

Acknowledgement

To the best of our knowledge, the information presented during this session and the reference material(s) provided is current as of the presentation date. Information on risks, policies and government regulations may change over time. Should changes occur, it is your responsibility to determine the impact on this material and we suggest you update your practice(s)/procedure(s) as needed.

The information within this presentation is not intended to be comprehensive and additional information may be necessary to meet your specific needs.





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COVID-19 Pandemic Plan Development

A Simple Checklist Will Not Address Your Exposures As No One Size Fits All

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Objectives

- **COVID-19/SARS CoV-2 Facts and Figures**
- **Discuss the performance standard approach to developing a pandemic plan**
- **Review some of the details of the four main steps any employer will need to go through to minimize occupational exposure (e.g. COVID-19):**
 - **Reviewing organization operations, exposures present or anticipated**
 - **Review guidelines, resources and references relating to potential exposure**
 - **Assign a team/individual to set policies, train employees**
 - **Have an assigned person/team periodically re-evaluate the procedures/policies**
- **Provide insight on the various controls being used during this pandemic using the Hierarchy of Controls (Avoidance, Engineering, Substitution, Administrative and Personal Protective Equipment(PPE)).**
- **Provide Necessary References**
- **Answer questions**



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Performance Standard

The performance standard approach to developing a pandemic plan

-OSHA does not have a specific set of rules or standard for compliance purposes. No infectious diseases standard is forthcoming either (at the Federal level). The state, local departments of health and CDC are setting the standards.

-Some OSHA requirements may apply to preventing occupational exposure to biologicals during a pandemic outbreak which include: Personal Protective Equipment (PPE) 29 CFR 1910.132-1910.133 and 1910.38 using gloves, eye and face protection; and Respiratory Protection 29 CFR 1910.134

-OSHA's Bloodborne Pathogens (BBP) standard 29 CFR 1910.1030 applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit pathogens. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g.- respiratory secretions) not covered by the BBP standard.



Performance Standard

The performance standard approach to developing a pandemic plan

- **Employer must also protect their workers from exposure to hazardous chemical used for cleaning and disinfection. Employers should be aware that common sanitizers and sterilizers (such as those on the EPA “N “ list)could contain hazardous chemicals. Where exposes exist, employers must comply with OSHA's Hazard Communication standard 29 CFR 1910.1200.**
- Parts of 29 CFR 1910.141 Sanitation apply as well as General Duty Clause 5(a) requires employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”**
- OSHA leaves it up to you as the employer how to accomplish compliance or achieve hazard minimization through written programs and implementation.**

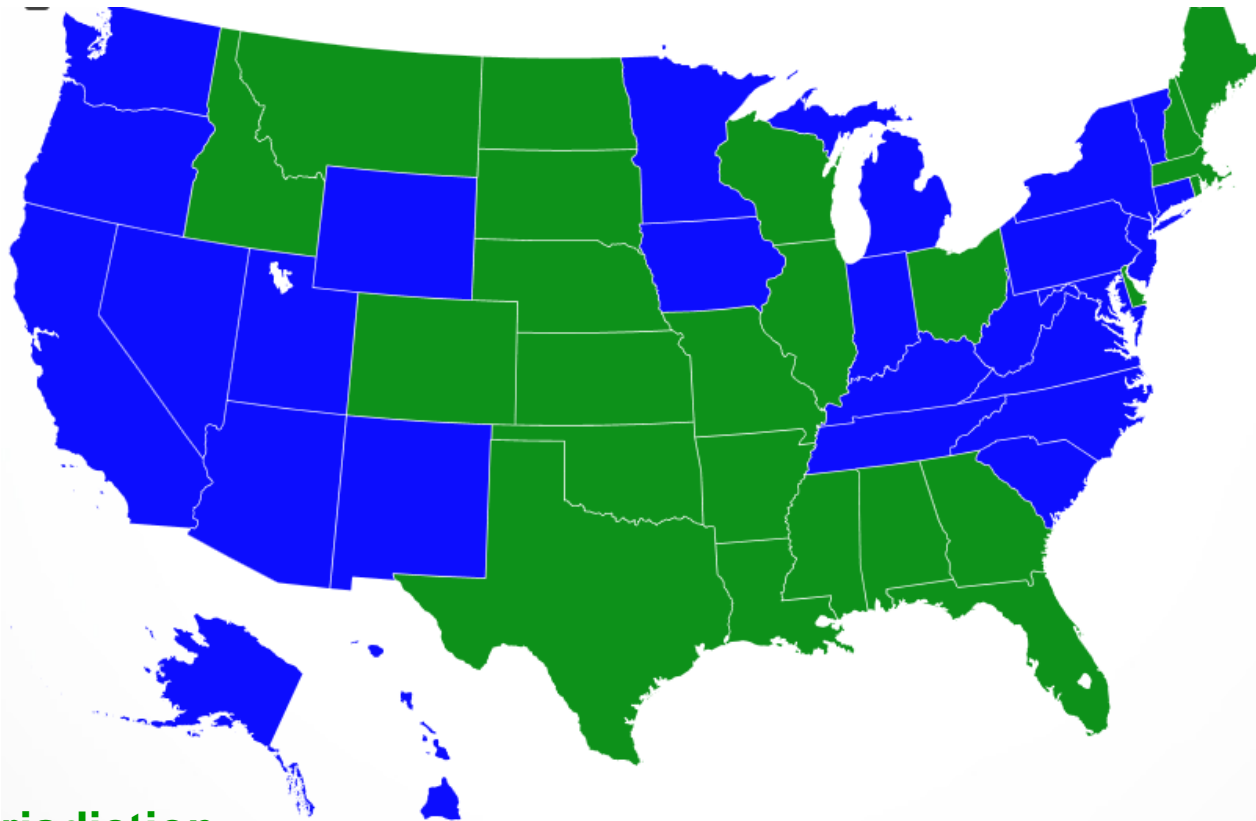


Development of Plan

A pandemic plan, checklist, or training program when developed, has to reflect the uniqueness of your organization (state, locations, operations, employee population, specific controls that will be implemented).



OSHA State vs. Federal

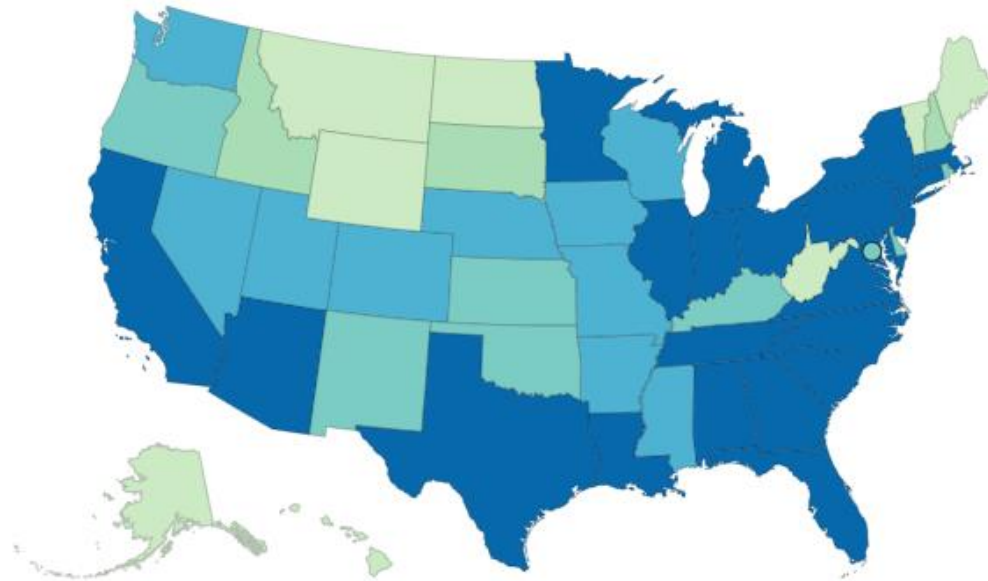


- **Federal Jurisdiction**
- **Agreement States**



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US Cases



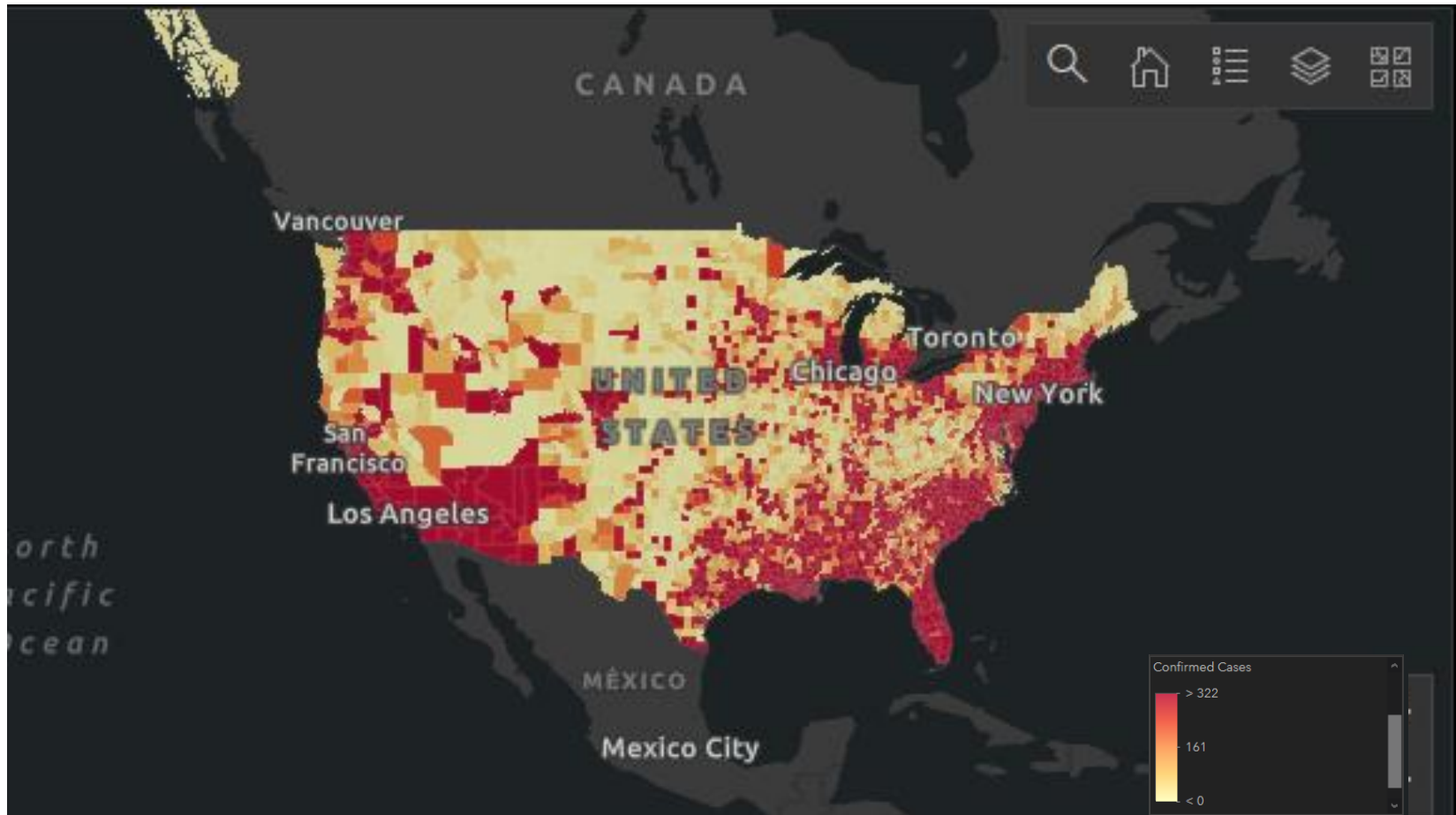
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Reported Cases



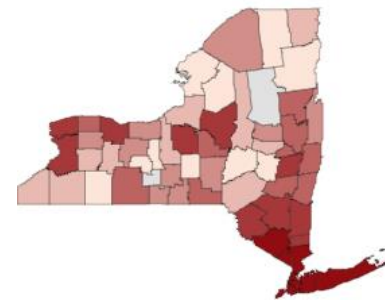
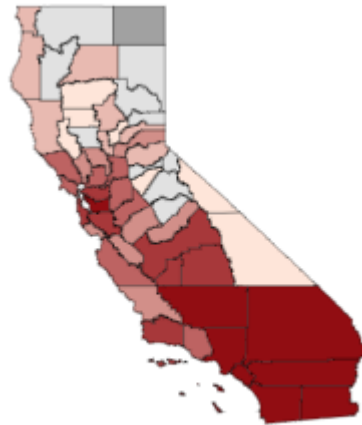
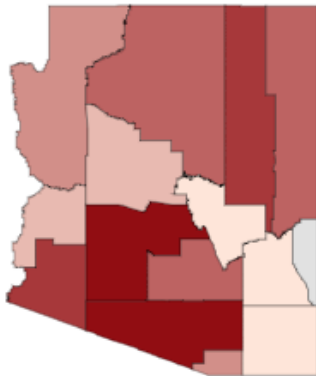
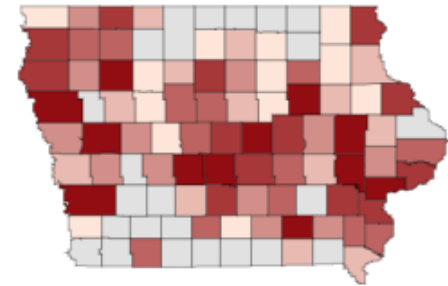
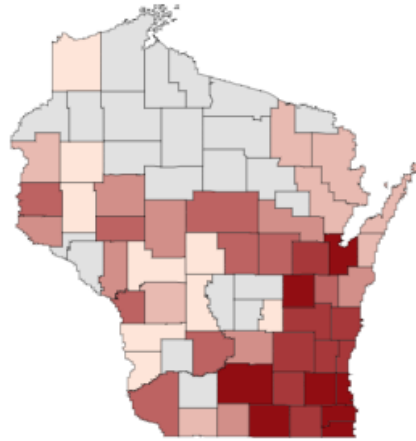
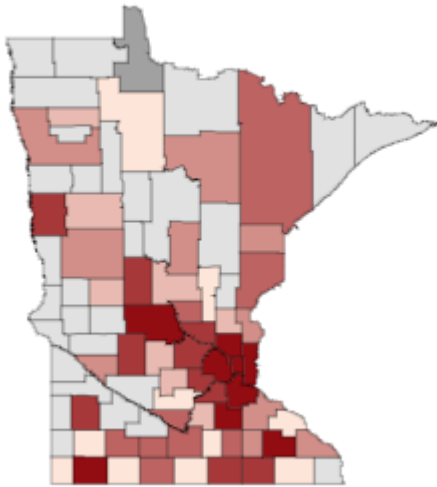
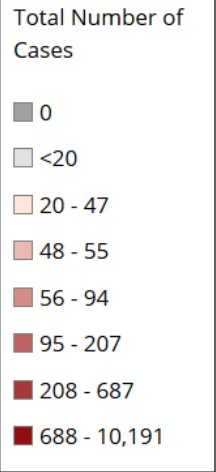
US Cases



<https://coronavirus.jhu.edu/map.html>



Local



Local

Daily New Cases per 100k people. Data shown from 1/22/20 to 7/14/20.



<https://coronavirus.jhu.edu/data/new-cases-50-states>

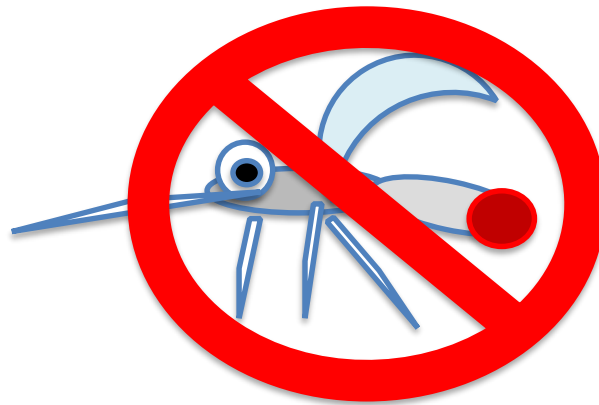


COVID-19/SARS CoV-2

- **COVID-19 initiates infection in the respiratory system and may impact other organs and tissues.**
- **SARS CoV-2 just like SARS CoV requires the angiotensin converting enzyme 2 (ACE2) as a receptor to enter cells.**
 - **Upper Respiratory tract has limited distribution of ACE2**
 - **Lower Respiratory tract is rich with ACE2.**
- **Epidemiological evidence of aerosol transmission in family clusters, buses, meetings, restaurants, funerals, choir practice, etc. (also indicate its aerosol transmission) .**
- **Animal models show aerosol transmission(ferrets, macaques)**

COVID-19/SARS CoV-2

- SARS CoV-2 **survives** on smooth surfaces (hours, days)
- SARS CoV-2 **survives** in the air for up to 16 hours (no half life)
- SARS CoV-2 **survives** in viral transport medium at 4C (40 degrees F) up to 14 days (5 minutes at 70C/158 degrees F)



1 van Doremalen, Neeltje, et al. "Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1." *New England Journal of Medicine* (2020).

2 Fears, Alyssa C., et al. "Comparative dynamic aerosol efficiencies of three emergent coronaviruses and the unusual persistence of SARS-CoV-2 in aerosol suspensions." *medRxiv* (2020).

3 Chin, Alex, et al. "Stability of SARS-CoV-2 in different environmental conditions." *medRxiv* (2020).



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4 Key Steps

Details of the four main steps any employer will need to go through to minimize occupational exposure (e.g. COVID-19):

- 1-Reviewing organization operations, exposures present or anticipated**
- 2-Review guidelines, resources and references relating to potential exposure**
- 3-Assign a team/individual to set policies, train employees**
- 4-Have an assigned person/team periodically re-evaluate the procedures/policies**



4 Key Steps- Step 1

Reviewing organization operations, exposures present or anticipated

Organization A:

Manufacturing

Fixed Location

Part-time, Full time employees

Multiple Shifts

Limited Number of Visitors

Products Drop Shipped, No Client pick-up

No installation, Set-Up of Product at Client Sites(s)



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4 Key Steps- Step 1

Reviewing organization operations, exposures present or anticipated

Organization B:

Construction Contractor

Mobile employees

Full-Time, Part-Time, Seasonal Employees

Shared Equipment

Shared Transportation(maybe)

Multi-employer Job Sites (shared work area)

Shared Break Area

Vendor, Equipment, Materials Delivery to the Site

Travel to Sites for Breaks, Equip. Materials, Supplies.



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4 Key Steps-Step 1

Reviewing organization operations, exposures present or anticipated

Organization C:

Service Provider

Mobile employees

Full-Time, Part-Time, Seasonal Employees

Public Transportation, Client Transportation

Non-Owned Job Sites (possible shared work area)

Client Screened, or Unknown

Employee is the visitor to the Location



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4 Key Steps-Step 1

Reviewing organization operations, exposures present or anticipated

Organization D: Is This You??

What Are Your Specific Operations, Services Offered?

Type of Employees?

Work Shifts?

Client, Vendor Contacts?

Site Type?

Can You Control the Site or Does Someone Else?

Where are Your Employees Exposed?

What Controls Will Work?

Who Will Evaluate the Plan?

Employees Need to See Your Plan, and Understand It?

Do You Need to Submit Your Plan to Your Clients, Customers?



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4 Key Steps-Step 2

Review guidelines, resources and references relating to potential exposure for your operations, services provided:

- **Governor's Association**
- **Federal OSHA**
- **Local OSHA**
- **FEMA**
- **Local Department of Health**
- **CDC/NIOSH**
- **National Safety Council (NSC)**
- **State/ Region Safety Council**
- **Department of Human Services**
- **WHO***
- **Your Physician ,Health Care Provider**
- **State Workers' Compensation Commission**
- **Your WC Carrier**
- **Insurance Agency, Risk Advisor-North Risk Partners**
- **Trade Associations (Association of Safety Professionals, Industrial Hygienists-AIHA, ACGIH)**



4 Key Steps-Step 3

Assign a team/individual to set policies, train employees (multiple levels)

- **Plan Administrator(s) or Coordinator**
- **Who Will Be On Your Team:**
 - **Upper Management**
 - **Middle Management**
 - **Team Leads, Foreman, Superintendents, Project Managers, Controller**
 - **Employee Safety Committee**
 - **Employees, Production, General Laborer, Client Sales, Service**
 - **Trade Association Rep**
 - **Union Rep**
 - **General Contractor Rep**
 - **Subcontractor Rep**
 - **Others??**

Coordination and collaboration will be necessary for the team, or teams to limit, control the exposure



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4 Key Steps-Step 4

Have an assigned person/team periodically re-evaluate the procedures/policies

- **Is The Plan Working? (Who Will Determine This)**
- **How Will You Know?**
- **How Can It Be Demonstrated to Others?**
- **Utilize the Positive Lessons Learned**
- **Limit Repeated Mistakes**
- **Be Successful!!!**



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Hierarchy of Controls

Provide insight on the various controls being used during this pandemic using the Hierarchy of Controls (Avoidance, Engineering, Substitution, Administrative and Personal Protective Equipment (PPE)).

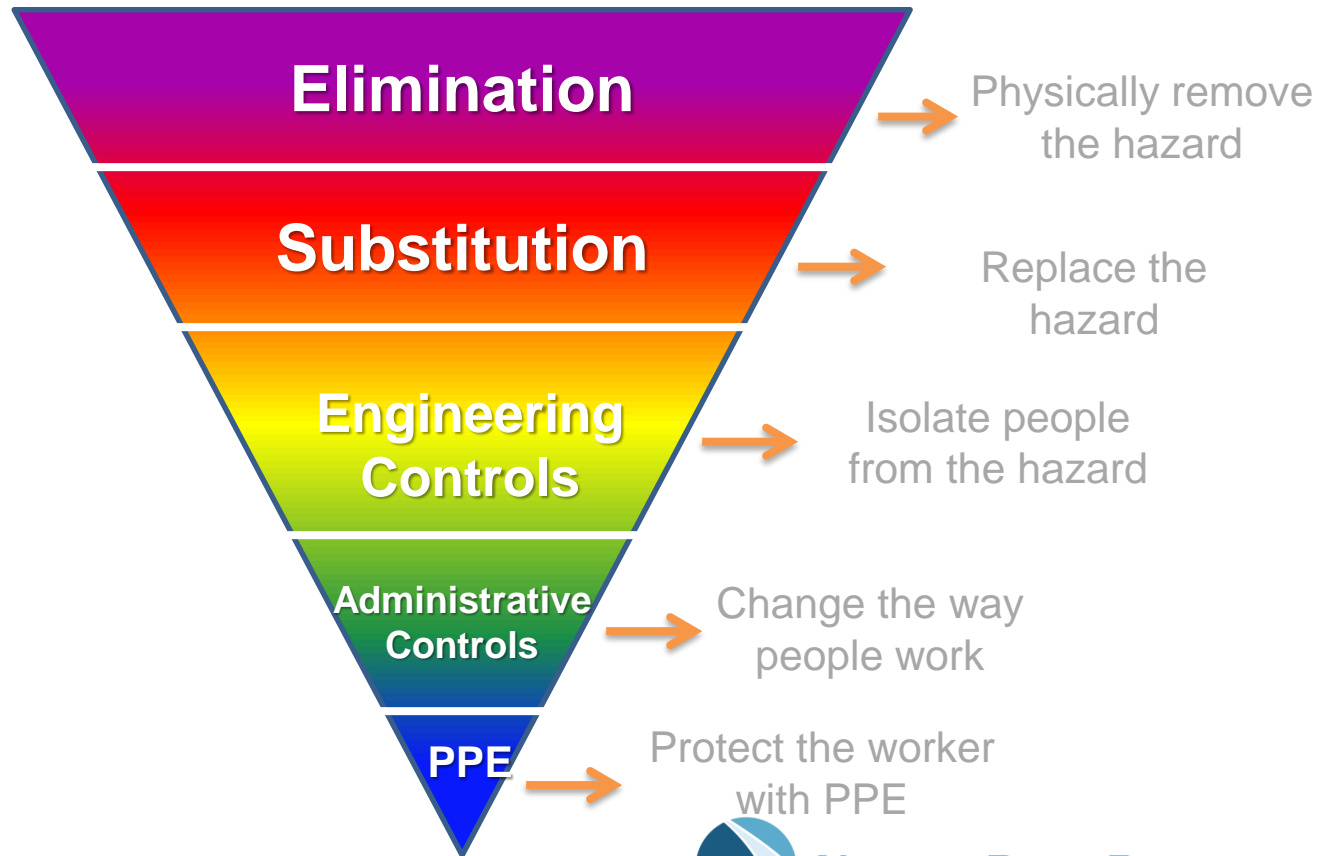


Hierarchy of Controls

Most effective



Least effective



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Pandemic Controls

Engineering and Work Practice (Administrative, Substitution) Controls:

- Working Remotely if Possible (e.g. COVID-19 concerns)
- Employee, Visitor Distancing (6 ft. or more- COVID-19); Increased Distancing
- Barriers if Distancing Cannot be Achieved (COVID-19)
- Minimizing Employee Meetings in Large Numbers (10 or more)
- Sharps Disposal Containers (mostly BBP), Other Waste Containers (All)
- Hand hygiene (Washing, Alcohol hand gel-BBP and COVID-19, Plus Seasonal flu, Norovirus and others)
- Surface Cleaning, Disinfection, Sanitization (EPA “N” List)
- Grouping: Limit Common Assembly Areas (Food, Water, Transportation, Elevators), Implement Traffic Controls, Manage Flow of People



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Pandemic Controls

Engineering and Work Practice (Administrative Substitution) Controls cont.:

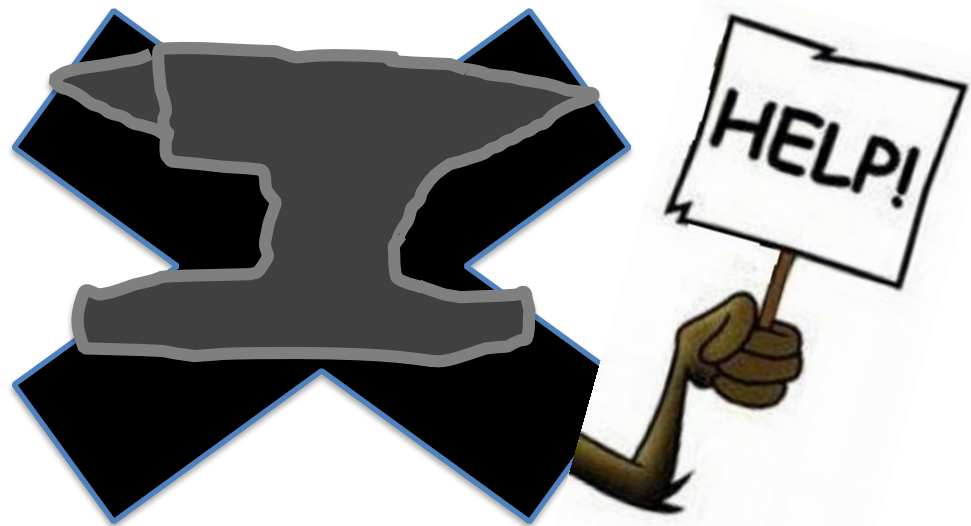
- Minimize Sharing of Equipment, No Loaning of Equipment
- Respiratory hygiene/Cough Etiquette (Especially COVID-19)
- Informing Management of Illness, Symptoms (All)
- Stay at Home if Sick or Have Symptoms of Illness (Especially COVID-19)
- Leave Work if Sick or Develop Symptoms (Especially COVID-19)
- Employee, Vendor, Visitor Screening (Questionnaires, Taking Temps)
- Changing the Ventilation in Occupied Spaces (ASHRAE, Maintenance Eng.)
- Access Control-Keep a Log (not a sign in/sign out sheet) in Case Needed for Tracing
- Dedicated Areas for Delivery, Mail, Article Isolation
- Others???



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Pandemic Controls

Engineering and Work Practice (Administrative Substitution) Controls :



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Pandemic Controls

Personal Protective Equipment FAQs:

PPE Definition- PPE is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards.

Who Pays For It?(check your state, for example- employer required in MN)

PPE Hazard Assessment is Required (except for Construction, where it is still a best practice)

Examples-Safety Glasses/Goggles, Face Shields, Gloves, Gowns, Aprons, Footwear

Note: Facial Cloth Coverings Are Not Considered PPE (*OSHA classifies them as Administrative Controls on its website and published documents*)



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Pandemic Controls

Respirator FAQs- Key Differences Between Cloth Facial Coverings, Surgical Masks, Respirators:

Cloth Facial Coverings- Commercially made, homemade, not considered PPE. Not appropriate substitute for PPE. Disposable or washable. Contain wearer's potentially infectious respiratory droplets.

Surgical masks-Typically cleared by US FDA as medical devices, protect workers against splashes or sprays (droplets), source control , can be considered PPE(depending upon intended use), will not protect wearer from airborne infectious agents (loose fit, lack of seal inadequate filtration). **Dispose after use.**

Respirators-Filtering Face pieces, used to prevent workers from inhaling small particles including airborne or aerosolized infectious agents. Must be provided and used under OSHA 1910.134. **Certified by NIOSH**, need proper filter material (N95,etc.). FFRs can be used voluntarily.

Note some foreign agency certifications are currently in use due to the N95 shortage (e.g. FFP2, KN95, DS, P2)



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Pandemic Controls

Respirator FAQs

If respirators are needed but not available (including as described in OSHA enforcement guidance), and hazard cannot be otherwise be adequately controlled through other elements of the hierarchy of controls-AVOID WORKER EXPOSURE TO THE HAZARD,

Cloth face coverings are not considered PPE and cannot be used in place of respirators when respirators are otherwise required (bio-agents, asbestos, lead, crystalline silica, solvents, metal fume)

Cloth face coverings are not a substitute for social distancing measures.



Pandemic Controls

COVID-19 Facemasks vs. Respirators: Understanding the Difference



Cloth or Paper Face Mask



Surgical Face Mask



**Filtering Facepiece Respirator
(e.g. N95)**

Testing & Approval	Not tested or approved, but currently recommended by the CDC	Cleared by the U.S. Food and Drug Administration per 21 CFR 878.4040	Evaluated, tested, and approved by NIOSH per 42 CFR Part 84
Intended Use & Purpose	To prevent transmission of the virus between people in close proximity	A fluid resistant barrier designed to protect the wearer from large droplets, splashes or sprays of bodily or other hazardous fluids.	Reduces the wearer's exposure to small particle aerosols and large droplets
Who Should Wear?	Everyone in public settings where social distancing is infeasible e.g. grocery store or pharmacy	Healthcare workers when N95 respirators are not available and patients who are suspected or confirmed to have COVID-19	Healthcare workers providing care to suspected or confirmed COVID-19 cases
Face Seal Fit	Loose-Fitting	Loose-Fitting	Tight-Fitting
Fit Test Required?	No*	No*	Yes**
User Seal Check Required?	No	No	Yes, each time the respirator is donned
Filtration	Not classified as a filtering face-piece respirator to protect against inhaling smaller airborne particles	Not classified as a filtering face-piece respirator to protect against inhaling smaller airborne particles	Filters ~95% of small and large airborne particles
Leakage	Leakage occurs around the edge of the mask when user inhales	Leakage occurs around the edge of the mask when user inhales	When properly fitted, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Reusable. Launder routinely in a washing machine, depending on frequency of use. Discard if mask becomes misshapen or damaged.	Not designed for reuse. Discard after each patient encounter.	Ideally discarded after each patient encounter; limited reuse acceptable under certain conditions.



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Pandemic Controls

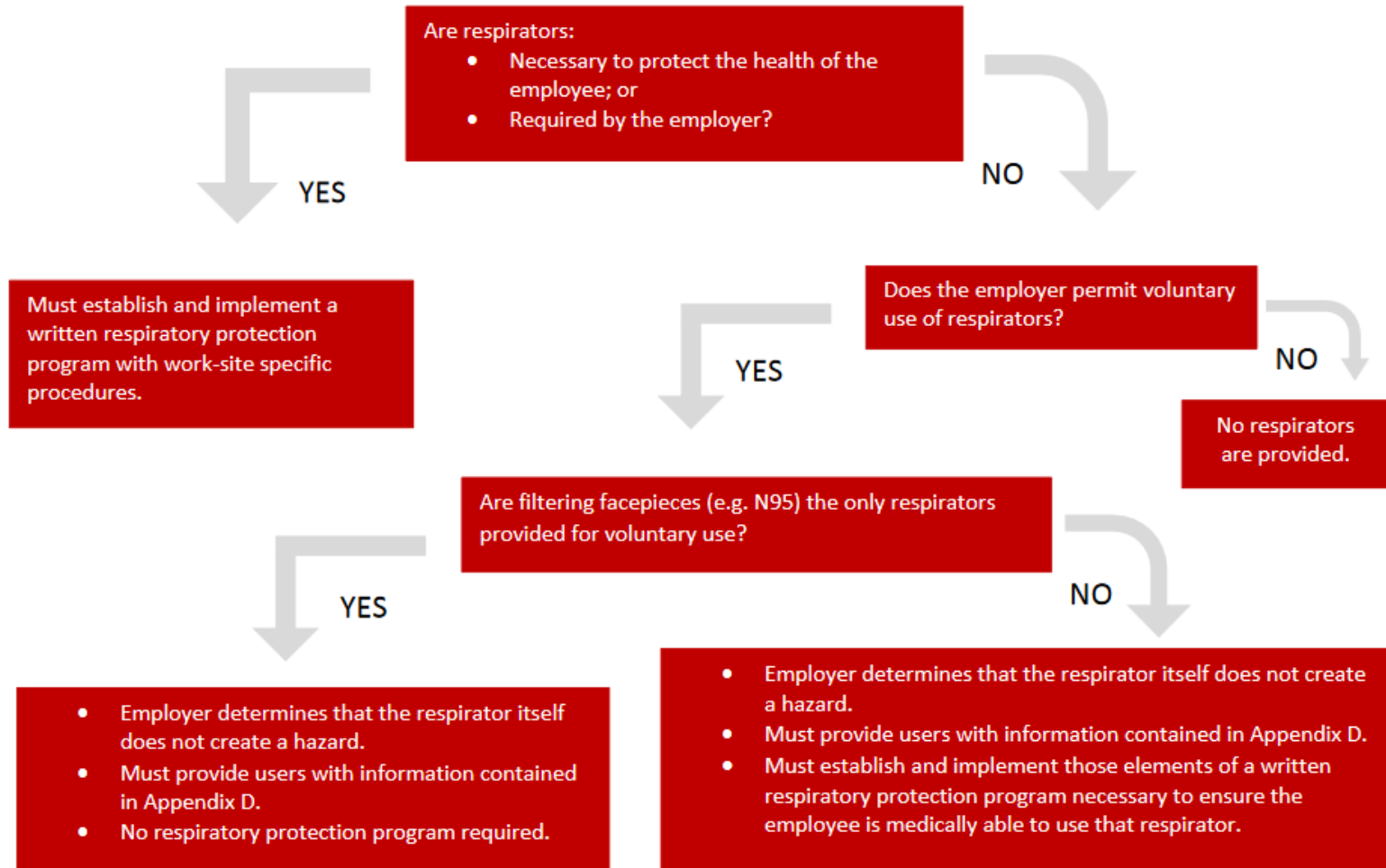
The employer determines the necessary PPE required for the job task(s). The employer is responsible for payment, replacement, maintenance, cleaning, laundering, and disposal of PPE. Training should be provided to employees regarding proper use, limitations, care, and maintenance of PPE. Where respirators are provided, the following table outlines additional requirements:

Employer Guide to Voluntary vs. Required Respirator Use

Guidelines for Employees Using Respiratory Protection		
	Filtering Facepiece Respirator (e.g. N95)	
	Required Use	Voluntary Use
Fit Testing	Yes	No
Medical Evaluation	Yes	No
Facial Hair Prohibited	Yes	No
Appendix D Provided	No	Yes
Training per 1910.134(k)	Yes	No
Cleaning, Storage & Maintenance of Respirator	Yes	Yes



Pandemic Controls



Masks/Respirators

**Performance of
Masks & Respirators
Depends Upon
Three Things:**

**Efficiency of the Filter - How Well does
the Filter Collect Airborne Particles?**

**Fit - How Well does the filtering
facepiece prevent inward leakage
of particles?**

**Proper use - Proper donning and checking
the seal may affect performance**

Availability is also a concern.....



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Masks/Respirators

- **Respirators can be either source control or PPE**
- **Better source control than cloth coverings or surgical masks**
- **The *only* option for PPE, especially in workplace settings where there is the probability of high concentrations of small infectious aerosols**
- **Should consider higher protection level for higher level of exposures**
 - More infectious patients, clients cared for**
 - Longer time exposure with infectious patients**
 - Aerosol generating procedures**
 - Patients clients with significant symptoms (coughing)**

Other PPE

- **Some evidence that face mask, respiratory and eye protection achieve additional protection**
- **Face shield (barrier)**
- **Gowns, aprons (surface transmission protection)**

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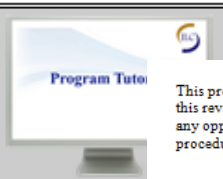


Program Plan Example (Core)

Pandemic Program

The following summary information about this program area is provided so that we may continually monitor operations to determine if the need for this program changes in the future.

- There are currently no specific OSHA regulations pertaining to a Pandemic Program. However, some OSHA requirements may apply to preventing occupational exposure to biologicals during a pandemic outbreak which include: Personal Protective Equipment (PPE) 29 CFR 1910.132-1910.133 and using gloves, eye and face protection, and respiratory protection. When respiratory protection is necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard 29 CFR 1910.134.
- OSHA's Bloodborne Pathogens (BBP) standard 29 CFR 1910.1030 applies to occupational exposure to human blood and other potentially infectious material typically do not include respiratory secretions that may transmit pathogens. However, the provisions of the standard offer a framework that may help control some of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the BBP standard.
- Employers must also protect their workers from exposure to hazardous chemicals for cleaning and disinfection. Employers should be aware that common sanitizers and disinfectants could contain hazardous chemicals. Where exposures exist, employers must comply with OSHA's Hazard Communication standard 29 CFR 1910.1200.
- Parts of 29 CFR 1910.141 Sanitation apply as well as General Duty Clause 5(a) which requires employers to furnish to each worker "employment and a place of employment, free from recognized hazards that are causing or are likely to cause death or physical harm."
- This program is recommended for all of our facilities and job sites.
- The program outlines recommendations for proper hygiene, work at home, stay at home policy, strategy for continuation of work operations, our immunization policy, communication procedures during a pandemic event.



This program will be reviewed, at minimum annually, by ACME Corporation. The purpose of this review is to ensure its ongoing adequacy, effectiveness, and accuracy, as well as to identify any opportunities for improvement. This will include a review of all policies, programs, procedures, training records and other available written materials which pertain to the program.

Application & Definitions

This program applies to temporary employees ("temps") and other such "no work is directed by us. For the purpose of the administration of this program, the difference between our employees and temporary employees. The training elements of this program will be fulfilled by the Safety director

Contractors, Subcontractors (electricians, plumbers, etc.) and visitors will all comply with appropriate portions of this program. This program will be coordinated by the site superintendent.

Definitions

Avian Influenza – "Bird Flu"

Avian Influenza is an infectious disease that adapted from an influenza that is found in birds. Some strains of avian influenza have been reported by the World Health Organization as having a 60% fatality rate.

Coronavirus

"SARS-CoV-2" and the disease it causes has been named "coronavirus disease (abbreviated "COVID-19"). First detected in China and which in early 2020 spread to more than 100 locations internationally, including in the United States. Coronavirus family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new SARS-CoV-2. The complete clinical picture with regard to COVID-19 is not yet known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe respiratory illness resulting in death. Patients with confirmed COVID-19 have had mild to severe respiratory illness with symptoms such as fever, cough, and shortness of breath. No vaccine or specific treatment for COVID-19 is currently available. Hospitals can provide supportive care for infected people (see CDC.gov, OSHA.gov).

The Pandemic Program

1. Pandemic Disease Plan. Internal and jobsite-related (as applicable). When employees will be assigned to work at a site other than our facility, we will ask the host client or customer, general contractor, etc. about their pandemic disease plan and integrate it as appropriate into our program when working on their sites. If they have no such plan we will use our plan outlined herein to protect our employees and to ensure that our organization continues to function adequately. Any site-specific plan (preparedness plan) may not serve as a substitute for this Pandemic Program/Organizational Program Plan.

1.1 Pandemic Team. Our organization will develop a **pandemic team** to coordinate and prepare for a pandemic event to ensure that the impacts of any disruptions are minimized. The team will be made up of varying levels of employees e.g.: Local Safety & Health Directors, supervisors or foreman, and general laborers. This team will also test the plan regularly, see item 2.0 testing. Employees are encouraged to provide feedback and suggestions, verbally, or in various written formats (e-mails, suggestion box forms, safety committee notes, etc.) Employee comments will remain anonymous.

1.2 Hygiene and PPE. Our employees have access to hand washing facilities, antiseptic hand cleaners and other hygiene items at all times. Our employees are encouraged to practice proper hand hygiene—wash their hands frequently (e.g. start and end of shift, after use of restroom, meals and breaks) to help deter the spread of germs. Respiratory etiquette is also encouraged and includes:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in a waste basket.
- If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Wash your hands after coughing or sneezing (at least 20 seconds with soap and water if available).
- If a tissue is used, dispose of it in proper trash receptacle.

Review posted information regarding hygiene prepared by Department of Health relevant government agency or internally developed.

As appropriate as an organization ACME Corporation may require the use of facial coverings (mask), gloves, non-medical gowns, shields to reduce the exposure to co-workers, clients and sub-contractors. Note: client sites may require the use of facial coverings and/or specific PPE, or respirators. See client customer site specific plan as applicable for details.

Other levels of required Personal Protective Equipment (PPE) will be addressed by our PPE program.

ACME Corporation
Pandemic Program
Version 1.0, Revision 2 Issued 2020

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If you have questions regarding this topic, please contact Integrated Loss Control, Inc. 1-888-475-6525 or ILCSupport@ilci.com. You may also visit OSHA's website to learn more.

Policy

The objective of the program is to ensure Client name continues to function adequately and to provide essential services to our clients and customers during a pandemic event.



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Site Specific Plan Example

ACME Corporation

Pandemic Site Specific Safety Plan

Jobsite Information	
Site Location (Address):	
Description:	
Date:	Person(s) Completing this Form/Creating Plan:
Number of Employees Present:	
Name of Sub-Contractor If Present:	
Pandemic Team Contact(s):	

Introduction

There are currently no specific OSHA regulations pertaining to a COVID-19 Pandemic. However, ACME Corporation as part of our Pandemic program is addressing specific pandemic site concerns at the individual site(s).

Definitions and Application

This Site Exposure Control Plan applies to temporary employees ("temps") and other such "non-employees" whose work is directed by us. For the purpose of the administration of this plan, there will be no difference between our employees and temporary employees. The training and communication elements of this plan will be fulfilled by the Project Managers/ Site Foreman.

Contractors, Subcontractors (electricians, plumbers, etc.) and visitors will also be required to comply with appropriate portions of this plan. This plan will be communicated to contractors and visitors by the Project Managers.

Site Specific Plan Below is a list of items that relate to our project site operations:

1. Personal Protective Equipment (PPE) and Sanitation Requirements:

The appropriate level of PPE will be assigned to employees based on the results of the site assessment

- List the PPE in use at this site: _____
- Is PPE readily available? Y / N (If yes, list where located): _____
- Facial coverings (cloth, surgical mask) worn? (Circle one): Y / N
- Respirators worn (e.g. NIOSH N95, KN95)? (Circle one): Y / N

Note: Use of a face covering is not a substitute for other workplace preventative techniques (e.g. hierarchy of controls) that are outlined in this Plan.

COVID-19 Site Specific Safety Plan

pnd-02

Notice: As conditions change and additional information becomes available (e.g. from NIOSH, CDC, OSHA, WHO and state regulations), this plan and the instructions included within will need to be actively updated and/or otherwise actively managed. See our Pandemic Program for details.

1 of 5

Sanitation Controls:

- Are portable restrooms and/or other wash facilities made available on site by our host clients, general contractor and/or our organization and shared by employees with appropriate cleaning and sanitization schedules based on current OSHA 29 CFR 1926.51 Table D-1 requirements and CDC/NIOSH guidelines relevant to the COVID-19 exposure? (Circle one): Y / N
- How many restrooms/wash facilities? _____
- How many employees are allowed in each restroom? _____
- How do Employees wash their hands? _____
- Employees are be instructed to wash hands (soap and water or 60-70% alcohol containing gel/solutions when soap and water is not available) when using the portable restrooms.
- Are washing facilities made available per 29 CFR 1926.51(f) and applicable CDC/NIOSH and state regulatory guidelines relevant to the COVID-19 exposure?
- Where is the closest washing facility/location? _____
- Are work areas (job trailer) cleaned with EPA (N list) disinfectant? (Circle one): Y / N
- Are SDS available on-site for disinfectants used? (Circle one): Y / N
- Cleaning Schedule (Describe): _____
- Any sharing of vehicles, equipment, hand tools, fall protection, etc.? (Circle one): Y / N
- Cleaning schedule of shared items (if applicable): _____
- Trash Collection Schedule: _____
- Employee changing rooms/designated areas offered? (Circle one): Y / N
- Are there limits on number of employees in change room/area established? (Circle one): Y / N
- Is employee laundering of clothing/coveralls offered daily? (Circle one): Y / N

2. Social/Physical Distancing:

Is CDC/NIOSH and state regulatory guideline of social physical distancing (e.g. 6 feet separation or 113 sq. ft.) being practiced at this site? (Circle one): Y / N

Employee Breaks:

Employees will maintain the recommended 6 ft. distancing at all times and may not gather in groups of 10 or more in a single location. Employees instructed on how to follow good cough/sneeze etiquette.

- Are breaks staggered to prevent the grouping of 10 or more people in the break location? (Circle one): Y / N

The organization supervisors, team leads foremen etc., may schedule breaks by work group size to maintain the appropriate distancing and employee count in the break area(s).

COVID-19 Site Specific Safety Plan

pnd-02

Notice: As conditions change and additional information becomes available (e.g. from NIOSH, CDC, OSHA, WHO and state regulations), this plan and the instructions included within will need to be actively updated and/or otherwise actively managed. See our Pandemic Program for details.

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Citations

State plan OSHA compliance may have the authority to enforce the OSHA Standards as well as Department of Health, Centers for Disease Control and Prevention (CDC) guidelines as applied to workers.

In all likelihood, unless you are a sole proprietor without exposures to other people-developing a plan, program, etc. is not optional.



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Specific State OSHA Rules

State plan OSHA compliance may have developed or is in the process of developing an infectious disease standard.

Some Examples Include:

- **Oregon**
- **Virginia**
- **Note: Both of these states are state plan states and have their own OSHA plans**



Challenges to Rules, Guidelines, Mandates

Law suits challenging facial coverings, mask mandates are on-going.

Some Examples Include:

- **Florida**
- **New Hampshire**
- **California**

Also some Trade Associations are publishing position statements objecting to facial cover/mask mandates (e.g. Child, Adult Day Care, Restaurant Assoc.)



Summary

If an employer goes through this performance review process (the exercise) they demonstrate their due diligence relevant to the determination of potential work place COVID-19 exposures and controls.

This approach has worked for the exposures before COVID-19 and it will likely work for future pandemic exposures to be encountered.

But you need to go through the exercise.....



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References:

OSHA-Federal www.osha.gov Especially documents 3990 and 4045-06

National Governor's Association: <https://www.nga.org/coronavirus/>

Minnesota-DOLI

<https://www.dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-novel-coronavirus-covid-19>

Centers for Disease Control (CDC) www.cdc.gov

Minnesota Department of Health (MDH)

<https://www.health.state.mn.us/diseases/coronavirus/index.html>



References Cont.:

Minnesota OSHA – COVID-19 Preparedness Plan template and instructions at www.dli.mn.gov/updates

Minnesota Department of Workers Compensation www.dli.mn.gov/updates

U.S. Department of Labor, Occupational Safety and Health Administration- Guidance for Preparing Workplaces for COVID-19 at www.osha.gov/Publications/OSHA3990.pdf

California OSHA –Aerosol transmissible diseases model exposure control plan at www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html



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Questions?

Thank you for attending!

Stay Tuned....



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