the residual risk (the risk with control measures in place). Ideally these will come out as low after control measure
To schedule a full-length, live IPC training tailored to your specific setting or organization, please visit:
https://www.hearttoheart.org/covidtraining/

Or email:
covid19@hearttoheart.org

Other resources:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019