RESUMING AND MAINTAINING BUSINESS OPERATIONS

HEALTH & SAFETY OBLIGATIONS FOR INFECTION PREVENTION

Resuming operations at manufacturing facilities during the ongoing COVID-19 pandemic will require managers to review and possibly modify the way essential tasks and processes have been completed in the past. Core health and safety obligations including the duty to "provide a workplace free from serious recognized hazards" have not changed and will continue to be enforced. However, employers now have additional recommendations and requirements to consider before a process or work environment can be considered safe for employees and visitors.

WHAT HAS CHANGED?

By executive order, several state governors now require, and the CDC recommends that all employers develop and implement an Infection Control and Prevention Plan.

From CDC website: All employers need to consider how best to decrease the spread of COVID-19 and lower the impact in their workplace. This may include activities in one or more of the following areas:

1. Reduce transmission among employees.

2. Maintain healthy business operations.

3. Maintain a healthy work environment.

HOW TO APPLY GUIDANCE FROM THE CDC

To protect your employees and your business, you need to consider the following:

- Conduct a risk assessment and implement controls based on needs.

- Develop and implement and Infection Control and Prevention Plan (ICPP).

- Communicate new safety and health requirements to your team.

- Implement a plan for cleaning and ongoing disinfection of your workplace.

COMPLETE A RISK ASSESSMENT:

The primary risk factors for COVID-19 transmission include close proximity with individuals who are contagious and contact with surfaces contaminated by others who are contagious.

To complete a risk assessment for COVID-19 consider the following guidance:

- List all work-related tasks/functions and break them down into two categories: essential and non-essential.

  o Further breakdown the essential tasks into essential - remote possible and essential - remote not possible.

  o Include all tasks that are completed on site or in the field including production related, service/installation related, employment related (time tracking, uniforms) and personal (restroom, eating, breaks, etc.).

- For tasks that are essential and cannot be completed remotely – review each task to determine if physical distancing of 6ft. can be maintained throughout the process. If not, can the task be modified so that the physical distancing is maintained, if not, what other control(s) will be implemented.

- Essential tasks that result in multiple people having contact with the same surfaces – review each task to determine an alternative or implement a control(s).

INFECTION CONTROL AND PREVENTION PLAN:

An Infection Control & Prevention Plan (ICPP) that conforms with CDC guidance to mitigate the spread of COVID-19 and reduce the viruses' impact on your employees and business needs to be developed and implemented. A written and documented plan is required in some states and recommended in others. The ICPP should be comprehensive and address the infection control team, communication, response, supplies, equipment and controls.

Many of these infection control measures may require expert advice to implement in a regulatory compliant manner. One of the first and most important steps in developing and implementing the ICPP is to complete an assessment of risk.

CONTROLS:

Once all employees who can work remotely are doing so, those workers remaining onsite have a potential exposure to a contagion hazard that must be mitigated. As with all hazards in the workplace, OSHA requires that the mitigation strategies employed follow the "Hierarchy of Controls". For essential onsite tasks and employees, the option of eliminating the Covid-19 hazard or substituting for a less dangerous hazard is not feasible.

HAZARD CONTROL HIERARCHY

- PPE
- Behavior
- Administrative
- Engineering
- Substitution
- Elimination

Therefore, the remaining control strategies are known as "engineering controls", "administrative controls", and as a last resort, personal protective equipment (PPE). Engineering controls must be considered and implemented before relying on administrative (behavior) controls and PPE.

ENGINEERING CONTROLS

Engineering controls isolate the employee from the hazard and ideally do not rely on an action or choice by the employee being protected. Some examples include:

- A clear plastic curtain or plexiglass shield placed between employees on the line, employees and customers, vendors, delivery drivers, etc.

- Use step and pull door handles and remove traditional door handles where appropriate and in line with ADA requirements.

- Ventilation – Install filters with a higher MERV rating, increase air turnover rates, increase fresh air introduction rate, operate system 24/7.

- Install anti-microbial surface materials where appropriate (most commonly in break rooms, bathroom, etc.)

- No-touch technology for all time clocks, utility and man doors, sinks, soap dispensers, towel dispensers, etc.

- Shut down drinking fountains and provide bottled water or no-touch bottle fillers.

ADMINISTRATIVE CONTROLS

Administrative controls for a contagious disease involve modifying the way tasks are completed to maintain physical distancing and facilitating infection control behaviors by providing the supplies, training, visual reminders and inducements to turn "should" behaviors into "required" behaviors:

- Maintain Physical Distancing (6ft.) during job tasks, meetings, trainings and breaks.
  - Stagger start times and break times to avoid close contact during symptom screening, at or near the entrances, time clocks, locker rooms and lunchrooms.

- o Divide the square footage of a room by 36 to determine the maximum number of occupants.

- o Lunchroom/Restroom – Marking the required distance between people at tables and waiting outside, removing chairs, signage limiting number of people allowed at one time, removing non-disposable shared utensils and dishware, etc.

- o Time clock interaction.

  - ▪ Does it require touch by each employee? Is there an alternative process? If not, require hand sanitizer before/after and cover with clear cling wrap to facilitate cleaning if appropriate.

- o Meeting and conference rooms – Use technology to conduct meetings whenever possible, close down and repurpose small meeting rooms to expand available office space, remove or cover occupied signs on meeting/conference room doors, provide for sanitation of remote controls in meeting rooms.

- Hand Washing, coughing/sneezing hygiene, not touching the face, not sharing items and not reporting to work sick are all critical behaviors that should be enabled in any way possible.

  - o This can be conveyed through training, signage, and modeling appropriate behavior.

  - o Provide sanitizer at entrances to key rooms including bathrooms that require touching the door handle. Be sure to consider going in and out of rooms.

- Take in to account higher risk employees with known risk factors such as age or preexisting conditions. Employers should consider a change in assignment to physically isolate them from others as much as is reasonably possible.

- Face coverings - Not considered personal protective equipment but as an administrative control when physical distance can be maintained.

- One-way traffic patterns in confined areas frequently transited by employees. For example, you can establish:

  - o In one exit and out another.

  - o Warehouse and production area walking lanes creating a "yellow brick road."

- Limit travel of employees within the facility to areas they are required to visit.

  - o No office employees in production areas unless essential and vice versa.

- Limit visitors to essential only and have processes in place for controlling entry, limiting contact with employees and screening visitors for symptoms, travel and contact with infected/symptomatic people

- Remote worker check-in process; particularly for those that live alone.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment is considered the first and last line of defense. However, historically PPE is the least effective method for controlling hazards. Documented Job Hazard Assessments (JHA) are required by OSHA and are the foundation of your Personal Protection Equipment program.

Any existing JHA's will need to be reviewed, possibly modified and recertified as part of mitigating the exposure hazard to COVID-19. Any new tasks completed by employees due to implementation of the infection control plan, such as surface disinfection, will also need to be assessed and added to the job specific hazard assessment. New Job Tasks associated with infection control that need to be evaluated may include:

- Sanitation/Janitorial

- Assessing Employees for Symptoms

- Medium Risk Job tasks as defined by OSHA; see this link for more information.

The use of additional or new personal protective equipment triggers obligations for the employer including employee training on correct use, storage, replacement, care and proper disposal.

MASKS AND RESPIRATORS:

Masks and face coverings are an essential part of controlling transmission of COVID-19 during this pandemic. Masks and respirators do have specific guidance on how and when they should be used. Some need-to-know facts for employers regarding their use include:

- An ear loop or tie-on surgical mask and other "face coverings" are not respirators as defined by OSHA.

- CDC is recommending and some local and state governments are requiring people to wear face coverings (non-respirators) while in public or when safe to do so at work. The primary intention of the face covering is to protect other people from the person wearing the mask.

- The employer is required to evaluate if the use of a face covering is safe for the employees based on assigned tasks.

- Employer supplied vs. employee supplied:

    o Employees are to supply their own mask or face covering as long as the mask is approved by the employer prior to use in the facility.

- Training on how to use the mask safely is required even if it is supplied by employee.

- If the employer requires the employees to wear a Filtering Facepiece Respirator, also known as an N95, or foreign equivalent all respiratory protection standards apply.

- If the employer cannot procure respirators for required use and are using foreign produced and certified respirators, expired respirators or reusing respirators you must follow FDA, OSHA and CDC guidance. See OSHA enforcement guidance for more information.

- Masks and respirators with exhaust valves will not protect other employees from the wearer. Consider covering the valve if that is the intent of the mask or respirator and it is safe to do so based on job tasks and mask/respirator type.

CLEANING & DISINFECTION

Any infection control plan will include a cleaning and disinfection program for frequently touched and commonly touched surfaces, equipment, tools and post infection/case scenarios. If this task will be completed by employees, several regulatory requirements and recommendations will also need to be considered and implemented. Employers need to consider:

- Supplies Needed – EPA list N disinfectant, application method (pour bottles, spray bottles, wipes), and PPE based on SDS information.

- Assess all disinfection chemicals for hazards and required personal protective equipment.

- Review, potentially amend, and recertify Job Hazard Assessment documents if employees will be completing this task.

- You will need to assess disinfection chemicals for compatibility with the surfaces that are being cleaned.

- Provide training for employees that includes:

    o How to safely use, take on and off, dispose of and maintain PPE,

    o Hazard communication information, including the safety data sheet (SDS).

    o Disinfectant application method and contact time.

- For information regarding EPA approved cleaning supplies and cleaning recommendation please see the USC Guidance Document Here: EPA Approved Cleaning Supplies and Cleaning Recommendations

SCREENING EMPLOYEES FOR SYMPTOMS

Screening employees for symptoms is required by executive order in some states and recommended by the CDC for essential workers. This process should be planned and implemented carefully due to the regulatory and legal requirements involved.

Recommendations and requirements include, but are not limited to:

- Employees should be screened prior to entering the building.

    o Include questions regarding symptoms and possibly temperature checks.

- If an employee is completing the screening, they are required to receive training on:

    o Personal Protective Equipment.

    o Thermometer use and interpretation (if used).

    o Confidentiality for documented records and employee health information.

- Confidentiality of the employees being screened is legally required (ADA) and any information. collected must be treated as private medical information (OSHA).

- Stagger start times to maintain physical distance between employees being screened and to facilitate the process.

- Additional information from USC regarding assessing employees for symptoms can be found here: What Employers Need to Know About Assessing Employees for COVID-19

EMPLOYEE WITH SYMPTOMS OR POSITIVE CASE RESPONSE

Develop a process to respond if informed of an employee with a positive test result, an employee with symptoms or an employee with a sick household member or other significant exposure. Initial steps to consider include:

- Designate and train a person or very small team to respond to and communicate with affected employees
- Select and equip a room for isolation of symptomatic employees to remain in prior to leaving the facility
- Create a protocol for response and return to work of confirmed, symptomatic or exposed employees – Information on how to handle a confirmed or potentially infected employees can be found here: Infected Employee at the Facility...Now what?

KEEPING EMPLOYEES AND THEIR FAMILIES HEALTHY WHEN NOT AT WORK

Consider providing guidance for employees regarding staying healthy. Employees may have potential exposure points on their way to and from work and while at home. Guidance provided should include:

- Guidance for employees when leaving work.

    o Hand washing up to elbows if arms are exposed at work.

    o Care of uniforms.

    o Disinfection of items brought to work and then home.

- Guidance for employees upon arriving at home.

    o Prior to contact with family.

    o Prior to entry to home.

- o   What to do upon entry of home.
- How employees get to work.
    - o   Public transportation precautions.
    - o   Rideshare services.
    - o   Carpooling.
- Guidance should include mental wellbeing advice.
    - o   Mental break.
    - o   Media break.
    - o   Healthy eating and exercise.
    - o   Employee Assistance Program if available
- What do employees need to stay healthy at home? - Ask for their input.
- If temperature and symptom screening will be completed at home prior to coming to work each day, consider the following:
    - o   Thermometers available.
    - o   Employee guidance for how to use them if employer provided.
    - o   Confidentiality of results required if reported to employer.
- Employees caring for a sick household member should be advised to follow CDC guidance

AUDIT AND ACCOUNTABILITY

Many of the processes and recommendations in this document will need to be continued for some time if not on a permanent basis. All of them should be validated to confirm completion and/or compliance for the health and safety of the employees, their families and the business. For routine infection control related tasks and behaviors consider the following accountability suggestions:

- Review and validate housekeeping checklists to confirm they include all high touch and routinely touched surfaces; revise as needed to track increased frequency and additional identified surfaces. Confirm completion of all tasks through periodic visual observation.
- Introduce a simple housekeeping/disinfection quality assurance process such as blacklight ink stamps on high touch surfaces.
- Develop and implement a behavior-based safety audit to be completed by department leaders several times a day. This audit should be focused on infection control behaviors and PPE compliance.

IN CONCLUSION

The ultimate goal with implementing infection control practices is to provide a workplace free from serious and recognized hazards. For manufacturing facilities that are beginning to resume operations, an infection control and prevention plan will be a new and significant aspect to providing a safe work environment for the foreseeable future. For businesses that have been able to maintain operations ensuring that infection prevention practices are continued, will be imperative to prevent infection or outbreaks at your facility. As with all safety and health items, it is important to ensure that by implementing controls you are not putting your employees at greater risk. Until everyone is vaccinated or "herd immunity" is attained, the only available strategy for a successful and compliant reopening is the implementation and maintenance of a thorough plan to mitigate the transmission of the virus.