

# **CORONAVIRUS AND THE WORKPLACE**

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**Compliance Reference**

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## CORONAVIRUS AND THE WORKPLACE

### What Is Coronavirus?

- A coronavirus is a common group of viruses that target the respiratory tract.
  - Coronavirus includes one of the viruses associated with the common cold.
  - Also associated with Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) outbreaks.
- Coronavirus disease 2019 (COVID-19) is a novel strain.
  - It was first identified during an outbreak in Wuhan, China.
  - It can cause mild to severe respiratory illness.
- Severe complications from the disease include:
  - Pneumonia.
  - Multi-organ failure.
  - Death.
- There may be a population of infected individuals who are asymptomatic.

### Susceptible Subpopulations

- Some people are at a higher risk of getting very sick from this illness, including people who:
  - Are 65 years or older.
  - Have a serious chronic condition (e.g., heart/kidney/liver disease, diabetes).
  - Are immuno-compromised (e.g., transplants, chemo patients, smokers).
  - Are severely obese (BMI > 40).
  - Have moderate to severe asthma.

### COVID-19 Symptoms

- While the degree may vary by patient, common symptoms include:
  - Fever.
  - Cough.
  - Shortness of breath.
  - Loss of taste.
  - “COVID toe.”

### CDC Website Address for “Cases and Latest Updates”

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>

**Notes:**

### Coronavirus and the Workplace, continued

#### General Precautions to Prevent the Spread of Coronavirus

- Wash your hands frequently and thoroughly for at least 20 seconds using soap.
  - Use alcohol-based hand rubs ( $\geq 60\%$  alcohol) when soap and running water are not available.
- Avoid touching your eyes, nose, and mouth.
- Maintain safe distances from other people.
  - 6 feet or more.
- Cough/sneeze into your elbow.
- Stay home/out of the public when sick.
- Self-quarantine ( $\geq 14$  days) if you suspect exposure to persons infected with COVID-19.

#### Cleaning Surfaces

- Frequently touched surfaces should be cleaned and disinfected daily.
  - When possible, use EPA-registered household disinfectants (i.e., EPA's Antimicrobial Product List N "Emerging Viral Pathogens")
- In addition to EPA-registered products, hard surfaces may be disinfected with a bleach solution:
  - Mix five tablespoons household bleach per one gallon of water.
  - Leave solution on surfaces for at least one minute.
  - Replace the solution every 24 hours.

- To clean electronics (e.g., computer components, tablets, ATMs), follow manufacturer instructions.
  - In the absence of manufacturer disinfection instructions, consider using alcohol wipes or sprays ( $\geq 70\%$  alcohol)

#### Workplace Precautions to Prevent the Spread of Coronavirus

- Stop handshaking.
- Clean hands at the door (encourage regular washing reminders).
- Disinfect surfaces regularly (e.g., door knobs, tables, desks, handrails).
- Encourage good behaviors (e.g., cover coughs/sneezes, avoid touching of the face).
- Encourage use of PTO when employee is sick.
- Consider work-from-home options, if possible, for employees potentially exposed to infected persons.

#### Meetings:

- Postpone/cancel non-essential meetings.
- Use videoconferencing when possible.
- Hold in open, well-ventilated areas.

**Notes:**

## Coronavirus and the Workplace, continued

### Food service:

- Limit food sharing.
- Strengthen health screenings of cafeteria workers.
- Step up/reinforce hygiene practices.

### Future Planning

- If your employees are required to travel as part of their jobs:
  - Evaluate whether you should temporarily cancel travel.
  - Consider isolation practices (work-from-home, quarantine, etc.) for employees returning from travel.
- If an employee contracts COVID-19 or there is an outbreak in the community:
  - Consider shutting the office.
  - Have employees work from home, if possible.
  - Implement your continuation of business plan.

### OSHA Compliance Issues

- Employers must evaluate regulatory obligations when developing a response to COVID-19 or other infectious diseases in the workplace.
- Actions taken by employers, including certain voluntary actions, may trigger regulatory obligations under OSHA.

### OSHA's General Duty Clause [29 U.S.C. 654(a)(1)]

- There is no specific rule in the General Industry Standards for workplace protection against viruses, etc., but OSHA has stated that action could be required under the "General Duty Clause" of the OSH Act.
  - Employers must furnish a workplace free from recognized hazards that could result in death or substantial physical harm.

### OSHA's Bloodborne Pathogens Standard [29 CFR 1910.1030]

- OSHA's Bloodborne Pathogen Standard would not include the respiratory secretions that transmit COVID-19 virus within its scope.
  - However, the provisions of the Standard offer a framework that may help control some sources of the virus.
- OSHA's Bloodborne Pathogen Standard requires employers to use the following controls to protect employees:
  - Universal precautions.
  - Engineering controls and work practices.
  - Personal protective equipment (PPE).

**Notes:**

Coronavirus and the Workplace, continued

## Universal Precautions Under the Bloodborne Pathogens Standard

- Universal Precautions is an approach to infection control.
  - ALL human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

## Universal Precautions and the Coronavirus

- Applying “Universal Precautions” to the COVID-19 virus would mean that you should:
  - Assume all surfaces are contaminated.
  - Assume every person is a carrier.

## Hierarchy of Controls

- Frequently, the first impulse is to just provide employees with PPE for protection; however, PPE should be a LAST-resort option for protecting employees.

## Engineering/Administrative Controls

- Specific strategies will vary widely, depending on the work environment, for example:
  - Hospitals/healthcare facilities cannot eliminate the hazard, but may isolate potentially infected patients.
  - Manufacturing and offices could employ work-from-home strategies.

## Engineering Controls

- Improve ventilation in the workplace by:
  - Installing high-efficiency filters.
  - Increasing ventilation rates.
  - Considering the use of specialized negative pressure ventilation.
- Other engineering controls that could be implemented to control the spread of the coronavirus would include:
  - Installing physical barriers (e.g., clear plastic sneeze guards).
  - Installing drive-through windows for customer service.
  - Installing remote order pick-up lockers.

## Administrative Controls

- Allow employees to work from home.
- Replace face-to-face meetings with conference calls/web meetings (intra-office meetings and client meetings).
- Discontinue non-essential travel, especially in/out of hot zones.
- Implement extra shifts or alternating workdays to minimize staff size and work distances.
- Provide employees with up-to-date education and training on protective behaviors.
- Encourage sick workers to stay home.

**Notes:**

Coronavirus and the Workplace, continued

## Personal Protective Equipment [29 CFR 1910.132(d) and (f)]

- Generally, employers who will be providing PPE to their employees must:
  - Conduct hazard assessment to identify hazards.
  - Identify and provide appropriate PPE.
  - Train employees in use and care of PPE.
  - Maintain PPE.
  - Review, update, and evaluate PPE program periodically.

## Respiratory Protection

- If engineering and administrative (work practice) control measures cannot prevent atmospheric contamination in the workplace and the employer determines that the use of respirators is necessary, the employer must implement a written respiratory protection program to protect employees.

## Respiratory Protection Program [29 CFR 1910.134]

- A respiratory protection program must include procedures for at least the following:
  - Selection of the proper respirator.
  - Medical evaluations and fit testing.
  - Proper use, maintenance, and care.

- Air quality and quantity (for air-supplying respirators).
- Training and program evaluations.

### Selecting Respirators

- Determination of the appropriate respirator must be based on:
  - Type of contaminant.
  - Form of the contaminant.
  - Toxicity of the contaminant.
  - Concentration of the contaminant.
- N95 respirators are the PPE most often used to control exposure to infections transmitted via the airborne route, though their effectiveness is highly dependent upon proper fit and use.

### Medical Evaluations

- Medical evaluations must be conducted by a physician or licensed healthcare professional (PLHCP).
- Must obtain information included in 29 CFR 1910.134, Appendix C, "Medical Evaluation Questionnaire."

Notes:

Coronavirus and the Workplace, continued

## Voluntary Use of Respirators [29 CFR 1910.134(c)(2)]

- If the employer determines that respirators are not necessary, but will allow employees to wear them voluntarily, they must still implement several elements of a respiratory protection program, including:
  - Medical evaluations.
  - Maintenance and care.

**NOTE:** Fit testing is not required for voluntary use of respirators

- Employers must also provide employees with a copy of 29 CFR 1910.134, Appendix D, “Information for Employees Using Respirators When Not Required Under the Standard.”

## Voluntary Use of Filtering Facepieces [29 CFR 1910.134(c)(2)]

- Employers are not required to develop a written respiratory protection program when allowing employees to use filtering facepieces.
- Employers must still provide employees with a copy of 29 CFR 1910.134, Appendix D, “Information for Employees Using Respirators When Not Required Under the Standard.”

## Voluntary Use of Surgical Masks to “Protect Others”

- Per OSHA/CDC guidance:

“...A face mask (also called a surgical mask, procedure mask, or other similar terms) 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).”

## Developing an Infectious Disease Preparedness and Response Plan

- There is no regulatory requirement to develop this type of plan; however, it may be a good management practice.
- Each plan is unique and should be developed based on the level of risk within the specific workplace and various job tasks.
- Employers should evaluate guidance from governmental health agencies and incorporate it into their plans as appropriate.

## Elements of an Infectious Disease Preparedness and Response Plan

- OSHA and the CDC recommend a workplace plan include the following elements:

**Notes:**



**Coronavirus and the Workplace, continued**

- Basic infection prevention measures.
- Policies and procedures for prompt identification and isolation of sick people.
- Workplace flexibilities and protections.
- Workplace controls.

**Classifying Employee Exposure Risk**

- OSHA identifies four levels of risk:
  1. Very high
  2. High
  3. Medium
  4. Low (caution)
- The level of risk will depend on:
  - Industry type (e.g., healthcare vs. manufacturing).
  - The need for close-in employee contact to persons known or suspected to be infected (e.g., within 6 feet for COVID-19).
  - The requirement for employees to have extended contact with known or suspected-to-be-infected persons.

**Very High Exposure Risk**

- Workplace settings with a very high potential for employee exposure to known or suspected sources of infections would be considered to pose a “very high exposure risk” to employees.

- Examples of employees who have a very high exposure risk include:
  - Healthcare workers who conduct aerosol-generating procedures (e.g., doctors, nurses, paramedics, EMTs).
  - Healthcare or laboratory personnel who collect or handle specimens.
  - Morgue workers who perform autopsies.

**High Exposure Risk**

- Workplace settings with a high potential for employee exposure to known or suspected sources of infections would be considered to pose a “high exposure risk” to employees.
- Examples of employees who have a high exposure risk include:
  - Healthcare delivery and support staff who enter patient’s rooms, but do not conduct aerosol-generating procedures.
  - Medical transport workers.
  - Mortuary workers.

**Medium Exposure Risk**

- Workplaces where employees are required to have close-in or frequent contact with people who may be infected, but who are not known or suspected infectious patients, would be considered to pose a “medium exposure risk” to employees.

**Notes:**

### Coronavirus and the Workplace, continued

- Examples of employees who have a medium exposure risk include:
  - In areas WITHOUT ongoing community transmission, any employees who have frequent contact with travelers returning from areas of widespread transmission.
  - In areas WITH ongoing community transmission, any employees who have contact with the general public (e.g., schools, high-population-density work environments, grocery and retail stores).

### Low Exposure Risk

- Workplaces where employees have minimal occupational contact with other employees or the general public would be considered to pose a “low exposure risk” to employees.
- Examples of employees who have a low exposure risk would include employees who do not require contact with people known or suspected to be infected and who do not have frequent or close-in contact with the general public

### Injury/Illness Recordkeeping [29 CFR 1904]

- OSHA recordkeeping requirements mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 Log.
  - Workplace exposure to the common cold or flu is exempt from recordkeeping.
  - COVID-19 is a recordable illness when a worker is infected on the job.

### Challenges to Recordkeeping

- Employer must determine whether the exposure was work-related (i.e., within the “work environment”).
  - If exposure occurred while traveling for work, situation is even more complicated.
- The employer must evaluate the employee’s work duties and environment to decide whether or not one or more events or exposures in the work environment either:
  - Caused or contributed to the resulting condition, or
  - Significantly aggravated a pre-existing condition.

### OSHA Enforcement Memo

- On May 19, 2020, OSHA issued an updated enforcement memo that identified:
  - Three types of evidence that would lead to a reasonable presumption the illness was work-relatedness.
  - Two types of evidence that would lead to a reasonable presumption the illness was NOT work-related.

### Situations That Are Presumed Work-Related (If No Alternative Explanations)

- The following situations are presumed to be work-related, provided there are no alternative explanations:
  - Several cases develop among workers who work closely together.

**Notes:**

### Coronavirus and the Workplace, continued

- Employee's illness came shortly after lengthy, close exposure to a coworker or customer with a confirmed COVID-19 case.
- Employee's job duties include frequent, close exposure to the general public in location where ongoing community transmission is occurring.

### Situations That Are Presumed Work-Related (If No Alternative Explanations)

- The following situations are presumed NOT to be work-related, provided there are no alternative explanations:
  - Employee is only worker to contract COVID-19 and job duty does not include frequent contact with the public.
  - The employee has close frequent association with someone other than a coworker who has COVID-19 and who exposed employee while being infectious.

### Injury/Illness Reporting [29 CFR 1904]

- OSHA requires reporting from any employer who has a work-related incident that results in:
  - Death of one or more employees.
  - In-patient hospitalization of one or more employees.

**NOTE:** There are no exclusions to this requirement; ALL businesses are subject to reporting requirements.

### State Issues

- Some OSHA-approved State Plan states may have more specific requirements to address.
  - For example, California has an Aerosol Transmissible Disease (ATD) Standard [Title 8 CCR, Section 5199].

**Notes:**

## INFORMATION FOR EMPLOYEES USING RESPIRATORS WHEN NOT REQUIRED UNDER THE STANDARD 29 CFR 1910.134, Appendix D

### 1910.134, Appendix D

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the US Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.