CREATING A DYNAMIC INFECTION PREVENTION PLAN

AMBER H MITCHELL

LEARNING FROM THE BLOODBORNE PATHOGENS STANDARD

SIMILARITIES TO INFECTIOUS DISEASE & CORONAVIRUS

SPECIFIC SECTIONS OF THE STANDARD

- EXPOSURE CONTROL PLAN including annual updates (c)(1)(i); (c)(1)(iv);
  - Frontline employee feedback on device evaluation, selection
- ENGINEERING CONTROLS (safer medical devices); (c)(1)(iv)(B); (c)(1)(v); (d)(2);
- PPE (d)(3) (g)(2);
- WORK PRACTICE controls (d)(2); (e)(2)(ii);
  - Labeling of biohazards (d)(2)(xiii)(A);
  - Proper disposal (d)(4)(iiii)(C);
- VACCINATIONS (HBV) (f);
  - Post-Exposure Prophylaxis (f)(1);(f)(3)(vii)
- TRAINING (g)(2);
- RECORDKEEPING, Sharps Injury Log (h)

PERCENT CHANGE BY TIME PERIOD* OF CITATIONS OF HIGH INTEREST, 1991-2014
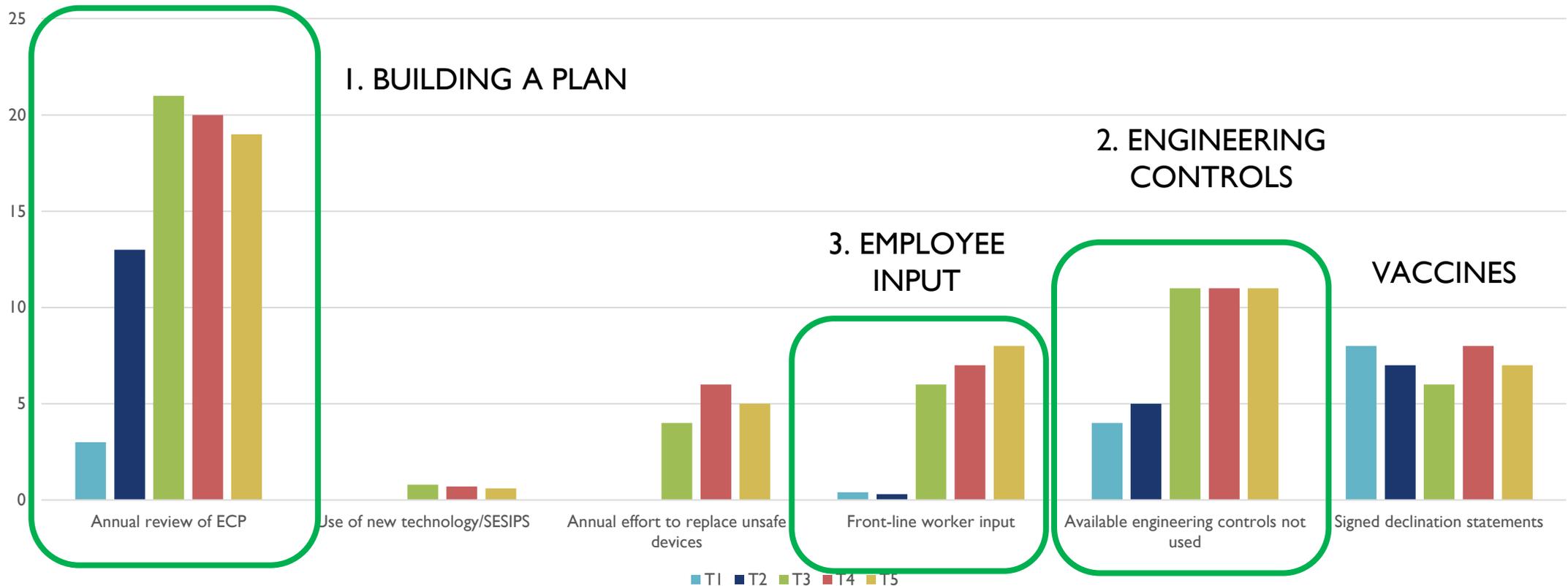
* Time Period 1 = 1991-1995; 2 = 1996-2000; 3 = 2001-2005; 4 = 2006-2010; and 5 = 2011-2014

OSHA COVID GUIDANCE & NEP

OSHA DIRECTION

U.S. DEPARTMENT OF LABOR — Occupational Safety and Health Administration

DIRECTIVE NUMBER: DIR 2021-01 (CPL-03)	EFFECTIVE DATE: March 12, 2021
SUBJECT: National Emphasis Program – Coronavirus Disease 2019 (COVID-19)	

ABSTRACT

Purpose: This Direction describes policies and procedures for implementing a National Emphasis Program (NEP) to ensure that employees in high-hazard industries or work tasks are protected from the hazard of contracting SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), the cause of Coronavirus Disease 2019 (COVID-19). The NEP augments OSHA's efforts addressing unprogrammed COVID-19-related activities, *e.g.*, complaints, referrals, and severe incident reports, by adding a component to target specific high-hazard industries or activities where this hazard is prevalent. The NEP targets establishments that have workers with increased potential exposure to this hazard, and that puts the largest number of workers at serious risk. In addition, this NEP includes an added focus to ensure that workers are protected from retaliation, and are accomplishing this by preventing retaliation where possible, distributing anti-retaliation information during inspections, and outreach opportunities, as well as promptly referring allegations of retaliation to the Whistleblower Protection Program.

Important Dates for the COVID-19 National Emphasis Program

- Federal OSHA
- State Plans

MARCH 12, 2021
- NEP becomes effective
- Complaints/referrals and follow-up inspections begin

MARCH 26, 2021 (2 weeks after NEP)
- NEP targeting/programmed inspections begins

MAY 12, 2021 (60 days after NEP)
- State Plans inform OSHA of their intent

AFTER MAY 12, 2021 (open-ended)
- If a State Plan adopts the NEP, they must submit documentation of their policy to OSHA within 60 days of adoption

https://www.osha.gov/sites/default/files/enforcement/directives/DIR_2021-01_CPL-03.pdf

3.   Programmed Inspections.

    a.   High-hazard Industries.

Area Offices should continue prioritizing COVID-19 fatalities, complaints, and referrals for inspection. In addition, a list of healthcare and non-healthcare industries with NAICS codes having among the highest numbers of OSHA-recorded fatalities, complaints, referrals, inspections, COVID-19-related violations and Hazard Alert Letters issued since April of 2020 is provided in Appendix A. A secondary list is provided in Appendix B for additional non-healthcare industries not captured by Table 2 in Appendix A, for workers who maintain critical business operations or would otherwise help to maintain a healthy work environment, and are likely to be at increased risk of exposure to COVID-19.

    b.   Site-Specific Targeting (SST).

If an establishment selected for inspection under this NEP is also selected under the current SST plan, then, whenever possible, NEP and SST plan inspections should be conducted concurrently. Refer to OSHA Instruction, CPL 02-01-062, *Site-Specific Targeting (SST)* (or current version).

Table 1. Targeted Industries in Healthcare by 2017 NAICS

NAICS Code	Industry
621111	Offices of Physicians (except Mental Health Specialists)
621210	Offices of Dentists
621610	Home Health Care Services
621910	Ambulance Services
622110	General Medical and Surgical Hospitals
622210	Psychiatric and Substance Abuse Hospitals
622310	Specialty (except Psychiatric and Substance Abuse) Hospitals
623110	Nursing Care Facilities (Skilled Nursing Facilities)
623210	Residential Intellectual and Developmental Disability Facilities
623311	Continuing Care Retirement Communities
623312	Assisted Living Facilities for the Elderly

Table 2. Targeted Industries for non-Healthcare by 2017 NAICS

NAICS Code	Industry
311612	Meat Processed from Carcasses
311611	Animal (except Poultry) Slaughtering
311615	Poultry Processing
445110	Supermarkets and Other Grocery (except Convenience) Stores
452112	Discount Department Stores
493110	General Warehousing and Storage
561320	Temporary Help Services*
722511	Full-Service Restaurants
722513	Limited-Service Restaurants
922140	Correctional Institutions

*Note: Establishments within the Temporary Help Services (NAICS 561320) industry should not be automatically included in the targeting list for programmed inspections. Although this industry has been among the top industries with OSHA enforcement activities related to COVID-19, this has primarily occurred where services occurred at host healthcare facilities and other high-hazard workplaces.

APPENDIX B: Secondary Target Industries for the COVID-19 NEP

Appendix B contains a list of NAICS codes for non-healthcare essential workers who are likely to have the highest frequency of close contact exposures to the public or to coworkers resulting from their on-site work-related duties. This list was generated for critical infrastructure industries identified both by the Cybersecurity & Infrastructure Security Agency (CISA) and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). These industries have been deemed essential to operations that maintain critical business operations or would otherwise help to maintain a healthy work environment and are likely to have exposures to COVID-19.[1]

NOTE: Industries in Table 1 below are to be used to supplement selections from Appendix A when generating Master List 1 for COVID-19 NEP targeting.

Table 1. Supplemental Industries for non-Healthcare in Essential Critical Infrastructure

NAICS Code	Industry	CISA v4.0 Sector
11xxxx	Agriculture, Forestry, Fishing and Hunting	Food and Agriculture
236XXX	Construction of Buildings *	Construction
237XXX	Heavy and Civil Engineering Construction*	Construction
238XXX	Specialty Trade Contractors*	Construction
311xxx	Food Manufacturing	Food and Agriculture
3121xx	Beverage Manufacturing	Food and Agriculture
321xxx	Wood Product Manufacturing	Food and Agriculture
322xxx	Paper Manufacturing	Food and Agriculture

NEP STANDARDS OF FOCUS

- 29 CFR Part 1904, Recording and Reporting Occupational Injuries and Illness.
- 29 CFR § 1910.132, General Requirements - Personal Protective Equipment.
- 29 CFR § 1910.134, Respiratory Protection.
- 29 CFR § 1910.141, Sanitation.
- 29 CFR § 1910.145, Specification for Accident Prevention Signs and Tags.
- 29 CFR § 1910.1020, Access to Employee Exposure and Medical Records.
- Section 5(a)(1), General Duty Clause of the OSH Act.
- 29 CFR §1910.1030, Bloodborne Pathogens Standard

Occupational Safety and Health Administration

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OSHA ⌄ | STANDARDS ⌄ | TOPICS ⌄ | HELP AND RESOURCES ⌄

🔍 SEARCH OSHA

COVID-19 / Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

OSHA will update this guidance over time to reflect developments in science, best practices, and standards.

Guidance posted **January 29, 2021**

On this Page

Executive Summary
Purpose
About COVID-19
What Workers Need To Know about COVID-19 Protections in the Workplace
The Roles of Employers and Workers in Responding to COVID-19
Additional Detail on Key Measures for Limiting the Spread

Executive Summary

This guidance is intended to inform employers and workers in most workplace settings outside of healthcare to help them identify risks of being exposed to and/or contracting COVID-19 at work and to help them determine appropriate control measures to implement. Separate guidance is applicable to healthcare (CDC guidance) and emergency response (CDC guidance) settings. OSHA has additional industry-specific guidance. This guidance contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace.

https://www.osha.gov/coronavirus/safework

Identification of a combination of measures that will limit the spread of COVID-19 in the workplace, in line with the principles of the **hierarchy of controls.**

IH HoCs	OSHA

Elimination

Absenteeism/Presenteeism

Substitution

Physical Barriers

- Eliminating the hazard by separating and sending home infected or potentially infected people from the workplace;

- implementing physical distancing in all communal work areas [includes remote work and telework];

- installing barriers where physical distancing cannot be maintained;

Identification of a combination of measures that will limit the spread of COVID-19 in the workplace, in line with the principles of the [hierarchy of controls.](#)

IH HoCs	OSHA

Engineering Controls

> Ventilation, Air Flow

Work Practices

> Hygiene, Cleaning, Disinfection
> Physical Distancing

PPE

> Respirators
> Face Coverings?

- suppressing the spread of the hazard using face coverings;

- improving ventilation;

- using applicable PPE to protect workers from exposure;

- providing the supplies necessary for good hygiene practices; and

- performing routine cleaning and disinfection.
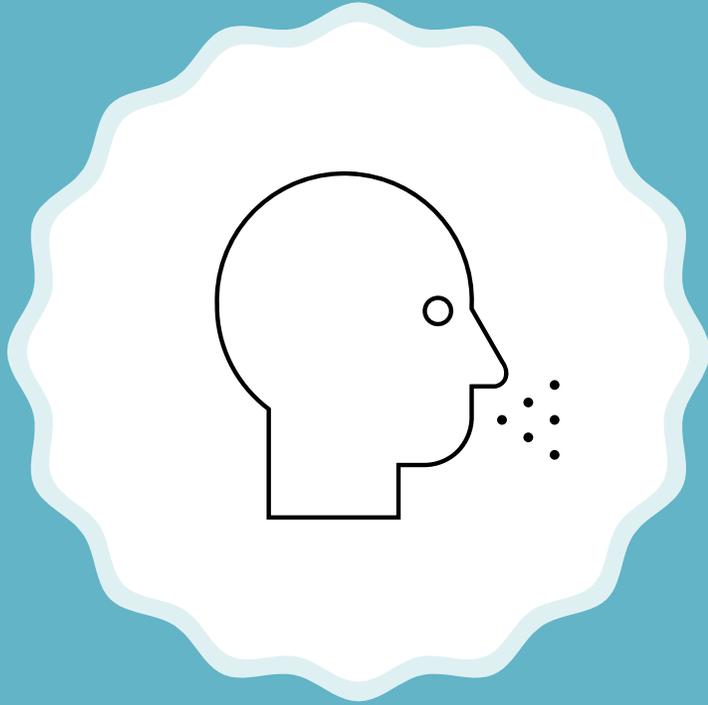
SOURCE
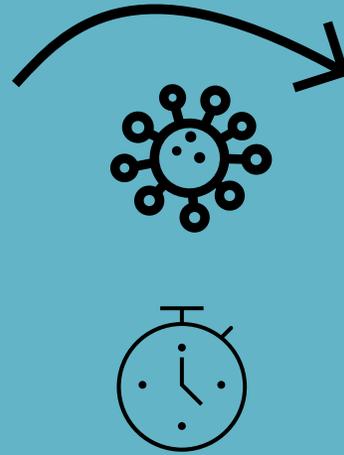
PATHWAY
Distance / Time

RECEIVER

BUILDING AN OCC IP PROGRAM

Addressing the Hierarchy at Each "Intersection"
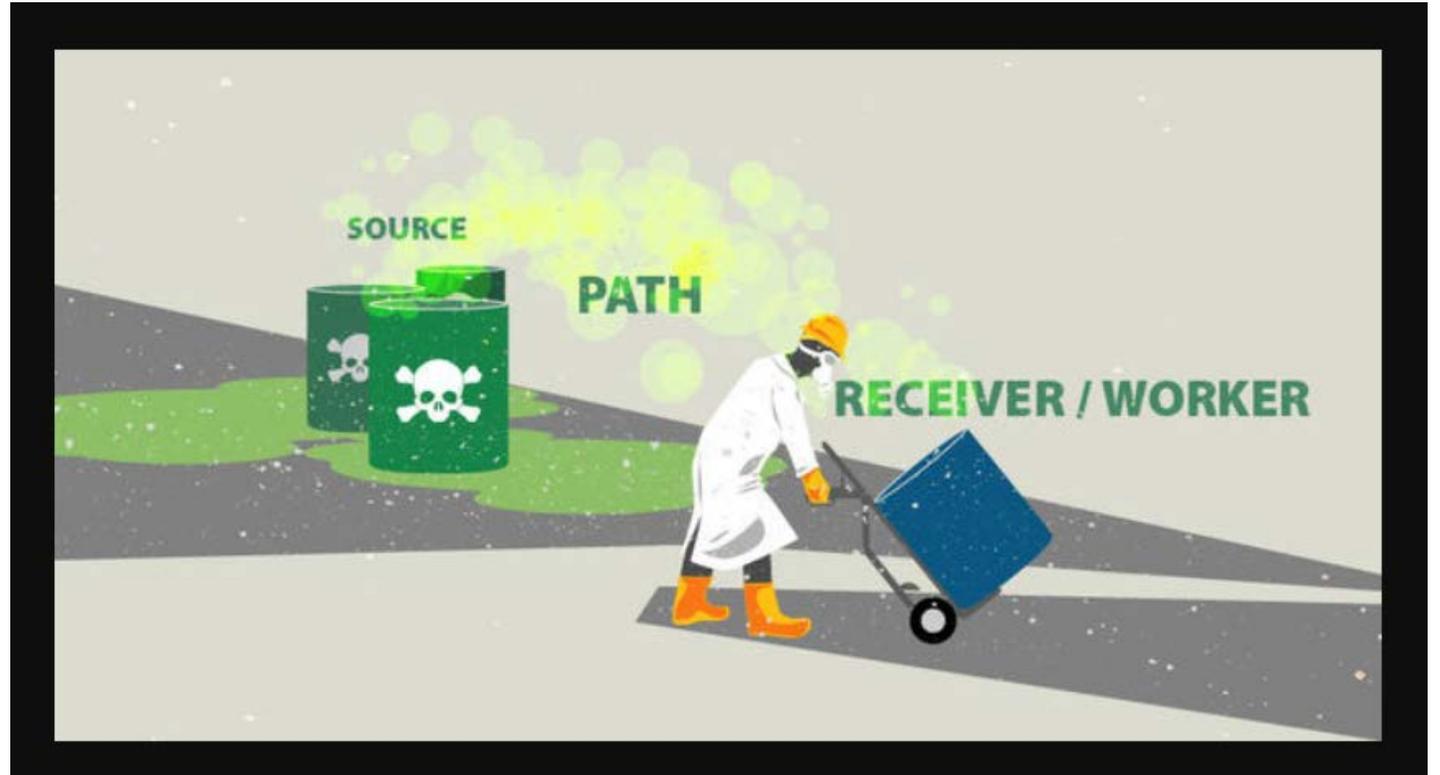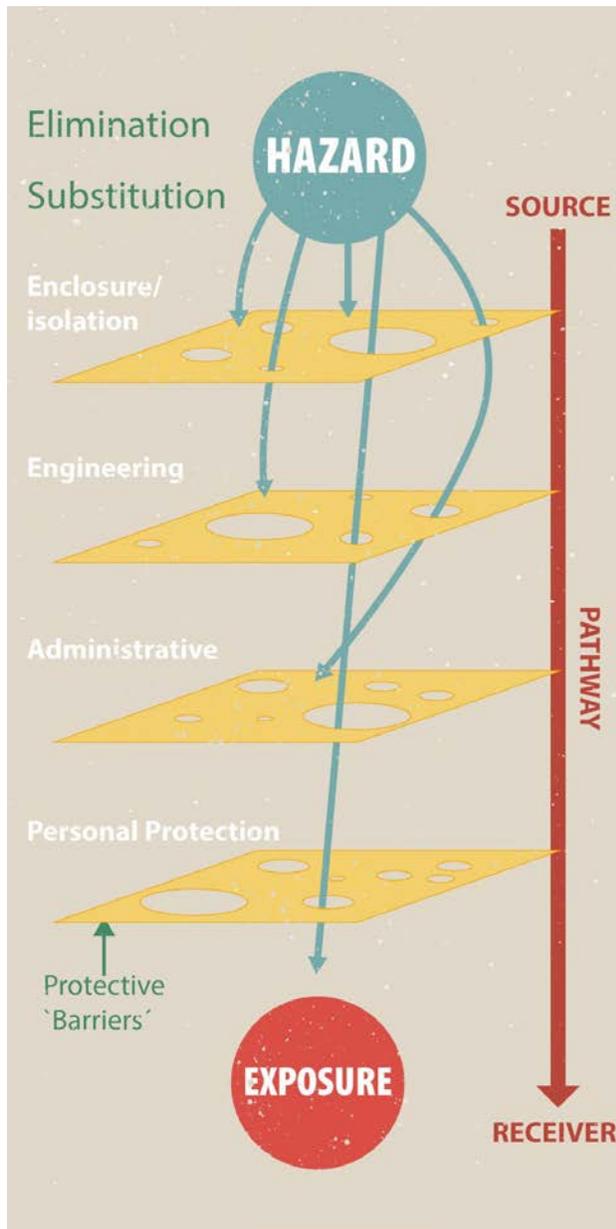
Control measures to reduce exposures could be established at the source, the path and/or at the receiver/worker. ©University of Bergen
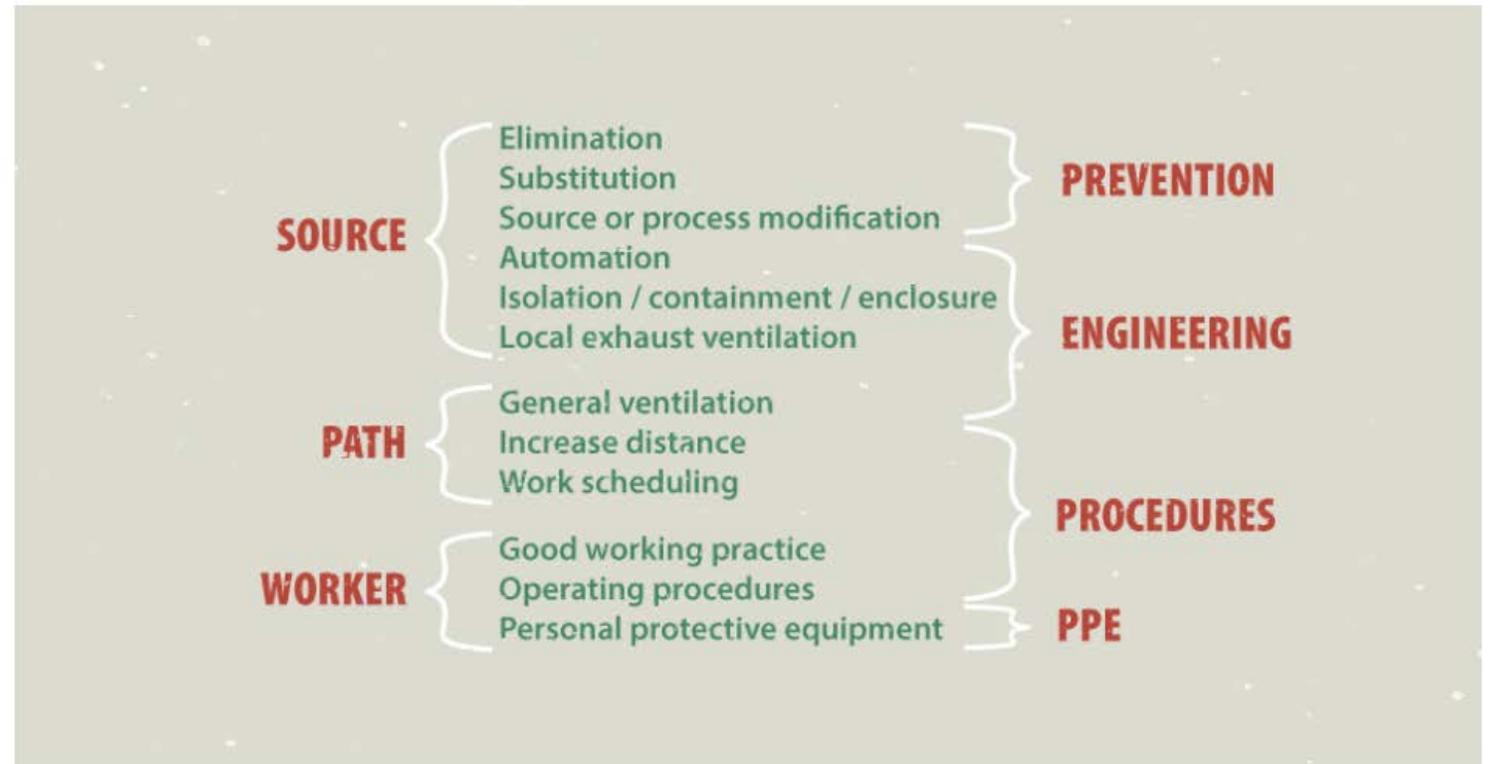
Examples of different ways to group a set of control measures. ©University of Bergen

https://www.futurelearn.com/info/courses/occupational-health-developing-countries/0/steps/13073

Using the Hierarchy of Controls
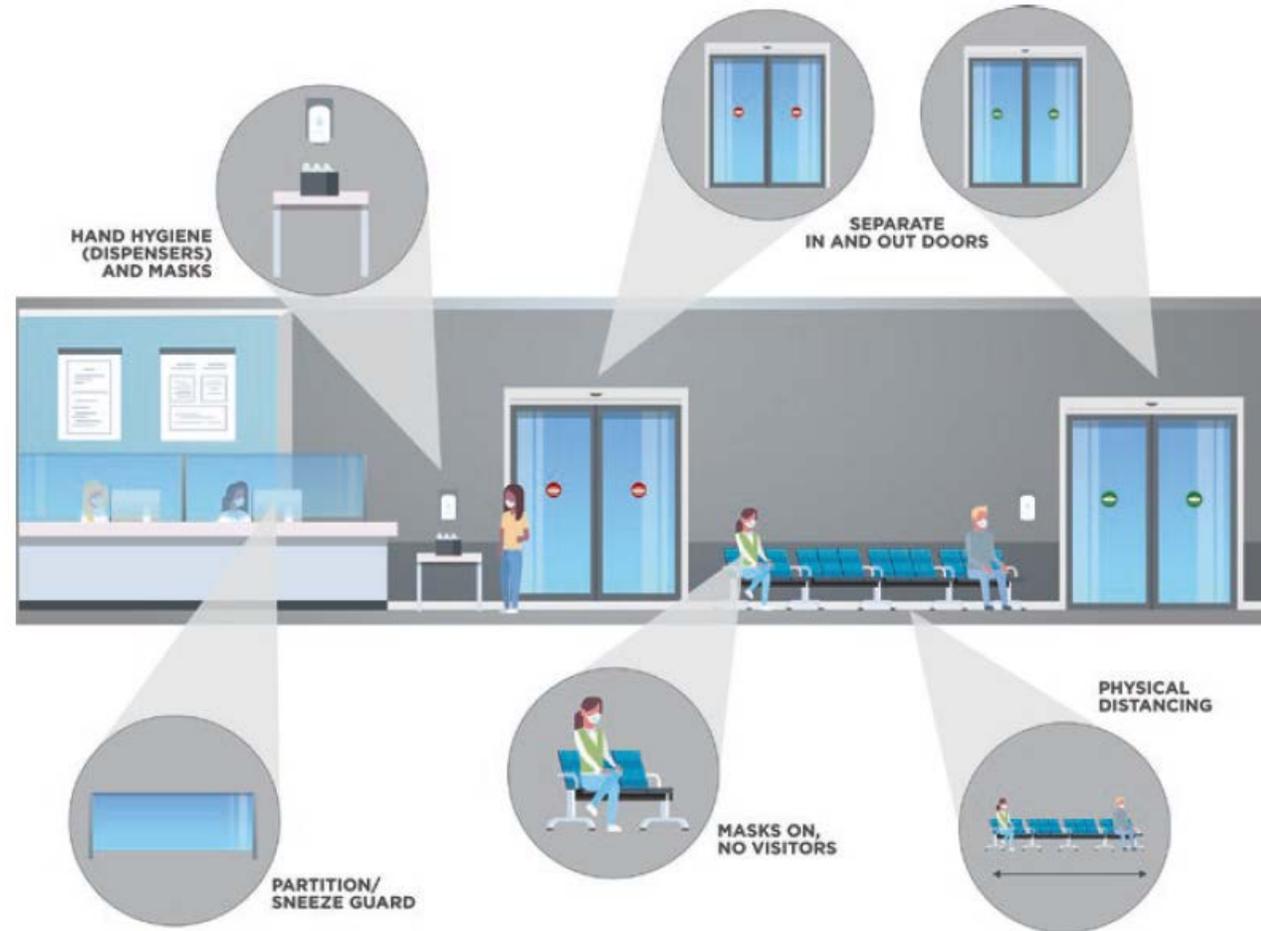
Fig. 11.1 Sample waiting room, triage area. (Source: Chelsey Armstrong (Artist) 2020)

HAND HYGIENE (DISPENSERS) AND MASKS

SEPARATE IN AND OUT DOORS

PHYSICAL DISTANCING

PARTITION/ SNEEZE GUARD

MASKS ON, NO VISITORS

Resources

Workplace Checklist for Prevention of Exposure to SARS-CoV-2 Virus in Non-Healthcare Industries

National Institute of Environmental Health Sciences — *Worker Training Program*

CONTENTS

Introduction

This checklist is a tool to help employers, unions, and workers in non-healthcare facilities assess workplace exposure, and identify prevention and control measures for SARS-CoV-2, the virus that causes COVID-19 disease. Key exposure risk factors include working within 6 feet of people who are known to be or are potentially infected with the virus and working with equipment, materials, and/or surfaces that are potentially contaminated with the virus.

This document may be completed collaboratively by employer and worker representatives or individually by each party. The checklist uses a yes/in progress/no format. If a question is not applicable, users should select the N/A button. The "Note" box should be used to list the checklist item number and provide details for follow-up actions.

After completing the checklist, be sure to:

1. Review each item.
2. Develop an action plan that lists each item, who is responsible, what needs to be done, and by when.
3. Develop a communication plan to inform employees, customers, and the public of actions taken by the organization to protect workers and the public from exposure to the virus.

Employer/Agency Name	
Employer/Agency Location(s)	
Industry Type (e.g., retail, manufacturing, office)	
Name of person(s) completing this checklist	

https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=12001

COVID-19 Exposure Control Plan

		YES	In Progress	NO	N/A
1.	Has the employer deployed a safety and health committee or other forum for frontline workers and other key stakeholders to participate in the development of the COVID-19 exposure control plans?	○	○	○	○
2.	Has the employer developed a written COVID-19 Exposure Control Plan?	○	○	○	○
3.	Has the employer conducted a Job Hazard/Safety Analysis for each position?	○	○	○	○
4.	Has the employer put the most effective method(s) for minimizing exposure to SARS CoV-2 in place?	○	○	○	○
5.	Are employees encouraged to speak up, without fear of retaliation, if they have safety and health concerns or if they observe violations of employer policies and procedures?	○	○	○	○
6.	Is there a formal process for employees to file complaints and offer suggestions?	○	○	○	○
7.	Has the employer provided communications and training on the following:				
a.	Self-reporting expectations?	○	○	○	○
b.	Safety and health protocols and control measures?	○	○	○	○
c.	Information on the virus and how it is transmitted in advance of work?	○	○	○	○
8.	Other?_____				

NOTES

CPWR COVID-19 Exposure Control Planning Tool

HOME   WHY CREATE A PLAN?   HOW IT WORKS   REGISTER/LOGIN

New Plan CLICK HERE TO CHANGE PLAN NAME

STEP 1: JOB SITE // STEP 1: OFFICE/TRAILER // STEP 2: SCREENING EMPLOYEES // STEP 3: TRAINING // STEP 4: COMPLETE YOUR PLAN

Step 1: Identify where your employees could be exposed to COVID-19 and the control measures that will be used to protect them and prevent exposure.

The following is a list of areas on a job site and in an office/trailer where individuals may be exposed to COVID-19 in the air and/or on surfaces. Select all the exposure risks that you expect will be present on your job site. As you select an exposure risk, a list of possible controls to prevent exposure will appear. Please select all the controls that you will use. If an exposure risk or control is not listed, please use the 'Other' option to fill in ones of your own and use the text box to include additional information on the location of the risks and how controls will be implemented. The blue information icon will take you to additional information on the risk or control measure.

JOB SITE EXPOSURE RISKS AND CONTROLS

Airborne Exposures Outdoors - General Work Areas

Airborne Exposures Indoors/Enclosed Areas

COVID-19 Infection Control Plan

Oregon OSHA's temporary rule for COVID-19 (OAR 437-001-0744) requires all employers to develop and implement an infection control plan. This plan builds upon each employer's exposure risk assessment, which the rule also requires, and aims to eliminate or otherwise minimize worker exposure to COVID-19. The specific requirements for this COVID-19 infection control plan are outlined under subsection 437-001-0744(3)(h). This plan does not include the additional elements required for exceptional risk workplaces.

Business/Employer Name   Date: /   /

All job assignments or worker tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19.

List job assignments or tasks here

The procedures we will use to ensure that there is an adequate supply of masks, face coverings, or face shields and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19.

Document the procedures here

https://osha.oregon.gov/covid19/Pages/default.aspx

COVID-19 Training Requirements online course

This multimedia course is designed to **help employers meet 4 of the 10*** employee training requirements found in Oregon OSHA's COVID-19 Temporary Rule.

The course begins with an explanation of the dangers of COVID-19 and why the temporary rule came into existence. This course is divided into 4 modules: Introduction, Signs, Symptoms and Transmission, Control Measures, and Conclusion.

Also available in Spanish

Take the course

This online class works on most modern devices.
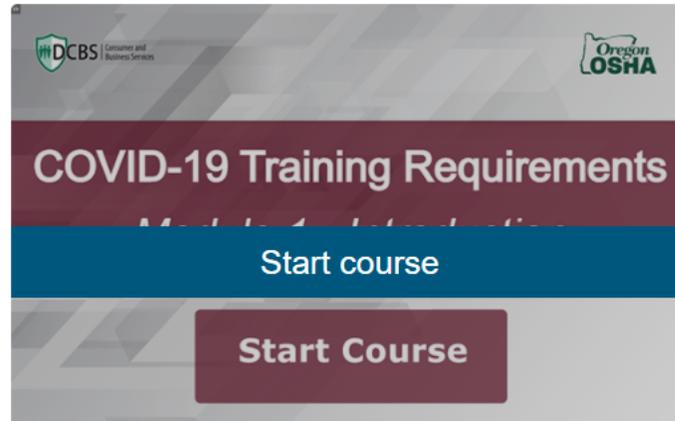
Module content

1. Introduction	+
2. Signs, Symptoms, and Transmission	+
3. Control Measures	+
4. Conclusion	+

*The other 6 of the 10 employee training requirements are workplace-specific topics, and must be developed and provided by the employer. A **training verification form** is not required by the rule, but we are providing one as a courtesy. All 10 of the minimum training requirements are listed in this form. These include:

- These requirements as they apply to the employee's workplace and job function(s):
    1. Physical distancing

https://www.train.org/texas/home

ASHRAE EPIDEMIC TASK FORCE

Core Recommendations for Reducing Airborne Infectious Aerosol Exposure

The following recommendations are the basis for the detailed guidance issued by ASHRAE Epidemic Task Force. They are based on the concept that within limits ventilation, filtration, and air cleaners can be deployed flexibly to achieve exposure reduction goals subject to constraints that may include comfort, energy use, and costs. This is done by setting targets for equivalent clean air supply rate and expressing the performance of filters, air cleaners, and other removal mechanisms in these terms.

1. *Public Health Guidance* - Follow all regulatory and statutory requirements and recommendations for social distancing, wearing of masks and other PPE, administrative measures, circulation of occupants, reduced occupancy, hygiene, and sanitation.

2. *Ventilation, Filtration, Air Cleaning*
   2.1 Provide and maintain at least required minimum outdoor airflow rates for ventilation as specified by applicable codes and standards.
   2.2 Use combinations of filters and air cleaners that achieve MERV 13 or better levels of performance for air recirculated by HVAC systems.
   2.3 Only use air cleaners for which evidence of effectiveness and safety is clear.
   2.4 Select control options, including standalone filters and air cleaners, that provide desired exposure reduction while minimizing associated energy penalties.

3. *Air Distribution* - Where directional airflow is not specifically required, or not recommended as the result of a risk assessment, promote mixing of space air without causing strong air currents that increase direct transmission from person-to-person.

4. *HVAC System Operation*
   4.1 Maintain temperature and humidity design set points.
   4.2 Maintain equivalent clean air supply required for design occupancy whenever anyone is present in the space served by a system.
   4.3 When necessary to flush spaces between occupied periods, operate systems for a time

Guidance for Building Operations During the COVID-19 Pandemic

BY LAWRENCE J. SCHOEN, P.E., FELLOW/LIFE MEMBER ASHRAE

The HVAC systems in most non-medical buildings play only a small role in infectious disease transmission, including COVID-19.[1] Knowledge is emerging about COVID-19, the virus that causes it (SARS-CoV-2), and how the disease spreads. Reasonable, but not certain, inferences about spread can be drawn from the SARS outbreak in 2003 (a virus genetically similar to SARS-CoV-2) and, to a lesser extent, from transmission of other viruses. Preliminary research has been recently released, due to the urgent need for information, but it is likely to take years to reach scientific consensus.

Even in the face of incomplete knowledge, it is critically important for all of us, especially those of us in positions of authority and influence, to exercise our collective responsibility to communicate and reinforce how personal choices about social distancing and hygiene affect the spread of this disease and its impact not just on ourselves, but on our societal systems and economy. The consequences of overwhelming the capacity of our healthcare systems are enormous and potentially tragic. The sooner we "flatten the curve,"[2] the sooner we can return to safer and normal economic and personal lives.

According to the WHO (World Health Organization), "The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected

can transmit to people and also settle on surfaces. The virus can be picked up by hands that touch contaminated surfaces (called fomite transmission) or be re-entrained into the air when disturbed on surfaces.

SARS infected people over long distances in 2003,[4] SARS-CoV-2 has been detected as an aerosol in hospitals,[5] and there is evidence that at least some strains of it remain suspended and infectious for 3 hours,[6] suggesting the possibility of aerosol transmission. However, other mechanisms of virus dissemination are likely to be more significant, namely,

- direct person to person contact
- indirect contact through inanimate objects like doorknobs

Construction work tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very High
▪ Tasks that allow employees to remain at least 6 feet apart and involve little contact with the public, visitors, or customers. Note: For activities in the lower (caution) risk category, OSHA's *Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure* may be most appropriate.	▪ Tasks that require workers to be within 6 feet of one another. ▪ Tasks that require workers to be in close contact (within 6 feet) with customers, visitors, or members of the public.	▪ Entering an indoor work site occupied by people such as other workers, customers, or residents suspected of having or known to have COVID-19, including when an occupant of the site reports signs and symptoms consistent with COVID-19. Note: Employers may consider delaying this work following the guidance below.	▪ Category not applicable for most anticipated work tasks. Note: Most construction work tasks are associated with no more than high exposure risk; see the work tasks associated with lower, medium, or high risk on this chart.

Conducting a job hazard analysis can help you to determine whether work activities require close contact (within 6 feet) between workers and customers, visitors, or other members of the public. When a job hazard analysis identifies activities with higher exposure risks, and those activities are not essential, consider delaying them until they can be performed safely (e.g., when appropriate infection prevention measures, as discussed on this page, can be implemented or once community transmission subsides).

Engineering Controls

In the indoor construction environment, **when work is determined to be essential or emergency work, and a person (e.g., coworker, visitor, resident, subcontractor) suspected of having or known to have COVID-19 is present at the worksite in close proximity to where workers would be working**:

Use closed doors and walls, whenever feasible, as physical barriers to separate workers from any individuals experiencing signs and/or symptoms consistent with COVID-19.

▪ Consider erecting plastic sheeting barriers when workers need to occupy specific areas of an indoor work site where they are in close contact (less than 6 feet) with someone suspected of having or known to have COVID-19.

https://www.osha.gov/coronavirus/control-prevention/construction

https://www.cdc.gov/niosh/npptl/images/infographics/TypesRespProtectLG-large.jpg

Recommendations

The FDA recommends that health care personnel and facilities:

- Limit decontamination of disposable respirators. Decontaminated respirators and respirators that have undergone bioburden reduction should be used only when there are insufficient supplies of new FFRs or if you are unable to obtain any new respirators.
- Transition away from a crisis capacity strategy for respirators, such as decontamination of N95 and other FFRs.
- Increase inventory of available NIOSH-approved respirators—including N95s and other FFRs, elastomeric respirators, including new elastomeric respirators without an exhalation valve that can be used in the operating room, and powered air-purifying respirators (PAPRs). Even if you are unable to obtain the respirator model that you would prefer, the FDA recommends that you obtain and use a new respirator before decontaminating or bioburden reducing a preferred disposable respirator.

In addition, as of today, there are over 6,400 total respirator models or configurations on the NIOSH certified equipment list:

- Over 600 FFR models (of which there are over 530 N95 FFR models)

- Over 5,500 elastomeric respirator configurations, including new elastomeric respirators without an exhalation valve

- Over 360 PAPR configurations

+++ Happy Holidays—Our $30 Gift Card just for you, and books ship

» Public Health
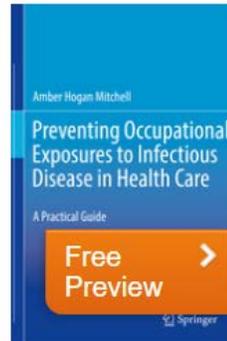
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Preventing Occupational Exposures to Infectious Disease in Health Care

A Practical Guide

Authors: **Mitchell**, Amber Hogan

Is the first-known single-volume practical guide for professionals with responsibility for infection prevention and control and occupational health and safety programs

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