

Nassau County Bar Association

COVID 19: OSHA and Safety

Northwell Health, Workforce Safety
June 4th 2020



Version 3.0

Agenda

- Introduction
- OSHA COVID-19 Guidance
 - Recordability and Reportability
- Industrial Hygiene- Workplace Reintegration
- Summary
- Questions
- Contact Information





Joseph F. Molloy

VP, Workforce Safety

Years in Position: 5

Years of Service: 15

Responsibilities

Joe leverages the knowledge gained in his leadership roles in Workforce Safety, Benefits and Managed Care in quality, evidence-based care and in high-value directed networks to build a robust Workforce Safety program, including Employee Safety, Return to Work and Fitness for Duty strategies coupled with a continued drive for a culture of wellness. Joe coordinates his efforts with Risk, Employee Health Services, and Human Resources to provide a team of advocates for our employees injured on the job.

Summary of Experience

Risk & Insurance 2019 Theodore Roosevelt Workers' Compensation and Disability Management Award, National Underwriters Property Casualty 2019 Excellence in Workers' Compensation Risk Management Award, NY Claims Association 2017 Risk Control Executive of the year, and Business Insurance 2010 Benefits Manager of the Year Honor Role recipient, Joe has had progressively more responsible roles in Benefits, Risk, Workers' Compensation and Human Resources, including experience in healthcare, consulting, facility and aviation services, retail and insurance fields. With 37 years of experience, Joe has served as a guest speaker/panelist at industry conferences and workshops. He has a BS in management and economics from Cornell University. He is also co-Inventor of the Shared Savings Model, Patent U.S. Serial NO. 14/310,919.

Personal

Joe is married to Dana. They have two daughters, Jennifer (married to Alex) and Rachel, two grandchildren, Sophia and Alexander. They live in North Massapequa, NY, with their menagerie of rescue dogs and a Newfoundland Molly, a Certified TDI.

Responsibilities

Adrienne leads the Employee Safety and Prevention division of Workforce Safety at Northwell Health. She has been with the health system since March 2014. Her responsibilities include OSHA compliance, policy development and employee safety training. She collaborates with multiple stakeholders in the health system to develop and implement the Workplace Violence Prevention Program and is co-chair of the System Workplace Violence Committee along with Corporate Security. Adrienne is also a OSHA 10 and 30 Hour Construction Industry trainer.

Summary of Experience

Adrienne is a multi-disciplined safety leader with extensive experience in healthcare, pharmaceuticals, manufacturing and the financial services sectors. She is an industrial engineer with 25 years of experience in the safety field, including occupational safety, ergonomics, industrial hygiene and behavioral based safety. Besides being certified in safety and ergonomics, she is a certified Six Sigma Master Black Belt. She has presented at various conferences and forums on safety, ergonomics and OSHA topics.

Personal

Adrienne loves the summer and being on the water boating.

**Adrienne
Drohomirecky,
Director of Employee
Safety and
Prevention,
Workforce Safety**
Years in Position: 6
**Years of Professional
Experience: 25**



**Evan C. Rousseau,
MPH, MS, CIH, CSP
*Director of Industrial
Hygiene, Workforce
Safety***

Years in Position: 5
**Years of Professional
Experience: 19**

Responsibilities

Evan is a Certified Industrial Hygienist (CIH), Certified Safety Professional (CSP) and an OSHA Authorized Construction Industry Trainer. In his role as Director of Industrial Hygiene, he leads a team of safety professionals who perform qualitative and quantitative industrial hygiene assessments. His team specialties include developing sampling plans, area and personal exposure monitoring for chemical and physical hazards and ventilation assessments.

Summary of Experience

His team partners with internal clients to service their industrial hygiene and training needs to include OSHA 10 and 30 Hour Construction Industry Training. His current projects include supporting respiratory protection training and respirator alternatives in response to COVID-19. Prior to joining Northwell, Evan had served as Industrial Hygienist for Montefiore Medical Center and the Albert Einstein College of Medicine.

Evan holds a Masters in Public Health, a Masters of Science in Information Systems and Bachelors of Arts in Chemistry.

Personal

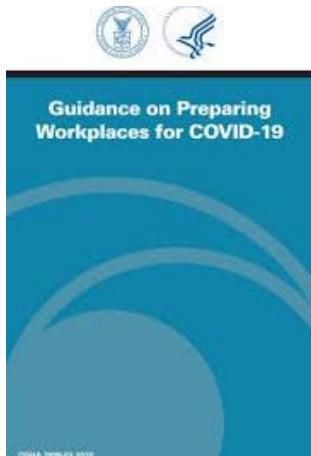
Evan served in the United States Army and Army Reserves.

OSHA Guidance

By regulation, the common cold and flu are exempt from OSHA's recordkeeping and reporting requirements ([29 CFR Part 1904.5\(b\)\(2\)\(viii\)](#)):

HOWEVER

OSHA cannot just declare COVID -19 to be exempt from recordkeeping and reporting requirements.



OSHA Standards Applicable to COVID-19

- The General Duty Clause, [Section 5\(a\)\(1\) of the Occupational Safety and Health \(OSH\) Act of 1970](#), 29 USC 654(a)(1), which 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."
- Personal Protective Equipment (PPE) standards (in general industry, [29 CFR 1910 Subpart I](#)), which require using gloves, eye and face protection, and respiratory protection when job hazards warrant it.
- When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard ([29 CFR 1910.134](#)).
- OSHA recordkeeping requirements as per [29 CFR Part 1904](#)

OSHA Recordability and Reportability

Employers must determine the work-relatedness of COVID-19 cases

- Each example of a scenario that OSHA believe is “likely work-related” includes the condition that *“there is no alternative explanation.”*
- An employee’s in-patient hospitalization is only reportable to OSHA if an employer determines:
 - the employee was exposed to the virus while performing work-related duties
 - when that exposure occurred
 - the employee was admitted for in-patient treatment within 24 hours of that exposure.
- For an employee’s death, the reporting window is 30 days; i.e., if it is determined to be work related, and it is a confirmed diagnosis, it would be reportable if the employee succumbs to the illness within 30 days of the exposure that resulted in the COVID-19 diagnosis.

Work Relatedness

LIKELY Work Related **IF:**

- Several cases develop among workers who work closely together *and there is no alternative explanation*;
- The illness is contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed case of COVID-19 *and there is no alternative explanation*; and
- Job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission *and there is no alternative explanation*.

LIKELY NOT Work Related **IF:**

- Only one worker in a general vicinity in the workplace contracts COVID-19;
- Job duties do not include having frequent contact with the general public, regardless of the rate of community spread;
- Outside the workplace, the infected employee associates closely and frequently with a non-coworker (e.g., a family member, significant other, or close friend) who has COVID-19.

COVID-19 Recordability

For a COVID case to be OSHA recordable:

- Employee tests positive **AND** there is objective evidence that a COVID-19 case may be work-related:
 - Check the incident report and notes to see if any indication this could potentially be a community exposure (travel, exposure to family or friends who have had an exposure). If work related it must have the one of the additional criteria:
 - Death
 - Days away from work
 - Restricted work or transfer to another job
 - Medical treatment beyond first aid
 - COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300.
 - If a patient is asymptomatic and tests positive but does not meet any of the criteria in a it is not recordable



OSHA Interactions

- Complaints:
 - In addition to complaint, employer must answer specific COVID-19 questions
 - Trends in complaints
 - PPE Shortages / No PPE
 - Lack of facility COVID-19 plan
 - Staff exposures
- Investigations: fatalities



OSHA Request Trends

- Confirmation of following CDC guidelines and recommendations
- Detailed questions and documentation requests regarding PPE and Infection Prevention Protocols
 - Differences in processes and protocols pre and during pandemic
- Administrative and Engineering Controls implemented for COVID-19
- Training
- Cleaning and disinfecting protocols
- Tracers / Investigations
- Pandemic Plans
- COVID-19 Exposure Plan



COVID-19 Exposure Plan

A COVID-19 Exposure Control Plan is a written safety plan outlining how your workplace will prevent the spread of COVID-19, covering issues such as:

- Social distancing strategies, and engineering or administrative controls where workers cannot maintain social distancing
- Personal hygiene practices and requirements
- Protective equipment you will require for various tasks
- Enhanced housekeeping protocols
- Health screening strategies to keep sick workers home
- Responses to confirmed cases among your workforce
- Communication plans for employees and customers

Industrial Hygiene

- What is Industrial Hygiene?
 - The art and science specializing in the anticipation, recognition, evaluation and control of workplace hazards

The image shows the cover of a publication titled "The Role of the Industrial Hygienist in a Pandemic". The cover is dark green with white text. At the top, a vertical orange bar contains the text: "Provided resources, information, and tools to advise and assist general workers, health care workers, and management to protect workers in the case of a flu pandemic." In the top right corner is a yellow circular seal with a star in the center, containing the text "LEADING RESOURCE". The main title "The Role of the Industrial Hygienist in a Pandemic" is centered, with "Pandemic" in a large, bold, white font. Below the title, it says "By the AIHA Biosafety and Environmental Microbiology Committee". At the bottom, the AIHA logo is shown with the text "AIHA Protecting Worker Health" and "A Publication by American Industrial Hygiene Association".

Provided resources, information, and tools to advise and assist general workers, health care workers, and management to protect workers in the case of a flu pandemic.

LEADING RESOURCE

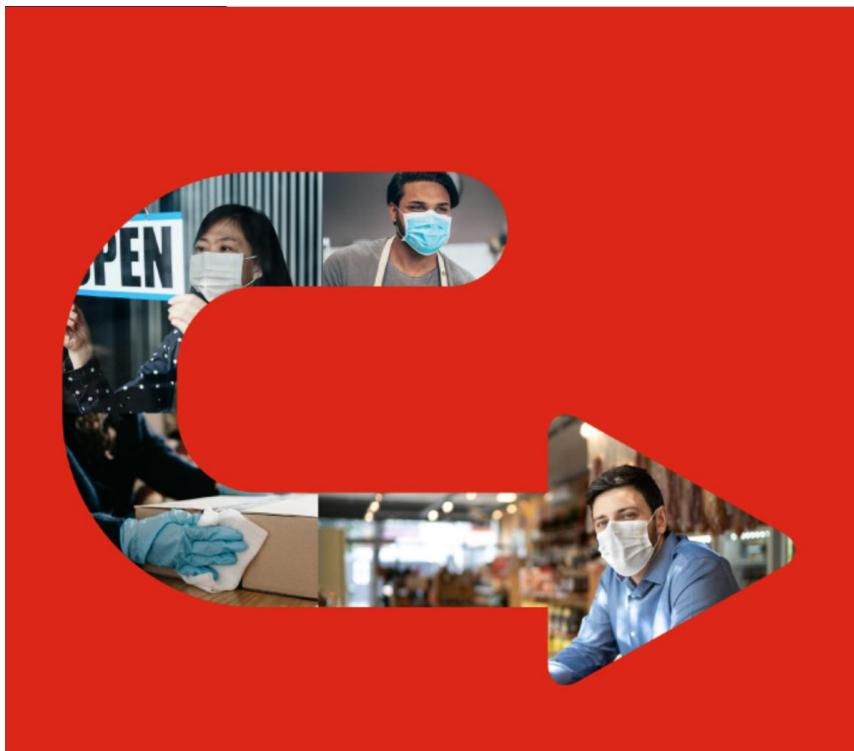
The Role of the
Industrial Hygienist in a
Pandemic

By the AIHA Biosafety and Environmental Microbiology Committee

AIHA Protecting Worker Health
A Publication by
American Industrial
Hygiene Association

Industrial Hygiene (cont.)

- Workplace Reintegration
 - Pre-Occupancy Risk Assessment
 - Control Measures



WE WANT AMERICA TO GET

BACK TO WORK SAFELY™

This site features expert, industry-specific guidance for both businesses and consumers to safely re-open and re-engage as they emerge from the COVID-19 quarantines.

Sponsored by AIHA®

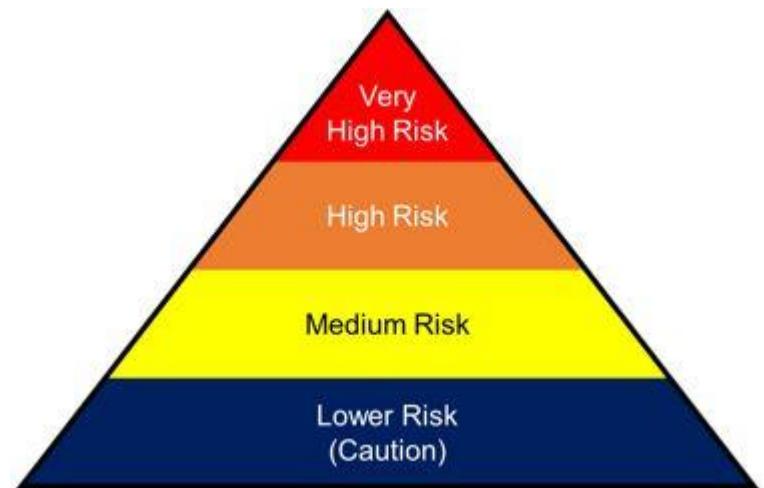
Industrial Hygiene (cont.)

- Pre-Occupancy Risk
 - Assessment worker exposure classification
 - Very High & High Risk
 - Jobs with high potential for exposure to known or suspected sources of COVID-19
 - Examples include healthcare, morgue and healthcare support workers



Industrial Hygiene (cont.)

- Pre-Occupancy Risk Assessment worker exposure classification
 - Medium Risk
 - Jobs that require frequent/close contact with people who maybe infected, but not known or suspected patients
 - Example locations include schools, high density work environments and high volume retail settings



Industrial Hygiene (cont.)

- Pre-Occupancy Risk

Assessment worker exposure classification

- Lower Risk

- Jobs that do not require contact with people known to be or suspected of being infected
 - Examples include workers that have minimal occupational contact with the public or other coworkers



Industrial Hygiene (cont.)

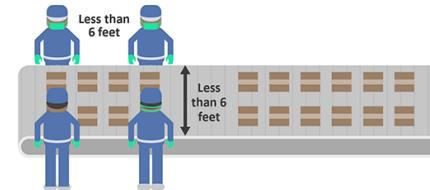
- Control Measures

- Engineering Controls

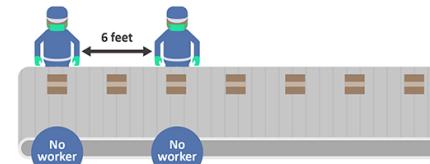
- Examples include changes to physical plastic barriers, ventilation systems, installing touch free devices and social distancing

How to Align Manufacturing Workstations, If Feasible

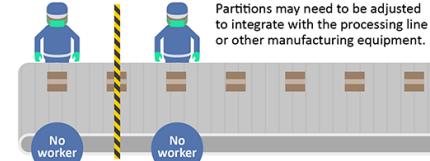
Bad:
Workers are within six feet of one another, including at side-by-side or facing workstations.



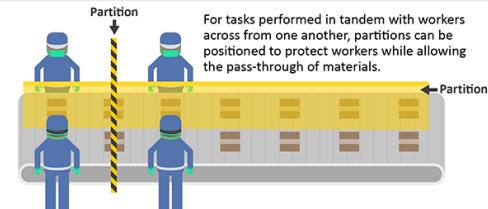
Good:
Workers are spaced at least six feet apart, not facing one another. Another setup may be used to achieve similar distancing between workers.



Good:
Physical barriers, such as partitions, separate workers from each other.

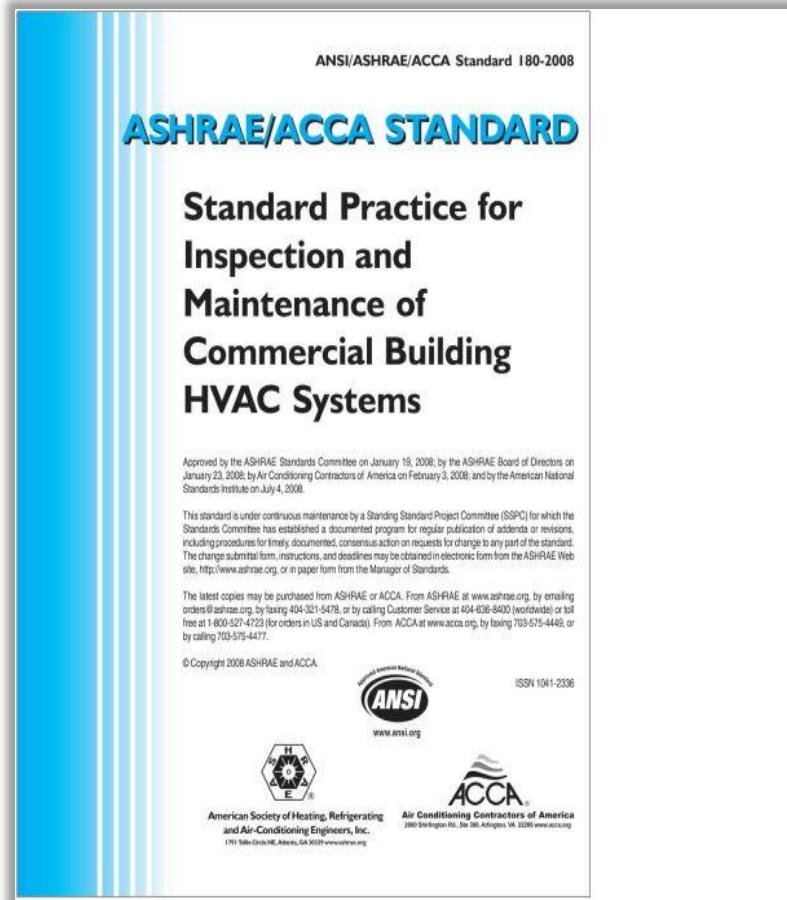


Good:
Physical barriers, such as partitions, separate workers from each other, including where workers need to perform tasks in tandem across from one another.



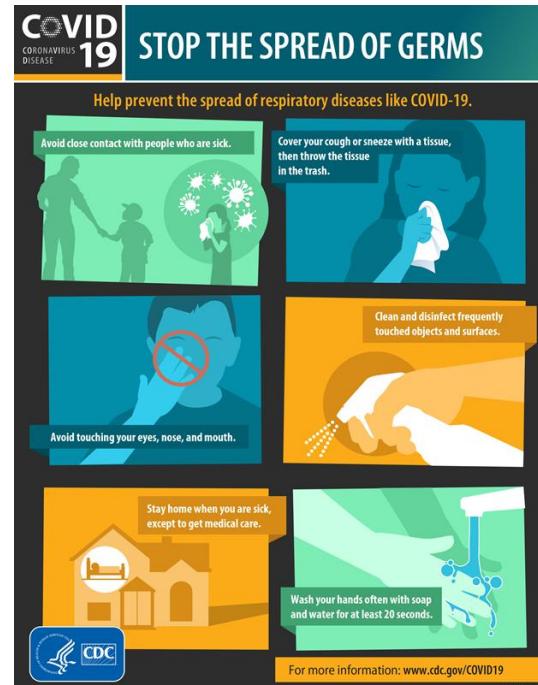
Industrial Hygiene (cont.)

- HVAC Systems
 - Ensure system is operating as per manufacturers recommendations
 - Increase the percentage of outdoor air
 - Operate system during unoccupied times to maximize dilution ventilation
 - Increase air filtration
 - Ensure exhaust fans in restrooms are functional at full capacity



Industrial Hygiene (cont.)

- Control Measures
 - Administrative Controls
 - Examples include communication, training, hand hygiene, enhanced cleaning, flexible work schedules and screening/monitoring strategies



Industrial Hygiene (cont.)

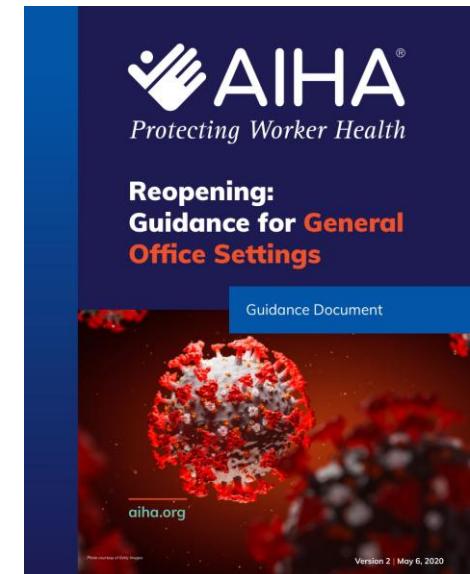
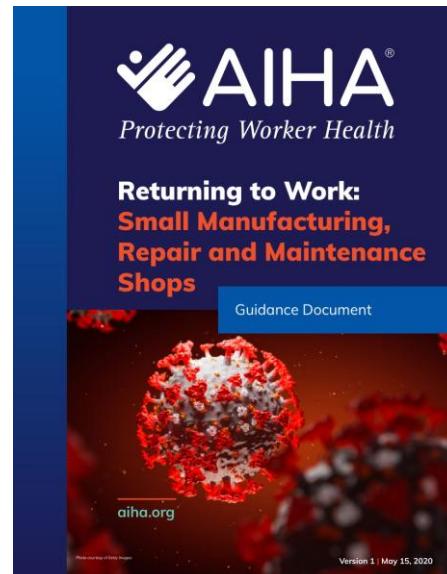
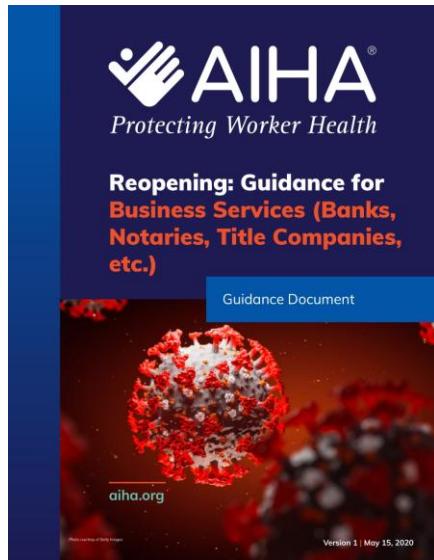
- Control Measures
 - Personal Protective Equipment
 - Selection is based on the hazard
 - Must be properly and consistently worn
 - Regularly inspected, maintained and discarded when necessary



Industrial Hygiene (cont.)

- Relevant Guidance
 - Industry specific, science-based guidance for businesses are available to safety reopen as we emerge from the COVID-19 quarantines.

<https://www.backtoworksafely.org/>



Summary

- The Industrial Hygienist provides recommendations to management on engineering, administrative and personal protective equipment controls based on the best available information.
- Workplace reintegration requires prior planning with documented risk assessments and control methods
- Industry specific guidance is currently available from the Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC) and American Industrial Hygiene Association (AIHA)

Questions



Contact Information

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References

United States Department of Labor, Occupational Safety and Health Administration (OSHA), Guidance on Preparing Workplaces for COVID-19, OSHA Publication 3990-03 2020

<https://www.osha.gov/Publications/OSHA3990.pdf>

United States Department of Labor, Occupational Safety and Health Administration (OSHA), COVID-19

<https://www.osha.gov/SLTC/covid-19/>

Centers for Disease Control and Prevention (CDC), Interim Guidance for Business and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Centers for Disease Control and Prevention (CDC), Cleaning and Disinfection Your Facility

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

American Industrial Hygiene Association (AIHA), Coronavirus Outbreak Resource Center

https://www.aiha.org/public-resources/consumer-resources/coronavirus_outbreak_resources

Disclaimer

Please be advised that the Information contained in this presentation is general in nature and should not be construed as advice or guidance from Northwell Health, Inc. While every effort has been made to ensure that the information provided in this presentation is current and reflects the most-up-to-date guidance issued by OSHA and other regulatory agencies, due to the rapid pace in which guidance regarding COVID-19 is being issued by OSHA and other regulatory agencies, it is possible that newly issued guidance may not have been addressed.

Thank you

