

Houston Area Safety Council Webinar - COVID-19: Industry Impact and Moving Forward Q&A
 April 28, 2020

QUESTION	ANSWER
Would it have to be proven that it was contracted at work for it to be a recordable illness	There would need to be a reasonable presumption of work relatedness.*
If there is an exposure with person who was using percautions who would need to quarantine?	Any in direct and close contact with that person
Do you have any recommendation on temperature scanning for employees before they come to work each day? Temporal scanning vs. oral (and then body temp fever conversion)? Covers vs. wiping in disinfectant? Any good brands/models to suggest?	Scanning employees is a reasonable way to screen for fever, understanding some infected people will have a fever at all. Oral is the best way, as scanning can be unreliable. Covers would be ideal, but they are in limited quantity right now. Best to disinfect as well periodically if using covers. Welsch Allyn is a commonly used brand
Would this fire retardant bandana be applicable? https://www.bulwark.com/midweight-excel-fr-comfortouch-bandana-and-head-tie/HLB6.html	It looks like is rated as FR, but I'd confirm with your organization with regard to the specific rating requirements -- my hunch is it's ok but I would confirm
How can you determine if a person has been within 6 feet of a positive worker if you can't reveal who they are? from an investigation standpoint	You rely on the person that is infected to tell you who they had contact with
Is there any information to support using a HEPA filter in HVAC systems are better than replacing larger micron filters more often? I understand if you use a HEPA filter the negative pressure on HVAC systems can go up but what are your thoughts on the above question.	The droplets of this virus are too large to make their way up to an air duct, so a HEPA filter in an HVAC system most likely would not help.
Is there any utility for PCR for screening of asymptomatic employees?	Ideally, we would start screening everyone who wanted a test including asymptomatics
I may have missed this... I have heard that this may escalate again in the fall. Do you have any thoughts? Thanks	It is anticipated to have a resurgence in the fall/flu season. We should be much more prepared a second time around
What about spraying cloth mask with alcohol ...not to substitute a good wash but perhaps during the day?	Spraying with an EPA registered disinfectant (think products like Lysol - although not an endorsement) likely works - I haven't seen any published literature on this particular procedure but I would think it would be effective -- spray inside and out
Is nasal washing recommended or not recommended?	Nasal washing is often used by persons who have a chronic history of nasal/sinus congestion or hay fever. Sometimes when they have an acute sinus infection. It can be helpful as an adjunct to treatment of any sinus condition where there is obstruction of the nasal passages.
Does having employees self monitor daily temp and complete a daily questionnaire meet the intent of the Open Texas provisions for workplace screening?	Yes it should. There are specific requirements/recommendations in the full Open Texas report issued by the Governor, specific to several non-essential businesses.

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What is the difference in an N95 mask and an NX95 mask?	I believe that the "NX" designation to be something assigned by an individual company - the N95 designation (as approved by NIOSH) means its non-oil resistant and captures 95% of the airborne material at 0.3 microns - so I'm not sure what the "X" means, but I would focus on if the product is NIOSH approved
How should we handle personnel with respiratory issues who may struggle with wearing a cloth face covering?	It's unusual for a person to not be able to wear a loose fitting cloth face covering. But some people with respiratory problems may complain about it interfering with their breathing (which is different from discomfort.....many people will complain about that. You can try different types of cloth face coverings, including a simple bandanna, and see how they adjust to them.
If for every disease there is always immunity developed what makes one think that it would be different with covid-19?	It appears that many will develop antibodies, but some will/have not. We still do not know if these antibodies will uphold temporary or long term immunity.
How do you think this virus will impact overall health in the workplace - maybe smoke free, tobacco free, required physical activity....	Unclear at this time. This infection is short-lived, most people have mild to moderate symptoms and recover completely, so they should get back to being the way they were before (including physical activity levels). As for the impact on workplace no smoking policies, I don't see why these should be affected at all. But maybe I'm not interpreting your question correctly.
If a US citizen travels internationally for work and contracts COVID-19 while overseas. upon their return they require hospitalization. Is this incident considered OSHA Recordable?	<p>No. FAQ ID: 578 Q: A company has been notified that an employee may have been exposed to TB while overseas while working. Is this a recordable case?</p> <p>A: No. Employers are only required to record injuries and illnesses if they occur within the geographic coverage of the OSH Act. The Occupational Safety and Health Act, and therefore the OSHA Recordkeeping Regulation, apply only within the jurisdictional boundaries of the United States as defined in Section 4(a) of the Act. If the exposure had occurred in the United States, the case would be recordable if that employee subsequently developed a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional.</p> <p>Source: OSHA e-correspondence Selected OSHA Recordkeeping Q & A FAQ ID: 692</p> <p>Q: If an employee works for a U.S. based company but travels to the Bahamas to do work on behalf of their employer and is injured, is that injury recordable?</p> <p>A: Since the injury occurred outside the jurisdictional boundaries of the United States, this is not a recordable injury. The Occupational Safety and Health Act, and therefore the 29 CFR Part 1904 OSHA Recordkeeping Regulation, apply only within the jurisdictional boundaries of the United States and certain locations listed in Section 4(a), 29 USC §653(a) of the Act.</p> <p>Source: OSHA e-correspondence *</p>
What about Field Inspectors, what is their best choice for face mask? The inspectors that work around chemicals that would spark?	I'm learning a lot in the past 24 hours about FPC face coverings :) I suppose I would ask "in a non-covid environment what would they wear?" If nothing then an FPC face covering should suffice

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If someone is positive but asymptomatic, and is sent home for a 14 day quarantine, would that be considered an OSHA LTW case eventhough they did not require any treatment?	Not unless they eventually exhibited signs making theirs recordable. Please be aware that anyone that was in contact with them who subsequesntly comes down with it may then be considered recordable.*
Wearing FRC masks would not be required in a new construction project at gas plants. However, wearing half masks with P100 filters is normal PPE in a flammable enviroment. Will this be the minimum requirement?	P100 should be effective given what we know so far
With the exhalation valve allowing droplets to be released, but not to potentially inhale the virus, which is the better option for employees working in close situations, N95 or cloth masks?	I'd suggest cloth mask, but if able to eventually get N95s get the one's without the exhalation valve until we learn more about the science of how this is spread
Sorry for joining late, so this question may already have been answered. What ADA considerations are there relative to RTW testing?	Some workers may request an ADA accommodation related to the virus, and they should be handled using the same process an employer uses for any ADA requests. Some conditions to look out for are chronic illnesses that are associated with being immunocompromised (lower defenses), like certain cancers, autoimmune conditions, HIV or other immune deficiency conditions. Also treatment for long periods with cancer chemotherapy, oral steroids and the like, which can also depress the immune system.
If the N95 are used as face covers for covid-19, do they have to go through initial fit test?	NO, OSHA has reccomended suspending the fit testing of N05 masks at this time
how often should the surgical mask should be changed out?	At a minimum, surgical masks should be disposed of at the end of a work day. Sooner than that if they become wet or visibly dirty.
Dr. George, what is your opinion on aerosol transmission?	It can occur with the novel coronavirus, although the main means of transmission is still by droplets. Certain situations, though, can increase the likelihood of aerosol transmission. Most of these will be encountered in healthcare settings and are known as "aerosol-generating procedures." Examples include intubation, extubation, administration of nebulized medications and use of BiPAP ventilation.
Dr. George, I know FDA said food is not a way for transmission, but don't touch you mouth by dirty hands. Would it be a concern if you eat food that has been handled by COVID19 positive personnel?	Transmission of the virus by contaminated surfaces (including countertops, dirty gloves, dirty hands, etc. Sharing food with a COVID-19 positive person is not a good idea, as a general principle.
How reliable are contactless thermometers?	hit or miss. They are the least reliable way to check a body temperature
Has OSHA given more information when it comes to determine workplace recordability? "Got COVID19 at work"	Nothing other than what is on the website.*
How do you determine the measurements of a good sneeze barrier?	good question - from what I've seen in practice, it looks like a clear plexiglass or other material that is perhaps 25% wider than the person behind it

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Has the degradation of the N95 respirator material and elastic been studied?	Our colleagues at U Nebraska are closely following this - I think they are limiting their reprocessing to 5 times, so I think the elastic would still perform thru those cycles - but I can't point to a paper on this (yet)
Can you use a "wet nap" as substitute if no water or hand sanitizer?	Better than nothing, but I'd stick with handwashing with soap and water, and then secondarily hand sanitizer
What does the UV light do to the elastic?	Good question - so far Nebraska has not reported any degradation - I think their re-use is limited to 5 times but I need to check
Is an employer, after determining an employee did not get sick with COVID-19 in the workplace, still required to call OSHA and receive their OK to have this case as a not recordable injury?	If the company makes a determination that it is not work related then no. Please keep in mind two things. Better safe than sorry unless it's clear cut AND if it is a fatality I would recommend reporting to cover yourself.*
Can an employee refuse to be temperature screened upon entering a worksite?	I'm not a lawyer, but my understanding is that an employer can require a temperature screen. If an employee refuses, the employer can not allow them on the premises, if she/he feels it is in the best interest of safety. There is a duty for the employer to assure a safe workplace under OSHA.
Plus, how would I be expected to test hundreds or even thousands of employees every single day? For what?	No one has advised or mandated testing all employees. This would be totally up to you, the employer, to decide what you wanted to do.
Concerning testing, based on what I am hearing, it appears to me that the usefulness of them is very questionable. That seems to me to be a dangerous decision making strategy keeping people out of the work. Why are we testing and not just following the hierarchy. Seems like a big gamble to base so much on testing.	We have to be careful not to use "testing" as a general term for all types of COVID-19 related testing. Testing directly for the virus (also known as the PCR test, obtained by a nasopharyngeal swab) is very useful in diagnosing acute COVID-19 infection. It also has a role, in HEALTHCARE settings, for determining the readiness of an infected worker to return to work (for example, some hospitals are requiring two negative PCR tests before allowing a worker to return). The other general category of tests related to COVID-19 are "antibody tests", usually obtained with a blood sample. These antibody tests do not measure the virus directly, but instead measure the body's response to that virus (i.e., we develop antibodies). The role of antibody testing in RETURN TO WORK is unclear at this time and I would NOT advise it until we have a better idea on how to interpret results and then how to use them in determining return to work. The issue will become clearer, however, in the coming weeks as we review more and more data on antibody testing. One of the most important issues to resolve is whether elevated levels of antibodies mean a person has become "immune" to the virus, at least for a period of time. We shall see. And I completely agree that testing is NO SUBSTITUTE for implementing the hierarchy of controls in your workplace!!

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<p>Is there any kind of protocol for testing a workarea for reentry after a known covid case has been identified in a work area or hotel or other type area?</p>	<p>Yes, there are and I expect these guidelines to become clearer and possibly more industry or business-specific in coming weeks. The most important thing to do, when a confirmed case of COVID occurs in the workplace, is to get the worker out of the workplace and then get medical advice on how to handle the case medically. Most cases can be treated at home, but it's important to know when a higher level of medical care, such as hospitalization, may be indicated, and this should be determined by a medical provider. It is also likely that, for a confirmed case in the workplace, the employer will be contacted by the local health department to start what is called a contact tracing....this is where they try to identify other co-workers who may have been in close contact with the case and who may be harboring the virus or an infection.</p>
<p>Can you Autoclave the N95 Mask?</p>	<p>To my knowledge autoclaving, given its intense heat and pressue damages the masks' ability to filter as designed</p>
<p>In an office setting, if you are practicing 6 feet social distancing, is it still advised to wear a cloth mask at your desk if you are in an open setting?</p>	<p>Yes, that would be my advice. Social distancing, though, is more important than covering your face. But both together will increase the level of safety.</p>
<p>We are deconning Shared equipment, Harnesses, hand tools etc. Is this reccommended?</p>	<p>it is a good practice</p>
<p>How do we get that legal brief concerning wear of the mask? Through UT Houston? Thanks</p>	<p>I may have misspoken. It's not a legal briefing. It was more of a Q and A shared in an email. I would suggest the employer consult with their own company lawyer, especially those who handle employment law. There are also some free sources of legal advice on the web, and probably on government websites, that you can try accessing (just make sure they are RELIABLE).</p>
<p>I am still confused about type of mask. Our employees are required to wear FRC and Nomex with Safety glasses. Should the mask be made of FRC material? We are currently using the cloth mask that should be washed daily. Thanks</p>	<p>Apparently so - this was a bit of a new one for me, but there are a variety of FRC face coverings avaiable</p>
<p>When Harris Co lifts face covering requirement, if a non-health care employer continues to require face covering, will this be subject to regulation under PPE OSHA regulations?</p>	<p>That would be an added protection the company has chosen to implement and would be subject possibly under Section 5(a)(1) of the Act as with any increased protection a company decides in its day to day activity.*</p>
<p>If the hazard assessment requires FR clothing, will OSHA consider the face covering to also need to be FRC</p>	<p>That was a very good question yesterday and I have sought further guidance.</p>
<p>If an employees wears a N95, P100 at work in lieu of a cloth face mask, do they need to be informed as per Appendix D 1910.134?</p>	<p>Yes, none of the guidance changes the applicability of App D.*</p>
<p>Is it generally true that speaking without coughing or sneezing can also transmit if <6ft?</p>	<p>The emerging scientific literature suggests that merely talking may transmit the virus - hence why the community face covering order</p>

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<p>Is it conceivable that employers who are non-health care may end up having to do contract tracing if they want to support work relatedness?</p>	<p>Possibly. That would depend so much on the circumstances that I can not be more specific on the answer. *</p>
<p>Are their consultants available to do contract tracing for an employer.</p>	<p>Best to have the local health department initiate contact tracing. They are getting set up to do this on a grand scale (I hope). There are exceptions, though. Mainly in healthcare settings - for example, at UTHealth, we do our own contact tracing for our employees. But their risk of exposure is higher, as frontline healthcare workers, and we have a lot of in-house expertise in infection control and occupational health. Most companies won't have that, and contact tracing can be a very labor-intensive process, so better to leave it to experts, such as the health department. At the very least, you can contact the health department for guidance.</p>
<p>OSHA Statement</p>	<p>* Employers should take steps to stop the spread of coronavirus. Remind workers to wash hands frequently, practice social distancing, and stay home if they are sick. Where appropriate, OSHA will enforce requirements under its standards to protect workers from coronavirus. Those standards may include the personal protective equipment standard and the respiratory protection standard. (Note: Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) found on OSHA.gov.) OSHA will also use its authority, as appropriate, under Section 5(a)(1) of the Occupational Safety and Health Act to protect workers from coronavirus. It is also illegal to retaliate against workers for reporting unsafe and unhealthful working conditions during the coronavirus pandemic. For the most up-to-date information on maintaining a safe and healthy work environment during the pandemic, visit the OSHA website at www.osha.gov, the Centers for Disease Control and Prevention (or CDC) website at www.cdc.gov, and the websites of your local or state government agencies. For information on local stay at home or quarantine orders, contact local authorities. This information has been developed by an OSHA Employee and is intended to assist employers, workers, and others as they strive to improve workplace health and safety. While we attempt to thoroughly address specific topics [or hazards], it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in a presentation of this nature. Thus, this information must be understood as a tool for addressing workplace hazards, rather than an exhaustive statement of an employer's legal obligations, which are defined by statute, regulations, and standards. Likewise, to the extent that this information references practices or procedures that may enhance health or safety, but which are not required by a statute, regulation, or standard, it cannot, and does not, create additional legal obligations. Finally, over time, OSHA may modify rules and interpretations in light of new technology, information, or circumstances; to keep apprised of such developments, or to review information on a wide range of occupational safety and health topics, you can visit OSHA's website at www.osha.gov.</p>