COVID 19 Challenge: Updates and Return to Work Strategies: April 28, 2020

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Agenda – What we are going to talk about

• What’s new?
  • Symptom definition update
  • SARS CoV2 transmission
  • Asymptomatic cases
  • Disinfection guidance for facilities and transport vehicles
  • Critical infrastructure workplaces
  • Temperature and symptom checks

• Q & A on Return to work strategies
These symptoms may appear **2-14 days after exposure to the virus**:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
1. Person-to-person spread
   The virus is thought to spread mainly from person-to-person.
   Through respiratory droplets produced when an infected person coughs, sneezes or talks.
   These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

2. Spread from contact with contaminated surfaces or objects
   It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

▪ New document that addresses shopping, take out, packages, mail etc.
Asymptomatic and Pre-Symptomatic Infection

Several studies have documented SARS-CoV-2 infection in patients who never develop symptoms (asymptomatic) and in patients not yet symptomatic (pre-symptomatic).

Since asymptomatic persons are not routinely tested, the prevalence of asymptomatic infection and detection of pre-symptomatic infection is not well understood.

- One study found that as many as 13% of RT-PCR-confirmed cases of SARS-CoV-2 infection in children were asymptomatic.
- Another study of skilled nursing facility residents infected with SARS-CoV-2 from a healthcare worker demonstrated that 50% were asymptomatic or pre-symptomatic at the time of contact tracing evaluation and testing. Patients may have abnormalities on chest imaging before the onset of symptoms.
Timing and location of cleaning and disinfection of surfaces

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.

- Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls, and ATM machines) used by the ill persons, focusing especially on frequently touched surfaces.

- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

- New document regarding cleaning of vehicles
Exposed employees in critical infrastructure - NEW

- Exposed Employees stay at work under the following conditions:
  - **Pre-Screen:** Employers should measure the employee’s temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
  - **Regular Monitoring:** As long as the employee doesn’t have a temperature or symptoms, they should self-monitor under the supervision of their employer’s occupational health program.
  - **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees’ supplied cloth face coverings in the event of shortages.
  - **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
  - **Disinfect and Clean workspaces:** Clean and disinfect all areas such as offices, bathrooms, common areas. shared electronic equipment routinely.

- New document for Meat and Poultry Processing
Addresses temperature check process

- Three different methods
  - Reliance on Social Distancing
  - Reliance on Barrier/Partition Controls
  - Reliance on Personal Protective Equipment (PPE)
Questions and Answers

Q & A on Return to work strategies
Questions have been submitted by ASSP members and OSH Professionals

- Emphasis is on practical techniques and approaches based on the scientific literature
- Review suggestions and consider for implementation in your workplace
- Important – Does not impact the need to do a risk assessment
Where to go for info

- CDC Symptoms (NEW)
- Meat and Poultry Processing Workers and Employers (NEW)
- General Business Frequently Asked Questions (Updated)
- Sample COVID 19 preparedness plan and template (April 23, 2020)
Where to go for info

- CDC Cleaning and disinfection
- Cleaning and Disinfection for Non-emergency Transport Vehicles
- Interim Guidance for Conserving and Extending Filtering Facepiece Respirator Supply in Non-Healthcare Sectors
Where to go for info

- OSHA guidance on recordability
  https://www.osha.gov/SLTC/covid-19/standards.html#temp_enforcement_guidance

- CDC Public Health Recommendations for People in U.S. Communities Exposed to a Person with Known or Suspected COVID-19, other than Health Workers or other Critical Infrastructure Workers

- CDC Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

- Running essential errands (addresses surfaces and hand washing)
• Final comments from Deb Roy

• Reminder - Information is specific for this moment in time

• Reminder - Deb is giving her perspective based on her experience and this approach might not be applicable to all

• Submit questions via the website
Thank You for Attending!

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