

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.



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

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.



**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

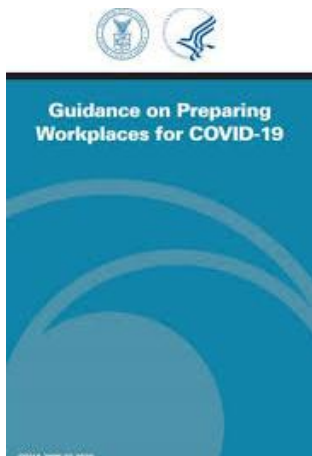
Evan served in the United States Army and Army Reserves.

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

The image shows a close-up of the OSHA Form 300, titled "Log of Work-Related Injuries and Illnesses". The form is partially filled out. The "Identify the person" section includes fields for "Case" and "Employee's name". The "Describe the case" section includes fields for "Job title", "Date of injury or onset of illness", and "Where the event occurred". A pen is resting on the form.

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



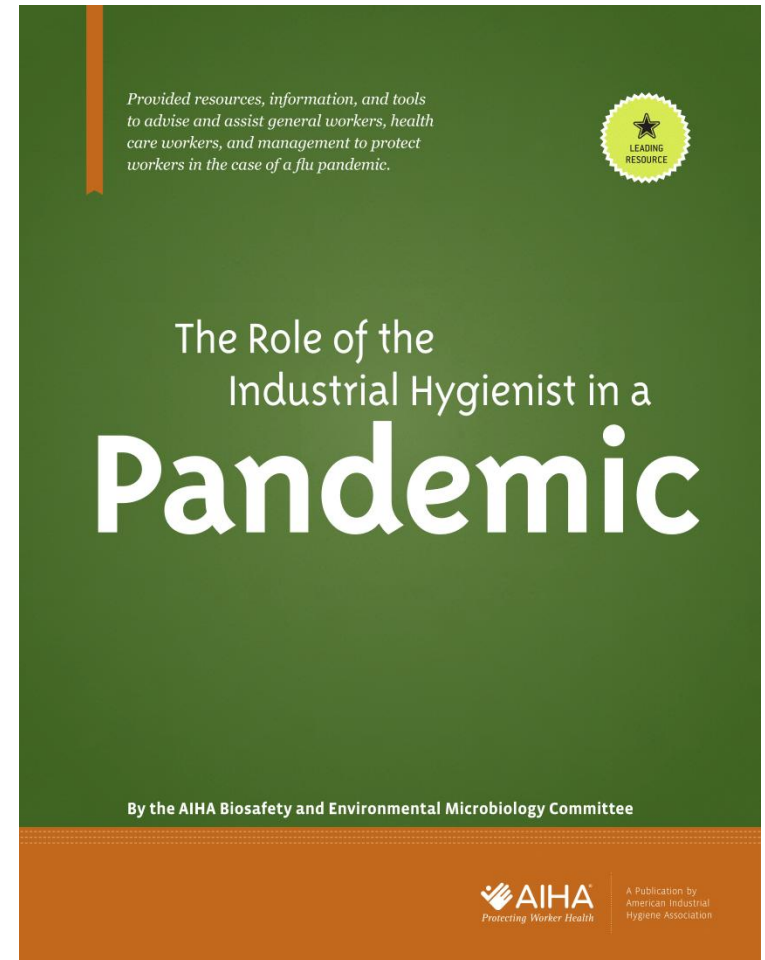
COVID-19 Exposure Plan

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



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.

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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



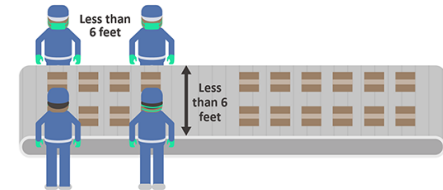
Industrial Hygiene (cont.)

- 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

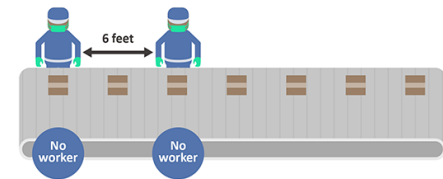
Bad:

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



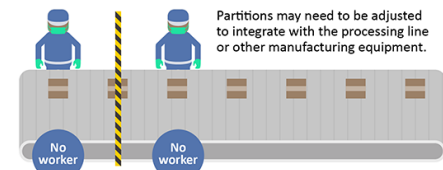
Good:

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



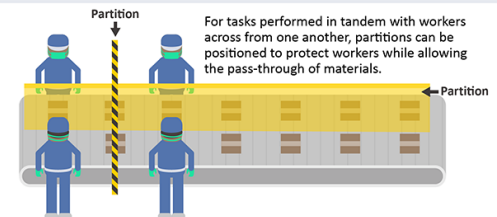
Good:

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



Good:

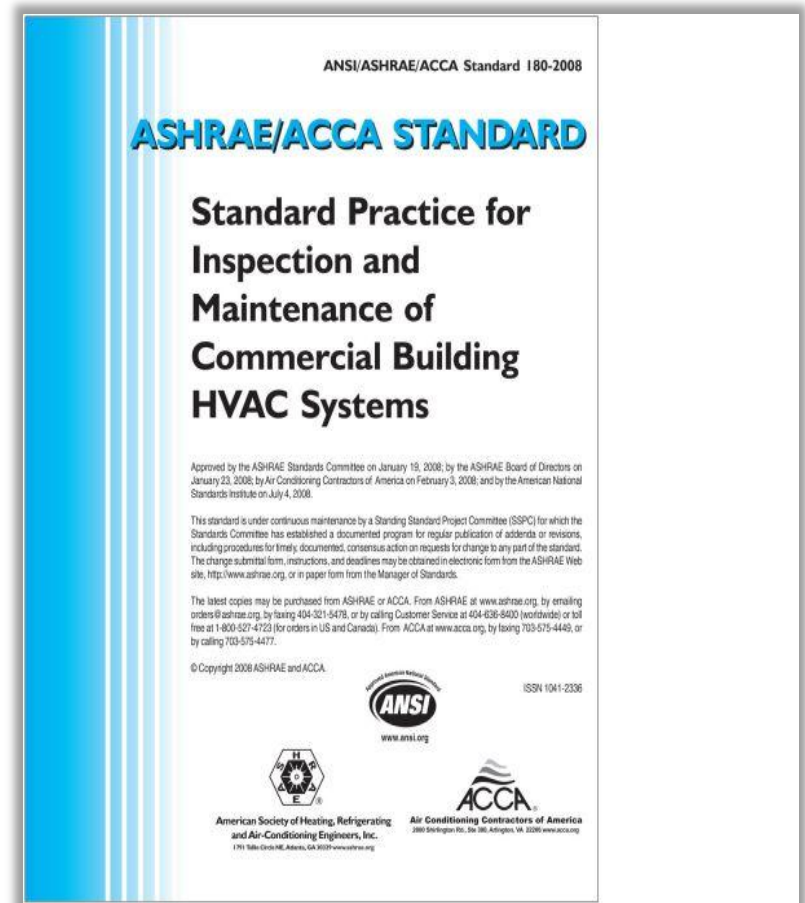
Physical barriers, such as partitions, separate workers from each other, including where workers need to perform tasks in tandem across from one another.



Industrial Hygiene (cont.)

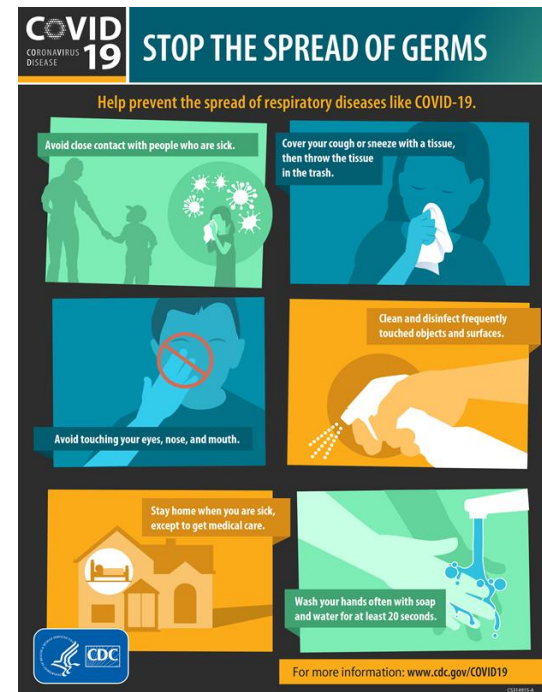
- HVAC Systems

- 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

PROPER USE OF RESPIRATORS FOR HEALTHCARE WORKERS and FIRST RESPONDERS

- LEARN HOW TO PROPERLY PUT IT ON:** 95% of airborne particles are prevented from getting through a NIOSH approved N95 respirator filter. Another 10-15% of the particles **CAN STILL** get around the outside edges of the filter where it does not perfectly fit the face. If a person has not been trained how to properly wear an N95 respirator, or received a fit-test, they may only be about 30-40% effective in keeping particles out.
- EQUALLY IMPORTANT, KNOW HOW TO PROPERLY REMOVE IT:** Even if you wore it right but then removed it wrong, you are at increased risk of cross-contamination.
- EVEN IF YOU WERE ONCE TAUGHT HOW TO WEAR ONE, GET A REFRESHER:** Since many healthcare, and especially nursing home workers do not always get an annual fit-testing and training on how to wear and remove respirators, many have forgotten how to do it. After 8 months of not needing to use one, workers have been known to forget how to put one on and remove it properly.
- RE-USING N95 RESPIRATORS SHOULD BE DONE ONLY WITH GUIDANCE BY AN EXPERT:** If a healthcare worker wears an N95 respirator in the presence of an infected person for any duration, it could be assumed that a large concentration of the virus would be collected on the external surface of the respirator. If the respirator then comes in contact with that healthcare worker's hands or another surface, the virus could live on for hours and possibly infect someone else.
- SURGICAL MASKS ARE NOT APPROVED RESPIRATORS FOR HEALTHCARE WORKERS:** Contrary to word on the street, surgical masks do little to protect the person wearing them from being directly exposed to the virus. **FACT:** the virus takes the path of least resistance and enters in around the loose-fitting edges of the mask.
- SURGICAL MASKS CAN BE WORN BY THE PERSON ALREADY INFECTED:** If an infected person wears a surgical mask, it stops a significant amount of the virus that he/she would exhale into the air around them. Although there are still loose edges, the major amount of the droplets and respiration particles tend to follow the trajectory as they are exhaled and fly straight into the surface of the mask. Once they hit the surface almost all of them stick and cannot be shaken loose. **FACT:** if a surgical mask is not available for the infected person, a handkerchief or bandana **CAN** be nearly as effective.
- INFECTED PEOPLE SHOULD NOT RE-USE MASKS:** Because the COVID-19 virus can survive many hours on surfaces, it can enter the body through the eyes, nose, or even broken skin. So, an infected person breathing into a surgical mask or handkerchief for several hours has potentially deposited thousands of viral particles onto the inner surface of the mask. The mask should be disposed of properly.

Respirators are imperative to prevent the spread of COVID-19 for healthcare workers and first responders, but **WHAT IF YOU DON'T KNOW HOW TO PROPERLY USE ONE?**

REVIEW THESE TIPS TO REMAIN HEALTHY AND SAFE.

When in doubt, confer with an occupational health and safety specialist.

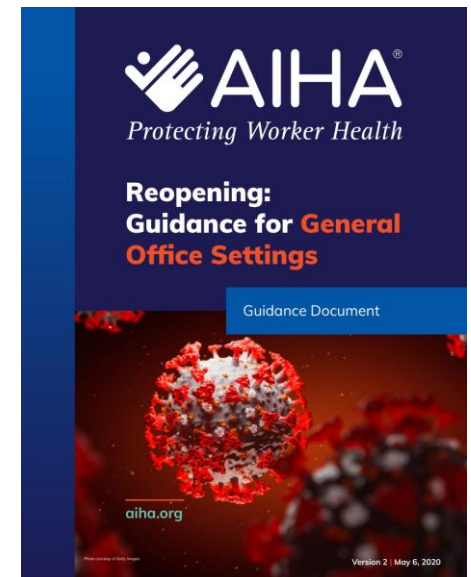
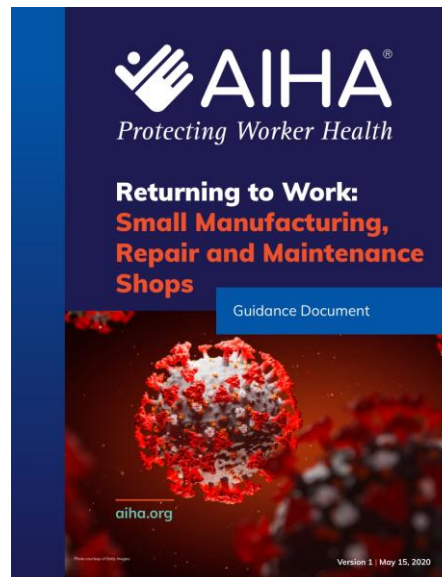
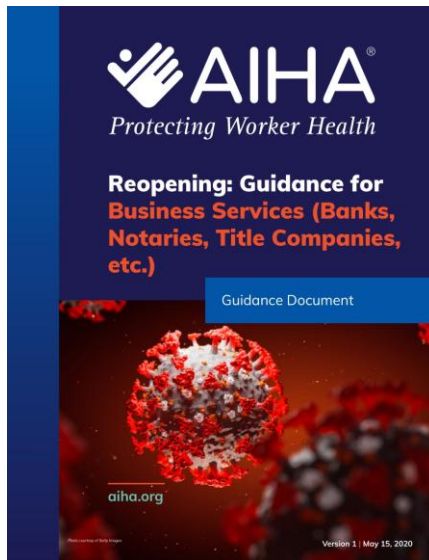
AIHA
Protecting Worker Health
www.consultantslisting.org

bit.ly/COVID-19AIHA
Slogan: Dr. Thomas P. Fuller, CH, CSP, FAIHA

Industrial Hygiene (cont.)

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

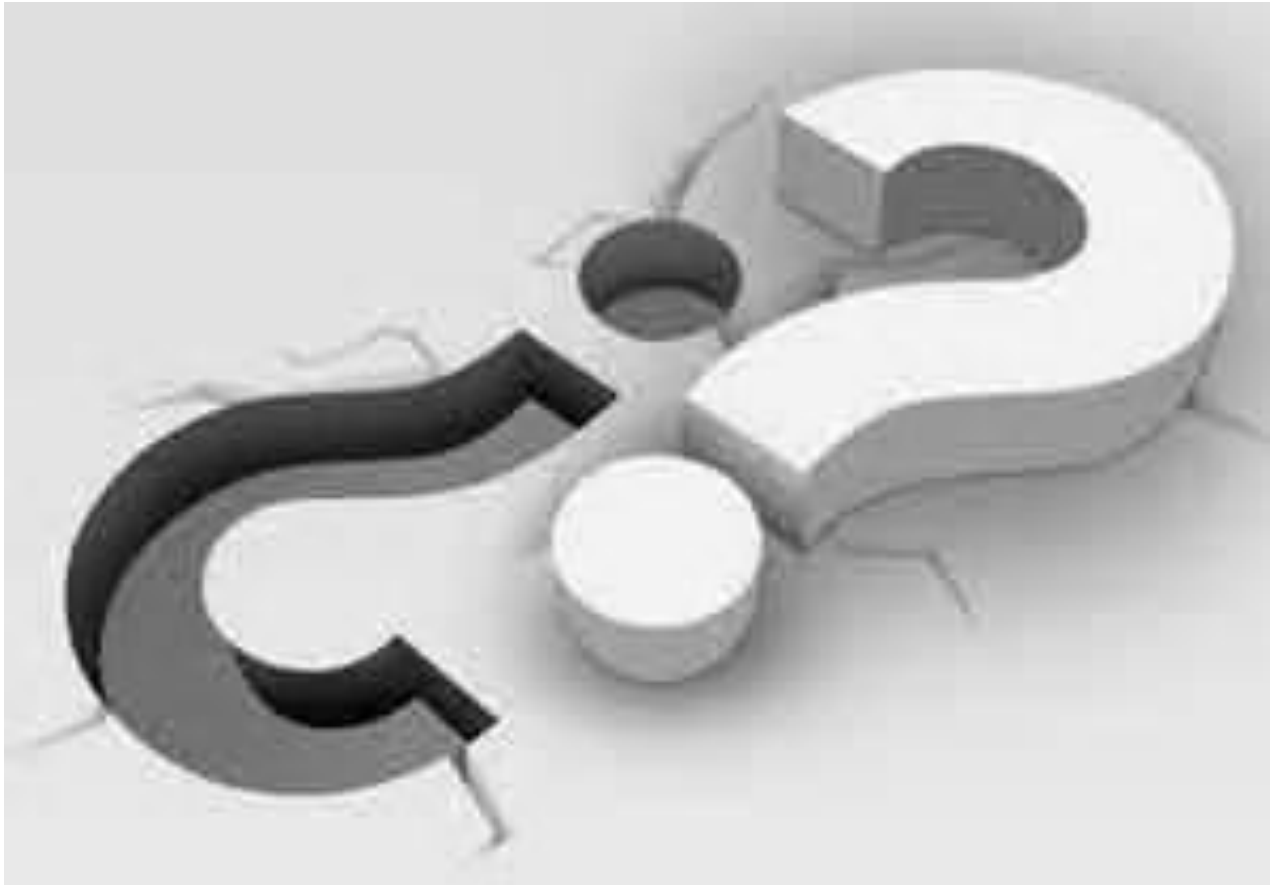
<https://www.backtoworksafely.org/>



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

Joseph F. Molloy

Email: jmolloy@northwell.edu

Mobile: 1-516-592-3967

Adrienne Drohomirecky CPE, CHSP

Email: adrohomire@northwell.edu

Mobile: 1-347-696-5024

Evan Rousseau

Email: erousseau@northwell.edu

Mobile: 1-347-828-0493

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

