



ASSP Coronavirus Q&A: Follow-Up With Deb Roy

March 23, 2020 | Edited Transcript

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| Scott Fowler | <p>Welcome to a special episode of the ASSP Safety Standards and Tech Pubs Podcast. I'm your host, Scott Fowler.</p> <p>The COVID-19 is raising many questions about how safety professionals can protect their workers and slow the spread of the virus. Here to help answer some of those questions is ASSP President-Elect Deb Roy.</p> <p>Deb is president of SafeTech Consultants Inc., providing safety consulting for global clients. She has more than 35 years of occupational safety and health experience and is past corporate director of health, safety and wellness at L.L.Bean. She has been involved in pandemic planning at worksites and at the state and federal levels for the last 12 years.</p> <p>Throughout our conversation, Deb will be referring to many documents that are available online. The transcript of our conversation will be posted and will include active hyperlinks to those referenced documents.</p> <p>We would also like to note before we begin that the information shared in this podcast is based on the data that were available from trusted sources and the phase of response in the U.S. on March 23, 2020. As the situation continues to change rapidly, please refer to current guidance from your local or state public health organization.</p> |
| Scott Fowler | What is the proper terminology for coronavirus? |
| Deb Roy | Coronavirus is a family of viruses that includes the common cold. SARS, MERS and this novel (new) disease is called COVID 19 are all coronaviruses. Note that the scientific name for the virus itself is SARS-CoV-2, that emerged in Wuhan, China in late 2019 is now causing a pandemic. |
| Scott Fowler | Does gargling prevent virus from getting into the human body? |
| Deb Roy | There is no evidence that gargling will prevent COVID-19. Please see this WHO reference: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters |
| Scott Fowler | From an international perspective, is there any evidence that the virus will not sustain in higher temperatures beyond 28 degrees Celsius (82.4 degrees Fahrenheit)? |
| Deb Roy | <p>Not yet.</p> <p>Right now, COVID 19 is occurring worldwide regardless of environmental temperature.</p> |



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| | <p>Please see this WHO reference:</p> <ul style="list-style-type: none">• https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters |
| Scott Fowler | <p>How would you separate children in schools that hold day-care during the day for parents? For example, 50+ kids in the cafeteria or gym?</p> |
| Deb Roy | <p>The best guidance at this point would be to address handwashing and other hygiene methods, and separate children as much as possible in larger spaces.</p> <p>If weather allows, outdoor activities could be encouraged as well.</p> <p>The interim guidance from CDC is more school focused but here is the link. https://www.cdc.gov/coronavirus/2019-nov/community/schools-childcare/guidance-for-schools.html</p> |
| Scott Fowler | <p>What do you do with employees who had contact with someone who was "sick" that left the job site? They haven't been confirmed with COVID-19 and aren't technically "presumptive."</p> |
| Deb Roy | <p>The current CDC definition of a close contact is a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).</p> <p>Local health departments usually consider <i>prolonged period of time</i> to be at least 15 minutes. If the employee meets this definition, then the public health department should be contacting them as part of contact tracing.</p> <p>If the employee just walked by the sick person or were in the area beyond 6 feet, there is a low risk of exposure. In that case, just clean the sick employees work area and continue to clean the high touch areas.</p> <p>Ask employees to continue to monitor their health.</p> |
| Scott Fowler | <p>How do we handle a situation if an employee comes in to work and is experiencing the symptoms of COVID 19? Our concern is to limit exposure and keeping staff safe. Working from home is not an option.</p> |
| Deb Roy | <p>Provide a mask to the sick person if possible (or use cough etiquette), have them gather their things and leave the workplace. The employee should call their health care provider for care and instructions.</p> <p>If the employee is instructed to stay home, then they may be entitled to disability benefits depending on what the company provides. If not, Family Medical Leave would apply in the U.S.</p> |



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| | <p>Remember if an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).</p> |
| Scott Fowler | <p>What is a prudent length of time, without medical testing, for an employer to require an employee to remain away from work after they have recovered from flu-like symptoms?</p> |
| Deb Roy | <p>Scenario 1: Employee had fever and cough. Got better without testing or medical care. Don't know if it was COVID-19 or not. How long before it is prudent to allow them to return to work?</p> <ul style="list-style-type: none">• At least 3 days (72 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,• At least 7 days have passed <i>since symptoms first appeared</i>. <p>Scenario 2: Employee was medically confirmed with COVID-19. They are now symptom free. How long before it is prudent to allow them to return to work? Refer to the answer above if testing is not available. If it is available then:</p> <p>Persons who have COVID-19 who have symptoms may return to work under the following conditions:</p> <ul style="list-style-type: none">• Resolution of fever without the use of fever-reducing medications and• Improvement in respiratory symptoms (e.g., cough, shortness of breath) and• Two negative COVID 19 tests. <p>Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may return to work when at least 7 days have passed since the date of their first positive COVID-19 test and have had no subsequent illness.</p> <p>Here is the link from CDC:</p> <ul style="list-style-type: none">• https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html |
| Scott Fowler | <p>It was mentioned that heat and humidity can affect how long droplets/virus are held in the air. How so? Does lowering or increasing humidity decrease the viability of the virus?</p> |
| Deb Roy | <p>The data available is still very limited since this is a new virus. According to a small U.S. National Institutes of Health (NIH) study that is not yet peer reviewed, it appears that if the SARS-CoV-2 dries out it dies.</p> <p>Here is the link to the study:</p> <ul style="list-style-type: none">• https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v2 |



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| Scott Fowler | I work in a foundry/assembly manufacturing facility. What are the 5 most important things I can do in the next week? |
| Deb Roy | <p>If you haven't already done so, here are the recommendations:</p> <ul style="list-style-type: none">• Develop an infectious disease preparedness and response plan• Prepare to implement basic infection prevention measures• Develop policies and procedures for prompt identification and isolation of sick people, if appropriate• Develop, implement, and communicate about workplace flexibilities and protections• Implement workplace controls <p>These items come from new OSHA guidance at this link:</p> <ul style="list-style-type: none">• www.osha.gov/Publications/OSHA3990.pdf <p>And I would add a sixth item:</p> <ul style="list-style-type: none">• Take care of yourself and your employees by identifying stress reduction activities or resources that are available for your work location. |
| Scott Fowler | In manufacturing spaces, do you think that pedestal fans could spread the virus across larger distances? |
| Deb Roy | There has been some thought that increasing air flow might be helpful but I'm not aware of a specific research on fans. Recommendation would be to position fans away from employees so they can create air movement but not move SARS-CoV-2 droplets if an employee coughs or sneezes without doing so into their sleeve or a tissue. |
| Scott Fowler | For someone with very little knowledge on infectious diseases as it pertains to the safety profession, what should we be focusing on in the workplace for the time being? |
| Deb Roy | <p>The new OSHA guidance for businesses is a good place to start. It's a great time to learn more about this infectious disease.</p> <p>And, take a look at the CDC info. There's lots of great information on the website that is easy to understand.</p> <ul style="list-style-type: none">• www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html• www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf |
| Scott Fowler | My company works in the utility industry. We often have crews of 2 to 4 in the same vehicle traveling 1 to 2 hours from our shop. Any ideas on how to protect workers when social distancing is not possible due to things such as size of vehicle? |
| Deb Roy | Unfortunately, there are not great options in this case. |



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| | <p>Reducing crews to one or two per vehicle and spacing out would be preferable. Otherwise, having the employees use strong hygiene practices, and not working/traveling if any possibility of respiratory illness. Barriers are not typically possible in this case.</p> <p>Providing tissues, trash receptacles, alcohol-based hand rubs containing at least 60 percent alcohol (when hand washing is not available), disinfectants and disposable towels for employees to clean their work surfaces and high-touch surfaces in the vehicles.</p> |
| Scott Fowler | Is there an infectious disease prevention and control plan available? example? template? |
| Deb Roy | Yes, here is guidance from CDC: <ul style="list-style-type: none">• https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html |
| Scott Fowler | Utility workers must deal with public spaces, such as lineman and meter techs moving beyond PPE. Is there anything we can do to encourage our facilities to be kept healthier, like better ventilation or increasing the fresh air intake? |
| Deb Roy | Yes, although there doesn't appear to be a study that addresses this yet, more air flow and increasing fresh air make sense. |
| Scott Fowler | What precautions do you recommend to protect employees who work in the transportation industry? |
| Deb Roy | <p>The risk of exposure from packages or pallets of products appear low. According to a small U.S. National Institutes of Health (NIH) study that is not yet peer reviewed, it appears that the SARS-CoV-2 that causes COVID 19 is not viable on cardboard after 24 hours but there was variability in that data.</p> <p>Here is the link to the study:</p> <ul style="list-style-type: none">• https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v2 <p>In general, because of poor survivability of coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with imported goods and there have not been any cases of COVID-19 in the United States associated with imported goods. Information will be provided on the Coronavirus Disease 2019 (COVID-19) website as it becomes available.</p> <p>Recommendations for employees in transportation would be the same as all general employer worksites: to use social distancing when interacting with other persons, using strong hygiene practices, and do not work when you have respiratory symptoms.</p> |



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| Scott Fowler | <p>There is a study gaining traction that found the virus can stay on some surfaces for up to two to three days. What are your thoughts on the credibility of this study/its value and relevance? Does it seem like there is credible concern that someone coming into contact with exposed surfaces might face elevated risk?</p> |
| Deb Roy | <p>Actually, this is one small study that has not been peer reviewed yet since COVID 19 is so new. It provides some guidance, but more study is needed.</p> <p>What we don't know yet is if someone touching the surface with live SARS-CoV-2 a few hours later will become infected if they touch their eyes, nose or mouth. According to CDC, it may be possible that a person can get COVID-19 by touching a surface or object that has the SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the SARS-CoV-2 spreads.</p> <p>Here is the link to the study:</p> <ul style="list-style-type: none">• https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v2 |
| Scott Fowler | How long can virus live on paper (e.g., mail)? |
| Deb Roy | <p>Right now, we don't know.</p> <p>The recent NIH study showed that it could be viable on cardboard for up to 24 hours but there was variability in that data.</p> <p>According to CDC, it may be possible that a person can get COVID-19 by touching a surface or object that has the SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the SARS-CoV-2 spreads.</p> |
| Scott Fowler | Can you recommend protocols for the specific PPE needed when entering a residence that may have sick or quarantined individuals? |
| Deb Roy | <p>Yes, here is the guidance for public health personnel who enter a residence. The PPE noted would apply to this case</p> <p>Here's the link for that guidance:</p> <ul style="list-style-type: none">• https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html |
| Scott Fowler | Has the United States already had the coronavirus wave? In December and January everyone thought they had the flu, were testing negative and taking several weeks to heal. |
| Deb Roy | The best way to determine the answer to your question is serology testing of those who were ill during the timeframe you mention. We are in the early stages in the US of developing a process to do serology testing. Given the need to focus on testing those who are currently ill, this will take some time and will likely |



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| | <p>not be available until after the worst of the pandemic is over. Here is a link to the method that is identified.</p> <p>Again, here is the link to the study:</p> <ul style="list-style-type: none">• https://www.medrxiv.org/content/10.1101/2020.03.17.20037713v1 |
| Scott Fowler | <p>Be sure to listen to part two of our conversation with Deb Roy for further insights on the impact of COVID-19, including OSHA recordkeeping on cases of the virus, PPE, social distancing in the workplace and more.</p> <p>You can find a recording of Deb's recent coronavirus ask the expert Q&A, and other useful information about COVID-19 at assp.org/coronavirus.</p> <p>Thank you for listening to this special episode of the ASSP Safety Standards and Tech Pubs Podcast. Be sure to subscribe wherever you get your podcasts. You can also connect with us at assp.org, and follow us on Twitter @ASSPSafety. We'll see you next time.</p> |
| Part II Scott Fowler | Welcome to a special episode of the ASSP Safety Standards and Tech Pubs Podcast. I'm your host, Scott Fowler. We now continue our conversation with ASSP President-Elect Deb Roy about the impact COVID-19 is having on occupational safety and health, and the steps safety professionals can take to protect their workers. |
| Scott Fowler | Is a COVID 19 case <u>recordable</u> on the OSHA log under the OSHA recordkeeping standards? |
| Deb Roy | <p>COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are met:</p> <ol style="list-style-type: none">1. The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19).2. The case is work-related, as defined by 29 CFR 1904.5; and3. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first-aid, days away from work). <p>Here is the link: https://www.osha.gov/SLTC/covid-19/standards.html</p> |
| Scott Fowler | What is a company's obligation to report employee confirmed cases to OSHA? |
| Deb Roy | If a COVID-19 case meets the definition above, then |



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| | <ul style="list-style-type: none">• A fatality must be reported within 8 hours or,• An in-patient hospitalization must be reported within 24 hours. <p>There is NO reporting requirement for a COVID-19 case unless it is a fatality or hospitalization.</p> |
| Scott Fowler | If a COVID-19 case is recordable under the OSHA recordkeeping standards, is it compensable under workers' compensation? |
| Deb Roy | <p>Workers' compensation is different from state to state and, therefore, may have different definitions of what is work-related. A case may or may not be compensable under workers' compensation, even if it is recordable under OSHA.</p> <p>Consult your workers' compensation carrier or state workers' compensation agency.</p> |
| Scott Fowler | How are companies handling employee travel to states with community transmission (per the CDC)? |
| Deb Roy | Mainly in relation to personal travel that the company cannot put restrictions on. Many companies, particularly healthcare organizations, are requiring that employees who choose to travel personally to states with community transmission, quarantine themselves at home for 14 days after returning. It appears companies are requiring employees to use PTO in that case. |
| Scott Fowler | Why were we able to get an Ebola vaccine so much faster than 18 months? |
| Deb Roy | <p>The normal timeframe to develop a new vaccine is 12 to 18 months.</p> <p>Here is a short answer. Ebola has a very high mortality rate. There were vaccines in research when the outbreak in Africa was declared in 2014, clinical trials were completed in 10 countries including in Africa in less than 12 months and the vaccine was produced quickly thereafter and used to protect from Ebola. The FDA just approved an Ebola vaccine in the U.S. in December 2019.</p> |
| Scott Fowler | Can you provide some insight on an employer requiring temperature screenings upon arrival to work as part of a screening tool to allow employees in the workplace? |
| Deb Roy | <p>There is March 18, 2020, EEOC guidance that says employers may measure employees' body temperature. However, employers should be aware that some people with COVID-19 do not have a fever.</p> <p>Here is the link:</p> <ul style="list-style-type: none">• www.eeoc.gov/eeoc/newsroom/wysk/wysk_ada_rehabilitaion_act_coronavirus.cfm |
| Scott Fowler | Is there guidance as to if temperature screening is effective for COVID-19? |
| Deb Roy | Frequently reported signs and symptoms of patients admitted to the hospital include fever (77–98%), cough (46%–82%), myalgia or fatigue (11–52%), and shortness of breath (3–31%) at illness onset. |



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| | <p>Temperature screening can be used by employers as noted above. Fever is considered to be 100.4°F/38°C or higher. Remember to maintain confidentiality of patient data when screening employees.</p> <p>In addition to the EEOC link, here is the clinical guidance link:</p> <ul style="list-style-type: none">• https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html |
| Scott Fowler | Can a person get sick from the virus more than 1 time? |
| Deb Roy | <p>We don't know yet.</p> <p>It appears that immunity develops to the SARS-CoV-2, and it's theorized that it will last at least one year. There were some reports from China that patients became ill again and tested positive after they were sent home as recovered. It is possible that the individuals were not tested accurately or that they were discharged before actual recovery.</p> <p>This will require more research.</p> |
| Scott Fowler | Should N95 masks be used for all or only for hospital and healthcare staff? |
| Deb Roy | <p>Given the global supply chain challenge for PPE, it is recommended that N95 masks be preserved for use by healthcare workers and emergency responders as much as possible. Each country will have its own strategy.</p> <p>Here is the WHO guidance:</p> <ul style="list-style-type: none">• https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-ICPPPE_use-2020.1-eng.pdf <p>Here is the guidance from CDC:</p> <ul style="list-style-type: none">• https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html <p>And from OSHA:</p> <ul style="list-style-type: none">• https://www.osha.gov/SLTC/covid-19/ |
| Scott Fowler | If a workplace has a confirmed case, based on virus life, would a 72-hour shut down be encouraged if they cannot decontaminate all work surfaces? |
| Deb Roy | <p>CDC does not require a shut down for cleaning and disinfection. COVID-19 is a droplet disease and does not aerosolize far from the sick person.</p> <p>The key is to clean high-touch surfaces and the sick employee's workstation.</p> <p>See this guidance from CDC on cleaning:</p> <ul style="list-style-type: none">• https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html |



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| Scott Fowler | How long does the virus live on plastic buckets (used to collect food scraps) and should food scrap collection service providers discontinue service due to safety precautions? |
| Deb Roy | <p>Although one early NIH study https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v2 noted that the SARS-CoV-2 could live on plastic for up to 3 days, this is not considered to be a likely source of transmission.</p> <p>The use of gloves and good personal hygiene should address this low risk. Social distancing should still be practiced as recommended for all worksites.</p> <p>Once provided with a risk assessment by a qualified safety professional, it would be the business leadership's decision whether to discontinue this service.</p> |
| Scott Fowler | What about workers who work outside like waste & recycling collectors, landfill, sanitation workers? How can they protect themselves? What are best management practices? |
| Deb Roy | <p>These jobs would be considered a low risk. All workplaces should evaluate the risk of COVID-19.</p> <p>OSHA's new guidance may be helpful:</p> <ul style="list-style-type: none">• https://www.osha.gov/Publications/OSHA3990.pdf |
| Scott Fowler | What recommendations would you have for companies with workers whose jobs cannot be done at home? For instance, at a manufacturing plant using large machinery, warehousing etc. Is there a recommendation on say, shifts, changed work schedules, use of PPE by employees? |
| Deb Roy | <p>Here are some ideas.</p> <ul style="list-style-type: none">• Social distancing such as establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.• Staggering shifts so that one shift leaves a facility, high touch cleaning can be done and then the next shift arrives for the next after a short period of time.• Staggering should also be done for breaks and lunches to minimize the number of people in cafeterias and lines.• Similar to what local restaurants are doing, onsite cafeteria can move to call head and order, or prepackaged food to avoid contact with food service workers and people congregating in hot food areas.• For work areas, some employers are using Plexiglass barriers to protect workers from droplets.• Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications.• Providing tissues, no-touch trash cans, hand soap and running water, alcohol-based hand rubs containing at least 60 percent alcohol (when hand washing is not available), disinfectants, and disposable towels for workers to clean their work surfaces.• Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. |



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| | <ul style="list-style-type: none">Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. |
| Scott Fowler | Where you put safety professionals in OSHA's risk pyramid? (e.g., consultants, industrial hygienists who may travel, and the like)? |
| Deb Roy | We would likely be considered to be low risk according to the OSHA guidance https://www.osha.gov/Publications/OSHA3990.pdf , as are most office roles. Just like with all jobs, a risk assessment should be performed. The risk will depend on the industry and the actual work tasks. |
| Scott Fowler | What preventive measures should be taken to mitigate potential exposures to in industries like a food manufacturing or other "essential" manufacturing facilities? Should you send home staff and keep the production workers even if it sends a negative message? Is this a situation where rotational schedule would be ideal? |
| Deb Roy | The mitigation strategy depends on the risk. If office workers can work at home and the area has community transmission of COVID-19, then it would be preferable to send office workers to telework and have production employees stay in the manufacturing plants. Yes, a rotational schedule might be good solution. All other social distancing and hygiene strategies should be used along with sending employees home when they are sick. |
| Scott Fowler | Can someone transmit COVID 19 and not have symptoms? |
| Deb Roy | People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of pre-symptomatic and asymptomatic transmission with COVID-19. More research is needed to determine the importance of this transmission. |
| Scott Fowler | Can ibuprofen be used to treat fever due to COVID 19 at home? |
| Deb Roy | A letter published in Lancet on March 11, 2020, hypothesized that the use of ibuprofen could worsen the outcome of COVID-19 disease. On March 19, 2020 WHO released this statement: "WHO is aware of concerns on the use of non-steroidal anti-inflammatory drugs (i.e., ibuprofen) for the treatment of fever for people with COVID-19. At present, after a rapid review of the literature, WHO is not aware of published clinical or population-based data on this topic. We are consulting with physicians treating COVID-19 patients and are not aware of reports of any negative effects of ibuprofen, beyond the usual known side effects |



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that limit its use in certain populations. Based on currently available information, WHO does not recommend against the use of ibuprofen."

Scott Fowler

Thank you so much for coming on and sharing your insights, Deb. This is an issue that is affecting us all and I hope safety professionals take this information back to their organizations and use these tools to protect the health of their workers and communities.

You can find a recording of Deb's recent coronavirus ask the expert Q&A, and other useful information about how you can help prevent the spread of COVID-19 at assp.org/coronavirus.

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