Protecting Workers from the 2019 Novel Coronavirus (2019-nCoV)

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Coronaviruses are a family of viruses that can cause illness in people. Coronaviruses circulate among animals, including camels, cattle, cats.

The 2019 novel coronavirus (2019-nCoV), the seventh known human coronavirus, is thought to have jumped species from animals to begin infecting humans.
How is 2019-nCoV different from other known coronaviruses?

- Several coronaviruses cause common colds, but are not significant threats for most healthy people.
- Other coronaviruses have caused past outbreaks, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)—each caused by a different coronavirus.
- 2019-nCoV is a distinct coronavirus.

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The 2019-nCoV typically causes mild respiratory illness, but can cause severe disease, including pneumonia-like illness (Novel Coronavirus-Infected Pneumonia or NCIP).

- Typical symptoms include fever, cough, and shortness of breath.
- Symptoms begin 2-14 days after exposure.
Current outbreak

- Thousands of cases worldwide.
  - Most in China, but many in a growing list of other countries—including the United States.
- Some countries have reported infections among healthcare workers caring for sick patients.
- The virus can spread among close contacts.

Countries with 2019-nCoV cases

- **Note to Presenters:**
  Obtain and insert the latest map from here: [https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html#map](https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html#map)
States with 2019-nCoV cases

- **Note to Presenters:**
  Obtain and insert the latest map from here:
If you have been exposed/infected

- Prior to seeking treatment, alert your healthcare provider or occupational health clinic if you think you may have 2019-nCoV.

- Tell your healthcare provider if you have been exposed to someone with the virus and have signs/symptoms of infection, as well as about any recent travel to areas where 2019-nCoV is spreading.

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Diagnosis and treatment

- Your healthcare provider can determine if you should be tested for 2019-nCoV.
- There is no vaccine or specific treatment for 2019-nCoV.
- Some patients, especially those who become very ill, may require supportive care in a hospital.

Photo: CDC / Scott Housley

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OSHA is closely coordinating with CDC, including NIOSH, and other agencies to monitor the ongoing outbreak.

**Most U.S. workers are at low risk of exposure**, similar to other members of the general American public.

OSHA does not recommend any special precautions, beyond general hygiene practices, for most workers.
Workers in some sectors may have increased risk of occupational exposure to 2019-nCoV, including in:

- Healthcare, including in fixed facilities and EMS
- Mortuary services and other deathcare
- Laboratories
- Airline operations
- Border protection and passenger screening
- Solid waste and wastewater management
- International business travel

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Exposure Risk – Very High

- Health care workers (e.g. Doctors, nurses, dentists, paramedics, EMTs) performing aerosol-generating procedures (e.g. intubation, cough induction procedures, bronchoscopies, some dental procedures and exams or invasive specimen collection) on known or suspected COVID-19 patients.

- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients.

- Morgue workers performing autopsies on the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.
Exposure Risk – High

- Health care delivery and support staff (e.g. doctors, nurses, and other hospital staff who must enter patients rooms) exposed to known or suspected COVID-19 patients. (While NO Aerosol generating procedures are being performed)
- Medical transport workers (e.g ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.
Exposure Risk – Medium

- Jobs that require frequent and/or close contact with (i.e. within 6 feet) of people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients
- In areas without ongoing community transmission, workers in this group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission.
- In areas with ongoing community transmission, workers in this category may have contact with the general public (e.g. in schools, high population-density work environments, and some high-volume retail settings).
Exposure Risk – Low (Caution)

- Jobs that do not require contact with people known to be, or suspected of being infected with SARS-CoV-2 nor frequent close contact with (within 6 feet) of the general public.
- Workers in this category have minimal occupational contact with the public and other coworkers.
Existing OSHA standards protect workers from exposure

- Follow existing OSHA standards to help protect workers from exposure to and infection with 2019-nCoV.

- Employers should also remember that OSHA can use the General Duty Clause, Section 5(a)(1), of the Occupational Safety and Health Act to ensure that workers are protected from recognized safety and health hazards that may cause serious harm.

Relevant OSHA requirements

- Personal Protective Equipment (29 CFR 1910 subpart I), including:
  - PPE General Requirements (1910.132)
  - Eye and Face Protection (1910.133)
  - Respiratory Protection (1910.134)
- Bloodborne Pathogens (29 CFR 1910.1030)
- Recordkeeping (29 CFR part 1904)
OSHA Enforcement

OSHA:

- Typically responds to emergencies, including disease outbreaks, in a technical assistance posture.
- Provides compliance assistance to employers to help ensure workers are protected.
- Provides technical assistance and support to other federal agencies, as well as state/local partners.

OSHA enforcement authority

- During emergency response operations, even when OSHA is operating in a technical assistance and support mode, OSHA standards remain in effect and OSHA retains its ability to enforce the OSHA standards under the OSH Act.
- Enforcement of OSHA standards follows the jurisdiction in place before the emergency, such as in states operating OSHA-approved occupational safety and health programs called State Plans.

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Temporary Enforcement Guidance For Respiratory Fit Testing

- This guidance will be in effect from March 14, 2020 until further notice.
- Make a good faith effort to comply with the respiratory protection standard.
- Use only NIOSH-certified respirators.
- Implement strategies recommended by OSHA and Centers for Disease Control and Prevention optimizing and prioritizing N95 respirators.
- Perform initial fit tests for each healthcare employees with the same model, style, and size respirator that the employee will be required to wear for protection from coronavirus.

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Temporary Enforcement Guidance For Respiratory Fit Testing

- Recommends health care workers change from quantitative fit testing to qualitative fit testing.
- Tell employees that the employer is temporarily suspending annual fit testing requirements.
- Explain the importance of conducting a fit check after donning the respirator.
- Conduct a fit test if the employee has visual changes in physical conditions which could affect respirator fit
- Remind employees to notify management if the integrity or fit of their N95 respirator is compromised.

www.osha.gov/coronavirus
OSHA guidance

- OSHA has developed a website with information for workers and employers on how to stay healthy during the outbreak.

- Website includes information on implementing the hierarchy of controls when workers have specific exposure risks.

www.osha.gov/coronavirus
OSHA guidance helps employers comply with OSHA standards, and generally aligns with CDC recommendations for infection prevention.

Guidance is based on anticipated hazards and risks, and incorporates **standard precautions, contact and airborne precautions, and use of face/eye protection.**

Guidance should be adapted based on employer’s hazard assessment and workers’ tasks.

[www.osha.gov/coronavirus](http://www.osha.gov/coronavirus)
For all workers, regardless of specific exposure risks:

- Practice good and frequent hand hygiene.
- Follow good cough/sneeze etiquette.
- Avoid touching the eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

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OSHA guidance

- Train all workers about their risk of occupational exposure to 2019-nCoV, as well as on what to do if they have traveled to high-risk areas or been exposed to possible cases.
- For workers at particular risk of exposure (e.g., in healthcare, others), discuss:
  - Sources of exposure to the virus and hazards associated with that exposure.
  - Appropriate ways to prevent or reduce the likelihood of exposure, including use of engineering and administrative controls, safe work practices, and PPE.
- Some OSHA standards (e.g., BBP, PPE) require worker training.

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For U.S. workers and employers of workers with potential occupational exposures to 2019-nCoV:

- Identify and isolate suspected cases.
- Implement other precautions appropriate for the worksite and job tasks, and according to the hierarchy of controls.

[OSHA guidance]

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What should standard, contact, and airborne precautions consist of in workplaces where workers may be exposed to 2019-nCoV? OSHA guidance breaks this down by worker type.

- Engineering controls, such as isolation rooms and other physical barriers, can limit most workers’ exposures.
- Administrative controls and safe work practices include measures such as limiting access to patient care areas, effective sharps management, and worker training.
- PPE may include gloves, gowns, goggles or face shields, and N95 or better respirators.

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Questions?

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