TITLE: COVID-19 Preparedness and Response

NEXT REVIEW: April 2021

COVID-19 Preparedness and Response Plan

Premier Risk Management

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#	EHS Representative	Signature	Approval Date
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1.0 Introduction

1.1 Coronaviruses are a family of viruses that can cause illnesses such as the common cold, Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). In 2019, a new coronavirus was identified as the cause of a disease outbreak that originated in China. The virus is now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease it causes is called coronavirus disease 2019 (COVID-19). On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a worldwide pandemic.

1.2 The COVID-19 pandemic will have consequences that will affect personnel in the workplace. Absenteeism will be on the rise and businesses may see an interruption of supply chains and may cause orders to be delayed or cancelled. Also, changes in commerce patterns such as consumers purchasing an abundance of goods that will deplete local supplies and shopping in off peak hours to avoid interaction with others.

2.0 Scope

2.1 This program is designed to provide company leaders a guide in how to respond to the COVID-19 virus in the workplace. This can provide direction in how to protect personnel at work, communicate preventative measures to avoid contagion, and what to do if someone is infected.

2.2 This procedure's associated policies and forms are COVID-19.POL.001 (Voluntary Respiratory Protection Policy), COVID-19.FRM.001 (Voluntary Respirator Use Form), COVID-19.POL.002 (Face Mask Utilization Policy), COVID-19.FRM.002 (Face Mask Utilization Questionnaire).

3.0 Legal Requirements

3.1 This program is in adherence to the Occupational Safety and Health Administration's (OSHA) Guidance on Preparing Workplaces for COVID-19 (OSHA 3990-03 2020), 29 CFR § 1910.1030 (Infectious Disease Prevention), 1910.134 (Respiratory Protection), the Occupational, Safety, and Health Act's General Duty Clause, Section 5(a) (1), The Center for Disease Control (CDC) guidance for COVID-19.

4.0 COVID-19

4.1 In COVID-19, “CO” stands for corona, “VI” for virus, and “D” for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”. This is a new virus strand and advancements are fluid in learning more about the biological make up of COVID-19 and how it infects human cells.

4.2 The virus is not a living organism, but a protein molecule (RNA) covered by a protective layer of lipid (fat), which, when absorbed by the cells of the ocular, nasal or buccal mucosa, changes their genetic code, (mutation) and convert them into aggressor and multiplier cells.

5.0 How to Combat

5.1 Since the virus is not a living organism but a protein molecule, it is not killed, but is capable of being decayed. The virus is very fragile and the only thing that protects it is a thin outer layer of fat. The following examples are the best methods of directly combating COVID-19.

5.1.1 Soap or Detergent: Soap or detergent is the best remedy because the foam cuts the fat (therefore rubbing hands for twenty (20) seconds or more is critical to make foam). By dissolving the fat layer, the protein molecule disperses and breaks down on its own.

5.1.2 Heat: Since heat melts fat it is also good to use water above 77 °F for washing hands, clothes, and everything. In addition, hot water makes more foam and that makes it even more useful.

5.1.3 Alcohol: Alcohol or any mixture with alcohol over 65% dissolves any fat (the external lipid layer of the virus).

5.1.4 Bleach: Any mix with one (1) part bleach and five (5) parts water directly dissolves the protein and breaks it down from the inside.

5.1.5 Oxygenated Water: Oxygenated water helps long after soap, alcohol and chlorine, because peroxide dissolves the virus protein.

6.0 How Transmitted

6.1 The virus is thought to spread mainly from person to person. How easily a virus spreads in such a manner can vary. Some viruses are highly contagious (like measles) while other viruses do not spread as easily. Another factor is whether the spread is sustained, spreading continually without stopping. The virus that causes COVID-19 seems to be spreading easily and has in communities of some affected areas. Some person to person spreading examples are:

6.1.1 People who are in close contact by one another within six (6) feet.

6.1.2 Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. The virus is not airborne and can only be transmitted from direct respiratory droplets.

6.1.3 People are thought to be most contagious when they are most symptomatic. However, there have been reports of spread being possible before people show symptoms and it is believed asymptomatic individuals can be carriers, spreading the virus without ever becoming ill.

6.2 Virus spread does occur from contact with contaminated objects or surfaces. Examples of such objects and surfaces and how long the virus will remain viable are up to:

6.2.1 Three (3) hours in aerosols and on fabrics and porous.

6.2.2 Four (4) hours on copper and wood.

6.2.3 Twenty-four (24) hours on cardboard.

6.2.4 Forty-two (42) hours on metal.

6.2.5 Seventy-two (72) hours on plastic.

6.3 The COVID-19 virus has not been detected in drinking water, pools, or hot tubs. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes the virus.

7.0 Symptoms

7.1 Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. Symptoms may appear two (2) to fourteen (14) days after exposure. Examples of symptoms are:

7.1.1 Fever.

7.1.2 Chills.

7.1.3 Cough.

7.1.4 Shortness of breath or difficulty breathing.

7.1.5 Bluish lips or face.

7.1.6 Fatigue.

7.1.7 Persistent body and muscle aches.

7.1.8 Headache.

7.1.9 New loss of taste or smell.

7.1.10 Sore throat.

7.1.11 Congestion or runny nose.

7.1.12 Nausea or vomiting.

7.1.13 Diarrhea.

8.0 Severity

8.1 The complete clinical picture regarding COVID-19 is not fully known. Reported illnesses have ranged from no reported symptoms, very mild, to severe (including illness resulting in death). Older people and people of all ages with severe chronic medical conditions such as heart disease, lung disease, and diabetes seem to be at higher risk of the virus. Cases in the

United States by age group found that 80% of deaths were among adults sixty-five (65) years and older with the highest percentage of severe outcomes occurring in people eighty-five (85) years and older.

9.0 Risk Factors

9.1 Worker's risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or low risk. The level of risk depends in part on the industry type and/or need for contact within six (6) feet of people. Each company should evaluate these risk factors for personnel in the workplace.

9.2 Occupational Risk Pyramid for COVID-19

9.3 Very High Risk: Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific travel to infected areas, medical, postmortem, or laboratory procedures. Such as healthcare workers (doctors, nurses, dentists, paramedics, emergency medical technicians), healthcare or laboratory personnel collecting or handling specimens, and morgue workers performing autopsies on those who perished while infected.

9.4 High Risk: High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Examples are international travelers for work, healthcare delivery and support staff, medical transport workers, and mortuary workers involved in preparing (for burial or cremation) the bodies of those who perished while infected.

9.5 Medium Risk: Medium exposure risk jobs include those that require frequent and/or close contact within six (6) feet of people. Such as domestic travelers for work, teachers, workers in schools, retail, restaurants, the travel industry, and any high-density work environment).

9.6 Low Risk: Lower exposure risk jobs are those that do not require contact with people or frequent close contact within six (6) feet of the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

10.0 Engineering Controls

10.1 Install physical barriers, such as clear plastic sneeze guards, where feasible.

10.2 Rearranged workspaces such as furniture to be greater distances in between.

10.3 Workspaces are properly ventilated and increase air change per hour if needed (the virus can concentrate in confined areas with little to no air exchange).

10.4 Remote shopping such as touch-less delivery and pick-up.

10.5 Refrain from accepting cash and use electronic payment reader only. Move reader away from cashier and have customer use independently.

10.6 Verbal announcements that are cued to promote administrative controls.

10.7 Signage that promotes administrative controls.

11.0 Administrative Controls

11.1 Daily Health Checks: This is the process of personnel receiving a daily check of their body temperature (temperature of 100.4°F/38° C or higher). These are to be verbally exchanged and not recorded by the employer.

11.2 Social Distancing: Avoid large events and mass gatherings. However, if in public strive to keep a physical distance of six (6) feet from others. Especially keep distance from others if COVID-19 is spreading in the community, particularly if there is a higher risk of serious illness.

11.3 Individual Use: Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people.

11.4 Hand Washing: Personnel should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and warm water for

twenty (20) seconds. Using soap to wash hands is more effective than using water alone because the surfactants in soap lift soil and microbes from skin. Also, people tend to scrub hands more thoroughly when using soap, which further removes germs. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used (65% alcohol dissolves protective layer of virus section 5.1.3). If hands are visibly dirty, always wash hands with soap and water. Personnel should strive to wash hands a minimum twelve (12) times daily and in the following situations:

11.4.1 After blowing one's nose, coughing, or sneezing.

11.4.2 After using the restroom.

11.4.3 Before eating or preparing food.

11.4.4 After contact with animals or pets.

11.4.5 Before and after providing routine care for another person who needs assistance.

11.4.6 After being around other personnel for an extended period.

11.5 Cover Coughs and Sneezes: In the event of personnel coughing they shall cover their mouth and nose with a tissue during a cough or sneeze or use the inside of their elbow. Then dispose of the used tissue immediately in the trash.

11.6 Touching Face: Avoid touching eyes, nose, and mouth if hands are not clean.

11.7 Stay Home if Sick: People who are sick or mildly ill with COVID-19 can recover at home. Do not leave and avoid public areas, except to get medical care.

11.8 Cleaning and Disinfecting Surfaces: Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Be sure there is a cleaning check sheet with name, day, time if cleaning is happening by employees and not a vendor. Personnel shall clean and disinfect high touch surfaces daily in common areas:

11.8.1 Tables, Desks.

11.8.2 Hard-backed chairs.

11.8.3 Doorknobs, Handles.

11.8.4 Light switches, Remotes.

11.8.5 Toilets, Sinks.

11.9 Floor Surfaces (includes carpet and tile surfaces): These are typically on a ninety (90) to one hundred and eighty (180) day cleaning schedule. The best practices should be a weekly cleaning schedule for high volume work areas and monthly for minimally used workspaces. Be sure there is a cleaning check sheet with name, day, time if cleaning is happening by employees and not a vendor.

11.10 Disinfect Clothing, Towels, Linen: Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other personnel's items.

12.0 Personal Protective Equipment (PPE)

12.1 Filtering Facepiece Respirator (FFR): Employers may implement a Voluntary Respirator Use policy for personnel who desire to wear an FFR. The policy should align with OSHA 29 CFR 1910.134 Appendix D.

12.1.1 Sign a compliant Voluntary Respiratory Use form.

12.1.2 Be informed of the FFR and its limitations.

12.1.3 Be trained on how to perform a proper fit check, use the respirator, and how to dispose of and/or store the respirator.

12.1.4 Be discouraged to have facial hair if applicable.

12.1.5 FFR should be National Institute for Occupational Safety and Health (NIOSH) approved and personnel should understand the evaluation designation.

12.1.6 Evaluation Designation

Filter Efficiency	N (non-oil environments)	R (oil resistant)	P (oil proof)
95%	95	95	95
99%	99	99	99
99.97%	100	100	100

12.1.7 These respirators present limitations, which are outlined below:

12.1.7.1 Do not provide oxygen.

12.1.7.2 Must operate in atmospheres between 19.5% and 23.5% of oxygen.

12.1.7.3 Are not to be used in environments that are immediately dangerous to life and health (IDLH).

12.1.7.4 Does not prevent skin exposures.

12.2 Face Mask (Surgical Mask): These are designed to be worn by personnel to catch the bacteria shed in liquid droplets and aerosols from the wearer's mouth and nose. They are not designed to protect the wearer from inhaling airborne bacteria or virus particles. Infected personnel shall wear these masks to prevent infecting others.

12.3 Eye Protection: Proper eye protection consists of safety glasses (Z87.1 rated), goggles, or a disposable face shield that covers the front and sides of the face. Personal eyeglasses and contact lenses are not considered adequate eye protection. Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to reuse. Disposable eye protection shall be discarded after use.

12.4 Gloves: Disposable gloves are preferred when handling potentially COVID-19 exposed material or assisting personnel who have been exposed. Personnel can utilize reusable gloves, but these must be disinfected immediately after use. The two (2) preferred disposable gloves are:

12.4.1 Latex Gloves: These provide the highest level of comfort and flexibility. Latex rubber gloves provide excellent protection against bacteria and viruses. Latex gloves

have high tactile sensitivity and are preferred for precise or delicate work such as surgery.

12.4.2 Nitrile Gloves: If skin is latex sensitive, gloves made of nitrile are often preferred. Disposable nitrile gloves provide comparable comfort and protection to that of latex gloves. Nitrile gloves also provide a high level of protection, with durable, puncture-resistant material that protects users from chemicals and viruses.

12.5 Gowns: These are utilized by healthcare providers, patients, and visitors who spend time in a medical facility that faces the threat of emerging infectious diseases. These gowns for infection control protect against infectious hazards in a medical workplace. The consensus standard American National Standards Institute/Association of the Advancement of Medical Instrumentation (ANSI/AAMI) PB70:2003, describes the barrier protection levels of gowns intended for use in health care facilities provides defined levels of protection:

12.5.1 Level 1: Minimal risk, to be used, during basic care, standard isolation, cover gown for visitors, or in a standard medical unit.

12.5.2 Level 2: Low risk, to be used, during blood draw, suturing, in the Intensive Care Unit (ICU), or a pathology lab.

12.5.3 Level 3: Moderate risk, to be used during arterial blood draw, inserting an Intravenous (IV) line, in the Emergency Room, or for trauma cases.

12.5.4 Level 4: High risk, to be used during long, fluid intense procedures, surgery, when pathogen resistance is needed, or infectious diseases are suspected (non-airborne).

13.0 Infection Treatment

13.1 There are three (3) circumstances in which personnel should seek COVID-19 testing. These situations are coming into physical contact with persons infected with COVID-19, have traveled from an area with ongoing community spread of the virus, or if such personnel are experiencing symptoms discussed in Section 7.0 of this procedure.

13.2 When personnel come into physical contact with infected personnel or have traveled from an area where the virus is spreading, it should be remembered that symptoms will not always become active. It is critical to get tested to prevent from becoming a carrier of the virus.

13.3 Upon discovery of being infected, a doctor will recommend treatment for any symptoms or complications that develop. Similar coronaviruses such as SARS and MERS do have treatments. Some treatments for these similar viruses include:

13.3.1 Antiviral or retroviral medications.

13.3.2 Breathing support, such as mechanical ventilation.

13.3.3 Steroids to reduce lung swelling.

13.3.4 Blood plasma transfusions.

14.0 How Workplaces are Impacted

14.1 Absenteeism: Increased employee absences because they or household members are infected will occur during the spread of COVID-19. Guidance from the Department of Labor may also increase absences by requiring employers to extend sick leave time for the care of children during the time frame schools and daycare facilities are closed. Additionally, families with individuals identified as high-risk categories and immunocompromised health may by afraid of coming to work due to potential exposure. These factors will limit the available workforce and will require attentive supervision.

14.2 Patterns of Commerce: Demand for specific items may cause supply shortages and delays in delivery. Items needed for worker protection may be unavailable due to consumption by non-standard users and require a shift in production timing or process. Hazards to employees may change due to increased demand and inadequate supply. Supervisors should examine availability, changes to delivery methods and improper use of alternative process to ensure changes do not create previously unrecognized hazards.

14.3 Interrupted Supply/Delivery: Geographical areas with high concentration of COVID-19 infection may cause significant delay and/or cancellation of shipments into or out of those areas. These delays and reorders will require additional planning and scheduling in some work environments. Work stoppage may be necessary in severe cases until alternate sources of supply can be determined.

15.0 Workplace Mitigation of Exposure

15.1 Every workplace has unique opportunities to mitigate exposure to infectious diseases. Examining all aspects of the work practices and processes may identify close quarters, high contact ratios, and environmental conditions that should be mitigated. Examples include but are not limited to:

15.1.1 Flexible worksites if possible (telework).

15.1.2 Review existing sick time policies to ensure U.S. Department of Labor changes specific to COVID-19 are included.

15.1.3 Increased physical space between employees and customers.

15.1.4 Encourage employees to assess, identify and notify supervision of processes that by change of duration, frequency, and intensity can reduce exposure.

15.1.5 Downsize operations where possible, deliver services remotely (phone, video, web), or deliver products via curbside pick-up or distance delivery.

15.1.6 Communicate and enforce CDC guidelines for sick employees to remain at home. Ensure employees are aware of procedures for calling in sick. Include temporary employees in all related sick time policies. Educate each employee regarding the sick time when it involves household members (section 17.2).

15.1.7 Be aware and prepared to answer employee's concerns regarding pay, seniority, position, return to work, and exhaustion of sick time.

15.1.8 Remain flexible regarding requiring medical provider documentation for sick time. Consider the likelihood an employee recovered at home without medical treatment.

15.1.9 Educate employees on return from Isolation or Quarantine.

15.2 Every workstation within a workplace should be evaluated for mitigation of exposure using the hierarchy of controls (Engineering, Administrative, and PPE as the last resort).

15.3 In addition to reviewing workstations, the work environment should engage in communication efforts to reflect company policies of chosen controls to prevent infection. Such signage should be posted but not limited to the following type areas:

15.3.1 Entrance lobbies.

15.3.2 Restroom doors.

15.3.3 Inside restrooms.

15.3.4 Employee congregation areas.

15.3.5 Exit doors.

15.3.6 Various areas in workspace that provide visibility.

16.0 Infection Response

16.1 If any personnel notify management of an infection or possible infection do the following:

16.1.1 Ensure the infected or possibly infected person remains home.

16.1.2 Notify the infected or possibly infected person of proper protocols for Isolation (section 18.0).

16.1.3 Notify all personnel who has had close contact with the specific person within the past three (3) days (72 hours) and send them to Quarantine (section 17.0).

16.2 COVID-19 testing options that are available:

16.2.1 Polymerase Chain Reaction (PCR) Test: Doctors use this test to diagnose people who are currently sick with COVID-19. This test uses a sample of mucus typically taken from a person's nose or throat. It looks for the genetic material of the coronavirus. The test uses a technology called PCR, which greatly amplifies the viral genetic material if it is present. That material is detectable when a person is actively infected.

16.2.2 Antigen Test: This test identifies people who are currently infected with the coronavirus. It may be used as a quick test to detect active infections. Initially it will

not be used to diagnose disease, but it may be used to screen people to identify those who need a more definitive test. Antigen tests can identify virus in nose and throat secretions. It does this by looking for proteins from the virus (as opposed to the diagnostic test, which looks for genetic material).

16.2.3 Serology Test: Many laboratories call this an antibody test. An antibody test looks for the presence of antibodies, which are specific proteins made in response to infections. Antibodies are detected in the blood of people who are tested after infection; they show an immune response to the infection.

17.0 Quarantine

17.1 Quarantine is for someone who was in close contact with someone who has COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home for fourteen (14) days, separate themselves from others (especially high-risk people), and monitor their health.

17.1.1 The incubation period is two (2) to fourteen (14) days. A contact person should remain in quarantine for a fourteen (14) day duration.

17.1.2 It is critical to stay away from others during this fourteen (14) day period, especially high-risk people such as the elderly and those with pre-existing conditions.

17.1.3 Monitor health daily buy documenting symptoms and taking temperature twice a day.

17.1.4 If nothing occurs during the fourteen (14) period, you should return to regular activity. If one becomes sick, see section 18.0 (Isolation).

18.0 Isolation

18.1 Recommendations for discontinuation of transmission-based precautions and home isolation, based upon a person's symptoms and clinical testing are below:

18.1.1 If a person is symptomatic and awaiting COVID-19 test results: Stay home away from others or under isolation precautions until results are available. If results are delayed, follow guidance for symptomatic and tested positive for COVD-19. Once results are available, follow the recommendations below based on results.

18.1.2 If a person is symptomatic and tested positive for COVID-19 by PCR, antigen testing, or serology: Stay home away from others or under isolation precautions until you have had no fever for at least three (3) days (72 hours) without the use of medicine that reduces fevers, other symptoms have improved, and at least ten (10) days have passed since symptoms first appeared.

18.1.3 If a person is symptomatic and tested negative for COVID-19 by PCR, antigen testing, or serology: Stay home away from others or under isolation precautions until you have had no fever for at least three (3) days (72 hours) without the use of medicine that reduces fevers and other symptoms have improved.

18.1.4 If a person is symptomatic and has not been tested for COVID-19 by PCR, antigen testing, or serology: Stay home away from others or under isolation precautions until you have had no fever for at least three (3) days (72 hours) without the use of medicine that reduces fevers, other symptoms have improved, and at least ten (10) days have passed since symptoms first appeared.

18.1.5 If a person is asymptomatic and awaiting COVID-19 test results: No isolation is required while waiting for test results. Take everyday precautions to prevent the spread of COVID-19. Once results are available, follow recommendations based on results.

18.1.6 If a person is asymptomatic and tested positive for COVID-19 by PCR or antigen testing (even if person met time and symptom-based strategy for release from isolation after being symptomatic and tested positive for COVD-19): Stay home away from others or under isolation precautions until ten (10) days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while

asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVD-19.

18.1.7 If a person is asymptomatic and tested positive for COVID-19 by serology: No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.

18.1.8 If a person is asymptomatic and tested negative for COVID-19 by PCR, antigen testing, or serology: No isolation is required. Take everyday precautions to prevent the spread of COVID-19.

18.1.9 If a person has other non-compatible symptoms and has not been tested for COVID-19: Stay home away from others or under isolation precautions until you have had no fever for at least twenty-four (24) hours without the use of medicine that reduces fevers; AND Other symptoms have improved.

18.1.10 If a person is asymptomatic and tested positive for COVID-19 by PCR or antigen testing (even if person met time and symptom-based strategy for release from isolation after being symptomatic and tested positive for COVD-19): Stay home away from others or under isolation precautions until ten (10) days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVD-19.

18.1.11 If a person is asymptomatic and tested positive for COVID-19 by serology: No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.

18.2 **Recommendations after Receiving Test Results**

	Symptomatic		Asymptomatic	
	Positive	**Negative**	**Positive**	**Negative**
PCR/antigen testing	Isolation*	Isolation**	Isolation*	No isolation
Serology (without PCR/antigen testing)	Isolation*	Isolation**	No isolation	No isolation
Serology positive with PCR/antigen testing	Isolation*	Isolation**	Isolation*	No isolation

18.3 * Stay home away from others or under isolation precautions until you have had no fever for at least three (3) days (72 hours) without the use of medicine that reduces fevers, other symptoms have improved, and at least ten (10) days have passed since symptoms first appeared.

18.4 **Stay home away from others or under isolation precautions until you have had no fever for at least three (3) days (72 hours) without the use of medicine that reduces fevers and other symptoms have improved.

19.0 Workplace Illness Recordkeeping

19.1 OSHA published an enforcement letter to the COVID-19 response on April 10, 2020. Such workplace exposure is considered a recordable illness under current guidelines provided by the Occupational Safety and Health Administration (OSHA). The letter states in sections 18.1.1 and 18.1.2:

19.1.1 "In areas where there is ongoing community transmission, employers other than those in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting, and law enforcement services), and correctional institutions may have difficulty making determinations about whether workers who contracted COVID-19 did so due to exposures at work. In light of those difficulties, OSHA is

exercising its enforcement discretion in order to provide certainty to the regulated community.

19.1.2 Employers of workers in the healthcare industry, emergency response organizations (e.g. emergency medical, firefighting, and law enforcement services), and correctional institutions must continue to make work-relatedness determinations pursuant to 29 CFR § 1904. Until further notice, however, OSHA will not enforce 29 CFR § 1904 to require other employers to make the same work-relatedness determinations, except where:

19.1.2.1 There is objective evidence that a COVID-19 case may be work-related. This could include, for example, a number of cases developing among workers who work closely together without an alternative explanation; and

19.1.2.2 The evidence was reasonably available to the employer. For purposes of this memorandum, examples of reasonably available evidence include information given to the employer by employees, as well as information that an employer learns regarding its employees' health and safety in the ordinary course of managing its business and employees.

19.2 In accordance to the OSHA enforcement letter, companies that have determined a COVID-19 workplace exposure shall adhere to the reporting of hospitalization and deaths associated with COVID-19 infection within the standard twenty-four (24) hours and eight (8) hours respectfully.

19.3 States with individual safety and health plans approved by Department of Labor may adopt additional reporting and recording requirements, therefore it would be advisable to consult professional risk management or legal counsel for guidance in each of these States. Follow the link for latest updates from OSHA pertaining to COVID-19: https://www.osha.gov/SLTC/covid-19/standards.html