RISK ADMINISTRATION SERVICES, INC.

June 15, 2020

CORONAVIRUS DISEASE 2019 (COVID-19)
COVID-19 AND OSHA (UPDATED 6/15/20)

Priority of Controls

OSHA considers social distancing the first control and PPE a secondary control.

1. Maintain social distancing when you can.
2. Emphasize hand washing and sanitation and avoid touching your face.
3. PPE should be used if you get within 6 feet of others or touch similar items.
4. Have a plan to monitor people and know what to do if someone tests positive.

Gloves

- OSHA has no new special rules for gloves.
- Consider when gloves should be replaced or sanitized. Contaminated gloves can spread the virus as easily as bare hands.

Masks and Respirators

OSHA considers Respirators and Face Masks as separate types of PPE with different guidelines. Current CDC guidelines request that N95 respirators and surgical masks be left for medical professionals as they are in short supply.

Masks:

- Less protective and do not require the same level of testing and training.
- CDC has guidelines for making masks if none are available for purchase. Follow the CDC guidelines. There is a lot of misinformation prompting people to make and use poor quality masks that do not work.
  - The best-performing designs were a mask constructed of two layers of high-quality, heavyweight “quilter’s cotton,” a two-layer mask made with thick batik fabric, and a double-layer mask with an inner layer of flannel and outer layer of cotton.

Cloth Face Coverings:

- Should:
  - Fit snugly but comfortably against the side of the face.
  - Be secured with ties or ear loops.
  - Include multiple layers of fabric.
  - Allow for breathing without restriction.
  - Be able to be laundered and machine dried without damage or change to shape.

  - When removing: Be careful not to touch eyes, nose, and mouth and wash hands immediately after removing the mask.
  - Can be re-used after cleaning as long as it retains structural integrity.

- Should Not:

  - Create additional hazards.
  - Replace respirators when needed for other workplace exposures.

Employees may provide their own masks if they are not available.

Train on when to wear: strengths/weaknesses/limitations/care/access.

Define in your program when a mask is considered contaminated and when to dispose or clean.

Respirators:

Are manufactured and have "Respirator" in the packaging. Cannot be home made.

Almost all of the same OSHA requirements remain when using respirators except: Healthcare has a grace period for annual fit test if using NIOSH certified masks and making good faith effort to complete the fit testing.

Other respirator program elements are still required:

- Written program with proof of annual training.
- Train prior to use on how to keep clean, store, inspect, and don't share.
- Fit test, clean shaven.
- User seal check daily.
- Follow manufacturer instructions.
- Inspect to see if dirty/damaged.
- Medical evaluation.
- Is respirator good for the exposure?
- Can use Appendix D for voluntary use.

Other Questions

Can we use respirators from other countries? Yes. Masks should be designated as N95 equivalent, but you need to watch out for counterfeits.

Can we use expired N95 respirators? Not in healthcare but you can use discretion in other industries. Note that the expire date may not be on the respirator but on the box.

Can a Dust mask be used instead of an N95? A dust mask is not designed for the same types of exposures as a respirator. A dust mask should not be used when a respirator is needed just like a cloth mask should not be used when a respirator is needed.

What types of cleaners should we use? Follow EPA guidelines for disinfectants. There are several options. A common cleaner contains at least 60% alcohol.

Can I spray down a surface and wipe it clean right away? Usually no. Most cleaners require a soak time to kill a virus. Time varies by chemical from a few seconds to several minutes. Tests show the virus can live on plastic for 2 days, cardboard for 2 days, and in the air for several hours

Is COVID-19 OSHA Recordable? Because of the difficulty with determining work-relatedness, OSHA is exercising enforcement discretion to assess employers' efforts in making work-related determinations. In determining whether an employer has complied with this obligation and made a reasonable determination of work-relatedness, CSHOs should apply the following considerations:

- *The reasonableness of the employer's investigation into work-relatedness*. Employers, especially small employers, should not be expected to undertake extensive medical inquiries, given employee privacy concerns and most employers' lack of expertise in this area. It is sufficient in most circumstances for the employer, when it learns of an employee's COVID-19 illness, (1) to ask the employee how he believes he contracted the COVID-19 illness; (2) while respecting employee privacy, discuss with the employee his work and out-of-work activities that may have led to the COVID-19 illness; and (3) review the employee's work environment for potential SARS-CoV-2 exposure. The review in (3) should be informed by any other instances of workers in that environment contracting COVID-19 illness.
- *The evidence available to the employer.* The evidence that a COVID-19 illness was work-related should be considered based on the information reasonably available to the employer at the time it made its work-relatedness determination. If the employer later learns more information related to an employee's COVID-19 illness, then that information should be taken into account as well in determining whether an employer made a reasonable work-relatedness determination.
- *The evidence that a COVID-19 illness was contracted at work.* CSHOs should take into account all reasonably available evidence, in the manner described above, to determine whether an employer has complied with its recording obligation. This cannot be reduced to a ready formula, but certain types of evidence may weigh in favor of or against work-relatedness. For instance:
    - COVID-19 illnesses are likely work-related when several cases develop among workers who work closely together and there is no alternative explanation.
    - An employee's COVID-19 illness is likely work-related if it is contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed case of COVID-19 and there is no alternative explanation.
    - An employee's COVID-19 illness is likely work-related if his job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.
    - An employee's COVID-19 illness is likely not work-related if she is the only worker to contract COVID-19 in her vicinity and her job duties do not include having frequent contact with the general public, regardless of the rate of community spread.

- An employee's COVID-19 illness is likely not work-related if he, outside the workplace, closely and frequently associates with someone (e.g., a family member, significant other, or close friend) who (1) has COVID-19; (2) is not a coworker, and (3) exposes the employee during the period in which the individual is likely infectious.
- CSHOs should give due weight to any evidence of causation, pertaining to the employee illness, at issue provided by medical providers, public health authorities, or the employee herself.

If, after the reasonable and good faith inquiry described above, the employer cannot determine whether it is more likely than not that exposure in the workplace played a causal role with respect to a particular case of COVID-19, the employer does not need to record that COVID-19 illness. In all events, it is important as a matter of worker health and safety, as well as public health, for an employer to examine COVID-19 cases among workers and respond appropriately to protect workers, regardless of whether a case is ultimately determined to be work-related.