COVID-19 Challenges: A Case Study of How One Company Addressed COVID 19 in the Workplace

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COVID-19 Challenges: A Study of How One Company Addressed COVID-19 in the Workplace
Objectives

At the end of the webinar, participants will be able to:

1. **Benchmark with another employer’s COVID-19 response**
   - Focus on health and safety priorities prior to re-occupancy

   *Disclaimer: information shared represents one company’s experience and is offered to promote thought and discussion. The information should not serve as safety, medical or legal requirements for other employers.*

2. **Share/create safety and health COVID best practices**
Company COVID-19 Experience

Global widespread community transmission in Asia, Europe, Americas

Many employees in epicenters; essential business segments and customers

H&S Priorities
• Business continuity
• Employee health, safety, well being
• Supplies during global shortage
• Customer H&S support
• Global H&S policies and procedures
Health and Safety Priorities Prior to Re-occupancy

Stay current with requirements, trends, and science impacting H&S
- CDC
- OSHA
- ASSP
- Johns Hopkins
- AIHA
- NSC

Develop and implement re-occupancy plans with multi-disciplinary team
- Business leaders
- Human resources
- Facilities
  Per federal, state, county directives

Utilize sound safety and health principles for workplace controls
- Risk assessment
- Hierarchy of controls
- Job hazard analysis

Modify workplace and implement new practices
- Change workplace to achieve distancing
- Health screening
- Face coverings
- Cleaning/disinfecting
- Positive cases

Communicate to employees
- New “normal”
- Different risk tolerances
- Variability of adherence to behavioral controls (e.g. handwashing, cleaning)

Provisions for vulnerable employees
- Health risks, age
- Case by case review with supervisor and Human Resources
Perform Risk Assessment by Job Task

**Medium Risk**

Jobs with frequent and/or close contact with (i.e., within 6 feet of) asymptomatic people

Examples:
- Contact with the general public
- High-population-density work environments

**Low Risk**

Jobs do not require frequent close contact with (i.e., within 6 feet of) the general public and other coworkers
Use Hierarchy of Controls for Workplace Changes

Control effectiveness:
Elimination: vaccine and immunity
Substitution: not applicable

Engineering controls are most effective controls at this time
- Barriers - distancing
- Increased air flow (risk based)

Administrative controls and PPE – less effective, rely on behaviors
- Virtual meetings, alternate work shifts
- Cleaning/disinfecting
- Handwashing
- Face coverings
Challenge: Understanding Recommendation for Increased Air Flow

**ASHRAE**  Non-healthcare buildings
Consider increasing outdoor air ventilation (disable demand-controlled ventilation and open outdoor air dampers to 100% as indoor and outdoor conditions permit)

**CDC**
Consider general ventilation adjustments in your workplace, such as increasing ventilation and increasing the amount of outdoor air used by the system

**OSHA**  High exposure risk (e.g. healthcare)
Ventilation required for healthcare; install and maintain appropriate air handling systems

**Conclusion**
Ventilation changes not required for medium and low exposure risks (non healthcare workplace)
Plan for Re-occupancy

Phase 1 Requirements – Limited Occupancy (e.g. 25%)

1. **Distancing plans** prepared by business leaders by job tasks & location; reviewed by H&S before occupancy

2. **Physical and workflow changes** to achieve distancing; include common areas (e.g. entrances, conference rooms, bathrooms, food prep areas, receiving, etc.)

3. **Health screening** prior to entry (symptoms and temperature)

4. **Face coverings** in common areas

5. **Cleaning and disinfecting** including HVAC

6. **Supervisor guidance for vulnerable populations** (e.g. higher health risk)

6. **Communication to employees**

Criteria to increase to next level of occupancy (e.g. 50%, 75%)

- Minimum 2 weeks at current occupancy level
- No COVID-19 transmissions as a result of building occupancy
- Community transmission continues to decline
- No change in government orders allowing business operations to resume

Criteria to increase to 100% occupancy

- Community transmission very low
- Increased capability for testing, treatment, and surveillance
- Government orders return businesses to work
- Mandatory community mitigation requirements dependent upon vaccine and/or therapeutics
Implement Health Screening  

**Legality**
EEOC position as of March 18, 2020 confirmed that employers may perform temperature screening during COVID-19 pandemic.

**Protecting the Screener**
- Distancing - EE takes own temperature at home or at workplace 6’ away.
- Screener stands behind barrier.
- PPE - less effective, difficult training, supplies.

**Supplies for Screener**
- Alcohol wipes.
- Gloves.
- Hand sanitizer.
- Extra thermometer (touchless, IR).
- Extra batteries.
- Barrier.

**Symptom Check**
*New or recent onset*
- Cough, Shortness of breath or difficulty breathing, Chills, Muscle pain, Sore throat. New loss of taste or smell.
- Living with/caring for +

**Records**
- Only name of person who was sent home for high temperature reading.
- Keep in confidential file.
- (Consider need for contact tracing, cleaning/disinfecting).

**OSHA Recordability**
- Can be infection results from work related duties.
- Not likely in non-health care, except temperature screener.
- Need to evaluate workplace exposure.
Plan for Positive Cases in Workplace

For Individuals who are on-site at Kodak Alaris workplace (e.g. employee, contract labor, cleaner)

<table>
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<tr>
<th>Type of Exposure</th>
<th>What Will Be Done in Workplace</th>
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| Positive COVID-19 (high exposure risk) | - Follow public health department guidance provided to individual  
- Individual does not return to worksite until doctor provides clearance to return to work  
- Others with close contact self-quarantine for 14 days and contact their doctor if symptomatic  
- Impact workspace cleaned and disinfected

<table>
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<th>Close contact with person with Positive COVID-19 (medium exposure risk)</th>
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| - If asymptomatic, self-quarantine for 14 days  
- If symptomatic, contact doctor and supervisor  
- Impact workspace cleaned and disinfected

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<tr>
<th>Close contact with individual who had close contact with Positive COVID-19 (low to negligible risk)</th>
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| - No action if second degree individual remains asymptomatic. If symptomatic, contact doctor  
- If second degree exposure individual tests positive for COVID-19, follow instructions from local public health department |

Note: if there has not been “close contact” no action is required. Notification of a Positive case from another employer, e.g. another tenant of a shared building, courier, customer, etc. should be handled according to definition of close contact.
Questions and Discussion

End of prepared material, address questions and sharing of best practices via chat box or email  paulette.lantuh@kodakalaris.com

Questions answered and materials shared after webinar

Thank you for your participation
References

1. Guidelines for Opening America Again https://www.whitehouse.gov/openingamerica/#phase-one
6. ASSP COVID webinars https://www.assp.org/search-results?indexCatalogue=main&searchQuery=covid&wordsMode=0