Returning to Work Safely Amid the COVID-19 Pandemic Webinar

Welcome!

Returning to Work Safely Amid the COVID-19 Pandemic Webinar

To ask questions during the webinar, please enter them into the Questions section.

Returning to Work Safely Amid the COVID-19 Pandemic Webinar

The mission of the Houston Area Safety Council is **building safe workplaces** by improving the quality and integrity of the workforce.

The mission of the UT School of Public Health is **changing the culture of health** through excellence in graduate education, research and engagement.

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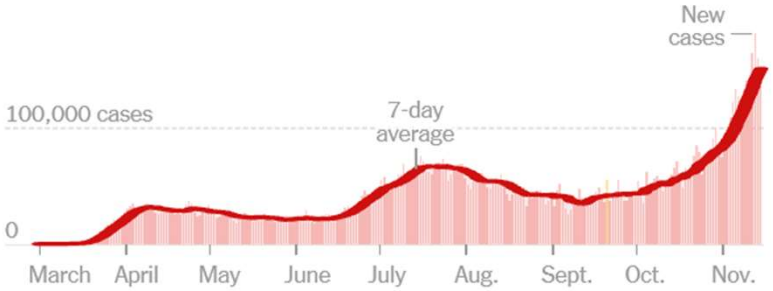
Covid in the U.S.: Latest Map and Case Count

By The New York Times Updated November 16, 2020, 2:45 P.M. E.T.

Leer en español

WORLD COUNTRIES | U.S.A. STATES COLLEGES



	TOTAL REPORTED	ON NOV. 15	14-DAY CHANGE
Cases	11.2 million+	135,187	+81% ↗
Deaths	246,421	623	+39% ↗
Hospitalized		69,993	+44% ↗

Day with data reporting anomaly.

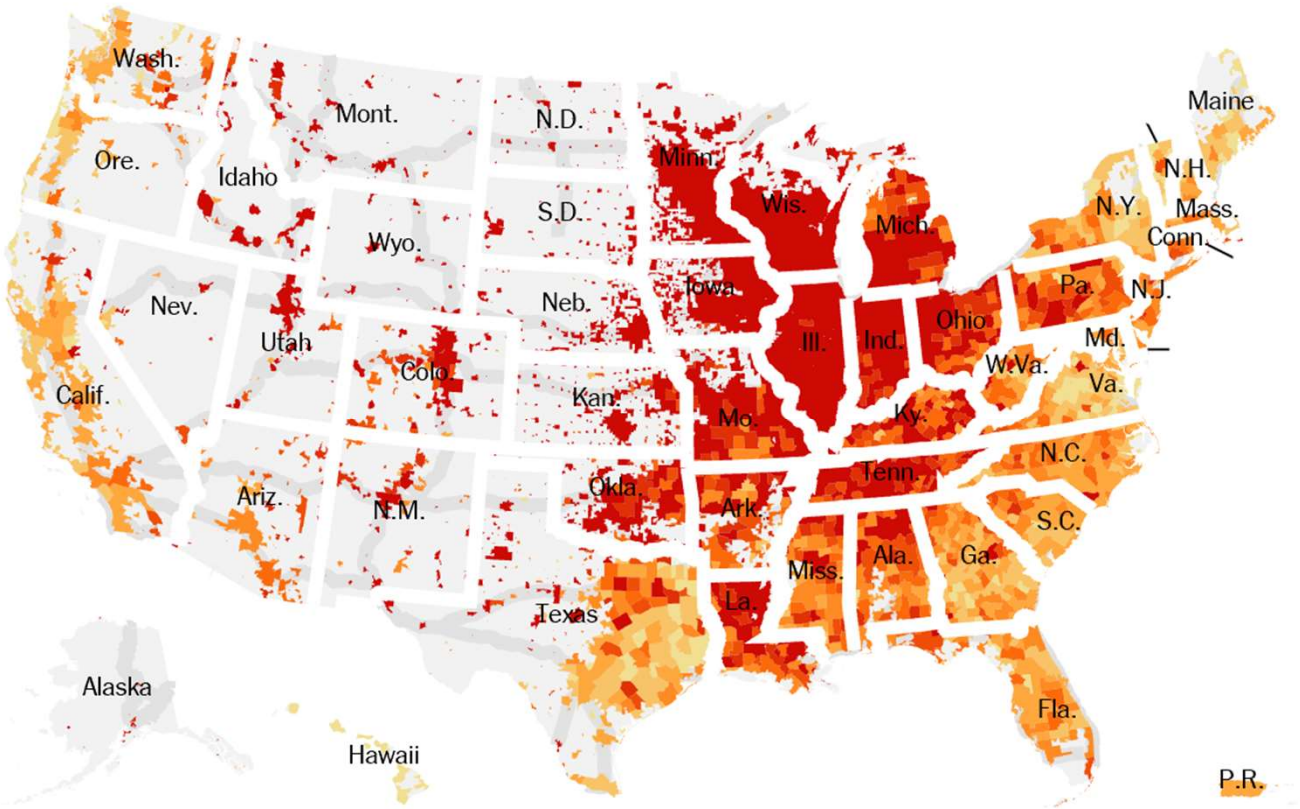
Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

The New York Times

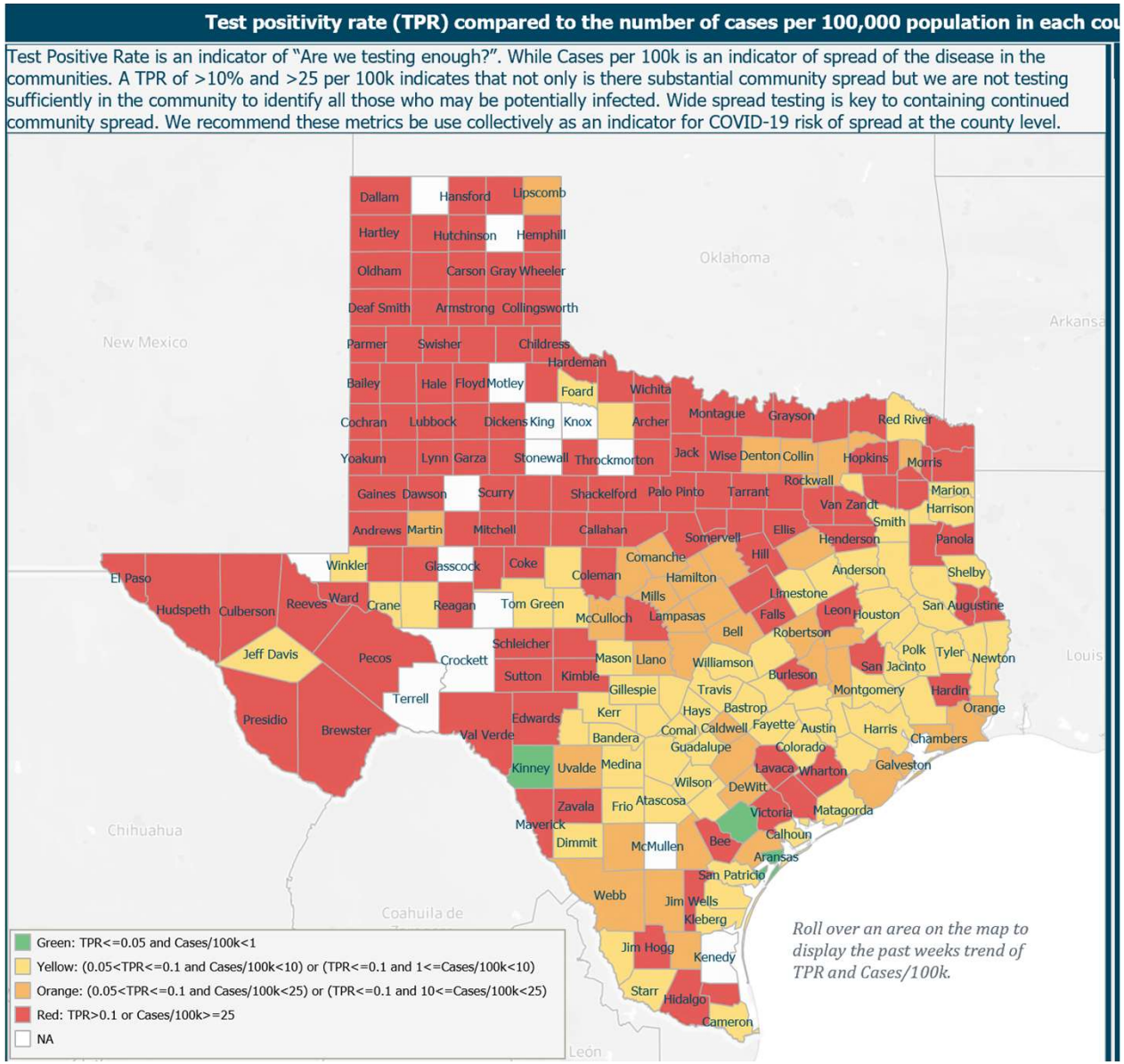
Reported cases in the United States

Average daily cases per 100,000 people in the past week

← Fewer More →



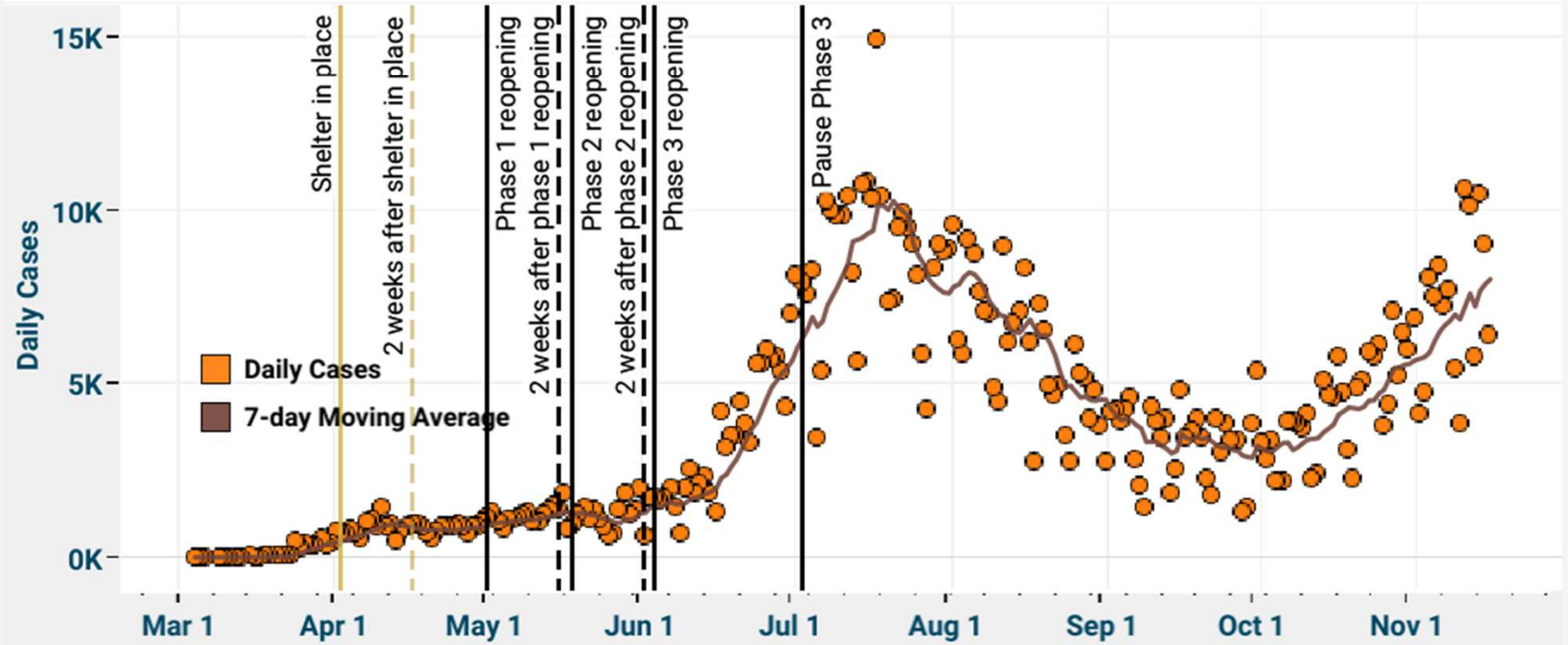
Nov. 16, 2020



Source: www.texaspandemic.org

Daily Cases Trend

This graph shows a daily number of new COVID19 Cases (dots) over time in **Texas**. The graph also shows the moving average in daily number of Cases (line) over time. In the past week, there has been a **5.99% increase** in cumulative Cases. Since Phase I reopening, there has been a **3392.15% increase** in cumulative Cases. Since Phase II reopening, there has been a **1996.24% increase** in cumulative Cases.



View Daily Cases Trend for multiple Counties, TSAs, PHRs or Metro/non >

Source: www.texaspandemic.org

Rt estimate

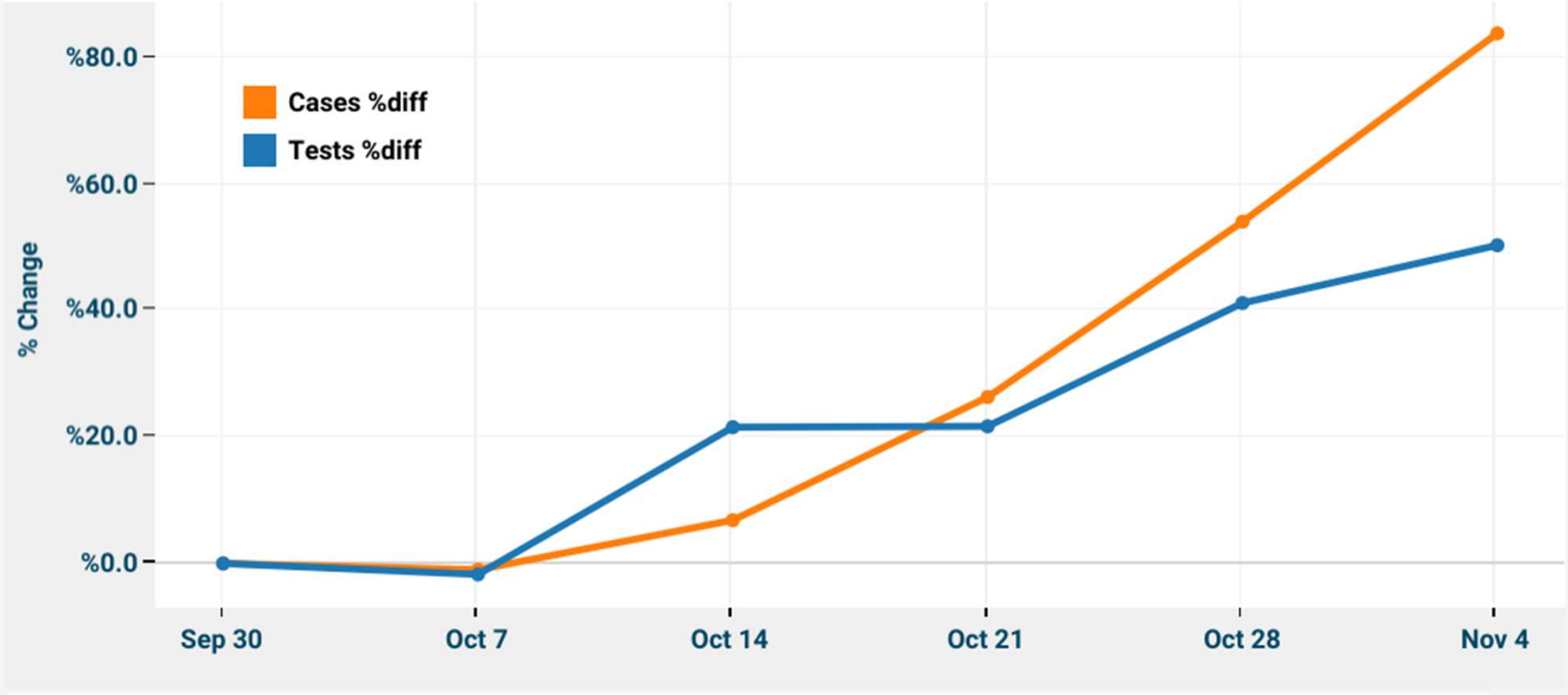
This graph shows the R(t) over time. R(t) is a measure of contagiousness or how many people one COVID19 person infects. If R(t)>1, the epidemic is increasing. If R(t)< 1, the epidemic is declining. There is higher alert if the whole interval is above the horizontal line at 1. For **Texas**, the rate of contagiousness is **1.11**; the epidemic is **increasing**.

View Rt estimate for multiple Counties, TSAs, PHRs or Metro/non >

Source: www.texaspandemic.org

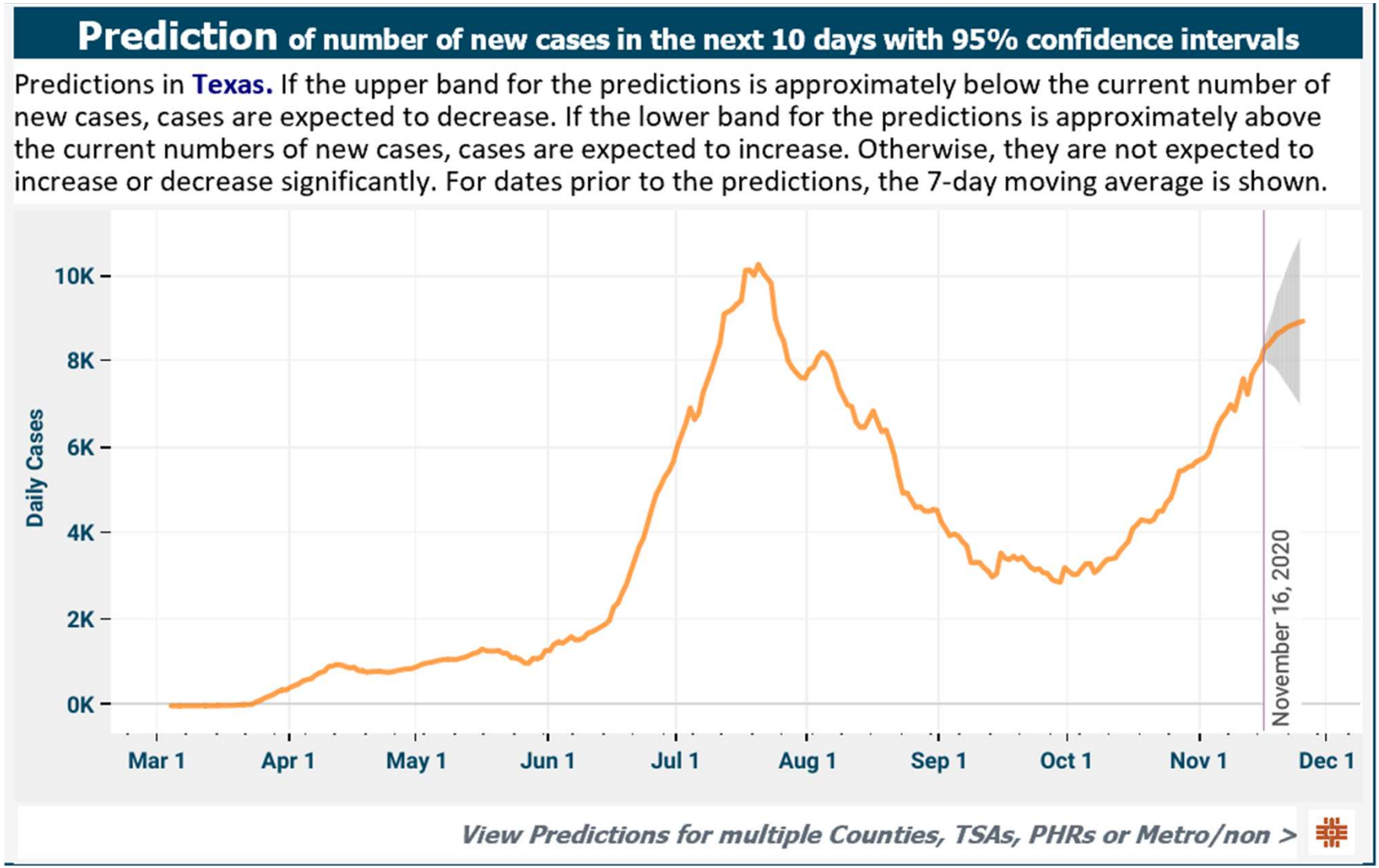
% Change of Weekly Cases and Testing since 9/30

This graph shows a comparison of the percent change in new weekly cases compared to the percent change in new weekly tests in **Texas**. If the two lines are parallel, then the increase in cases could potentially be explained by increased testing. If the cases (line) increase faster than the tests (line), this suggests that the increase in cases cannot be explained by increased testing.



View %Change for multiple Counties, TSAs, PHRs or Metro/non >

Source: www.texaspandemic.org



Source: www.texaspandemic.org

TMC KEY TAKEAWAYS FOR NOVEMBER 16, 2020

1 Effective Reproduction Rate, R(t)

- R(t) for the Greater Houston Area as of 11/14 (9-county MSA) is **1.11**[1]
  - This is above 1.0, which means the virus spread is increasing. Compared to:
  - Last week, R(t) was **1.06** for Greater Houston Area

2 Testing

- The current 7-day average COVID-19 testing positivity rate is **5.2%** for TMC hospital systems. Compared to:
  - Last week[3]: **4.4%**
  - Last month: **3.4%**

3 New cases

- As of 11/13, **1,053 new people[2] were reported as testing positive for COVID-19** in the Greater Houston Area. DSHS also released **137** older cases recently reported as of yesterday. Compared to:
  - Last week: **697** new cases/day
  - Last month: **394** new cases/day

4 Hospitalizations

- Yesterday, TMC **admitted 162 new COVID-19 patients** in TMC hospital institutions[4]. Compared to:
  - Last week: **104** hospitalizations/day
  - Last month: **76** hospitalizations/day

5 ICU capacity

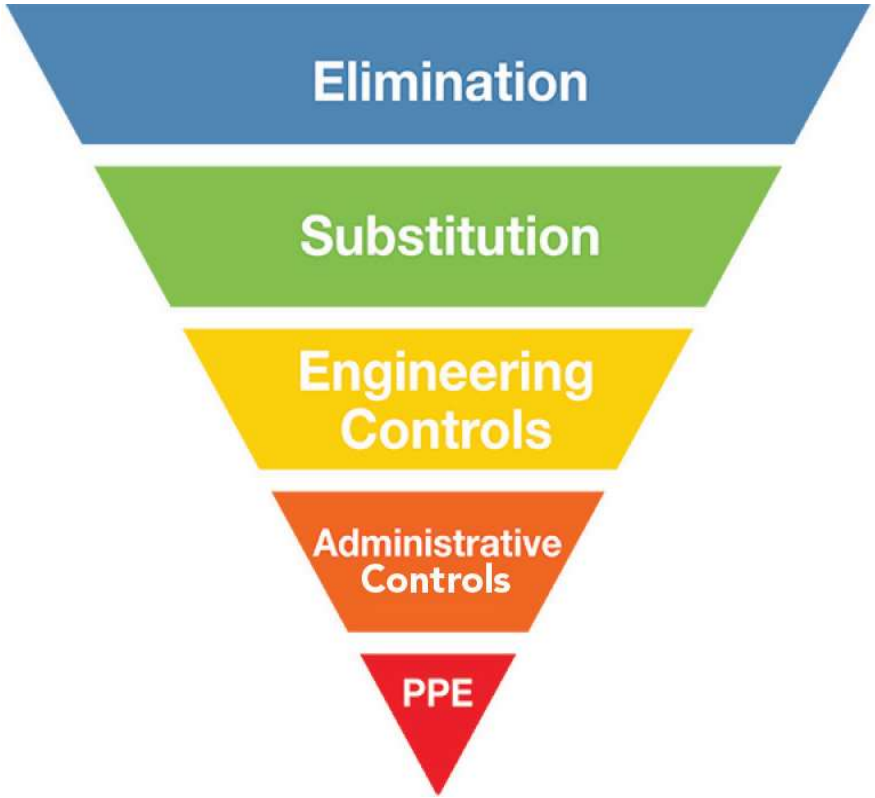
- Yesterday, TMC's ICU Phase 1 (non-pandemic configurations) is **95% full**, and TMC is not into Phase 2 plans for intensive care.

1. https://sph.uth.edu/dept/bads/covid19-dashboard

Most Effective Controls

Less Effective Controls

Apply the most effective method first (Hierarchy of Controls)



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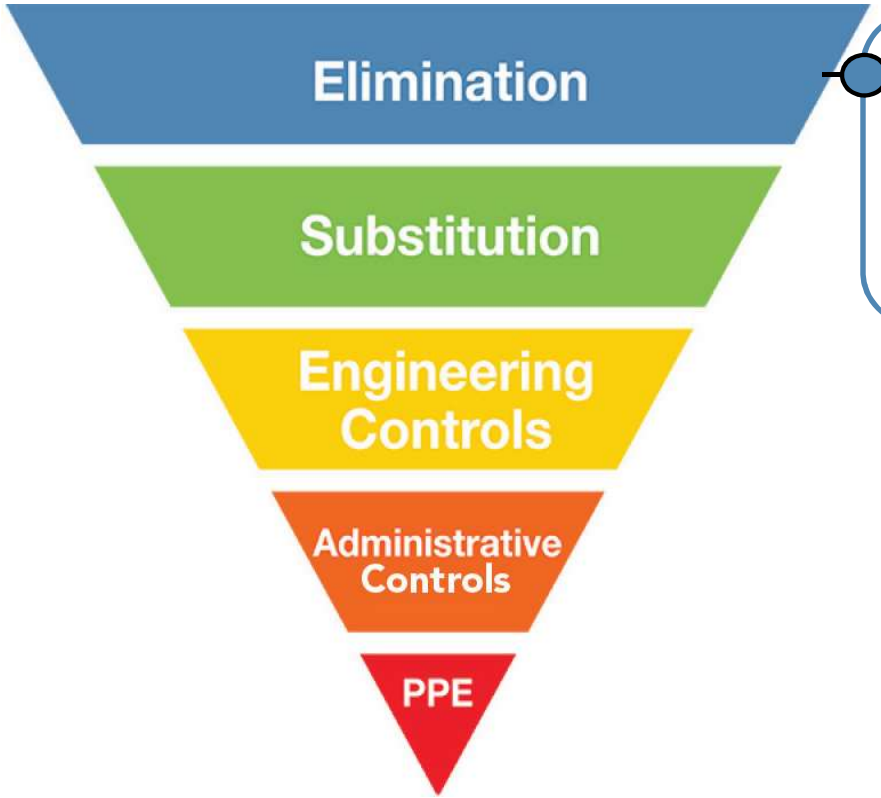


Physically remove the hazard (primary prevention techniques) by preventing the virus from entering the workplace:

- Employ self screening requirements that include staying home when sick
- Limit # of people entering workspaces: encourage telecommuting and prohibit (or reduce) visitor entry
- Require hand washing upon entry and frequently throughout the day

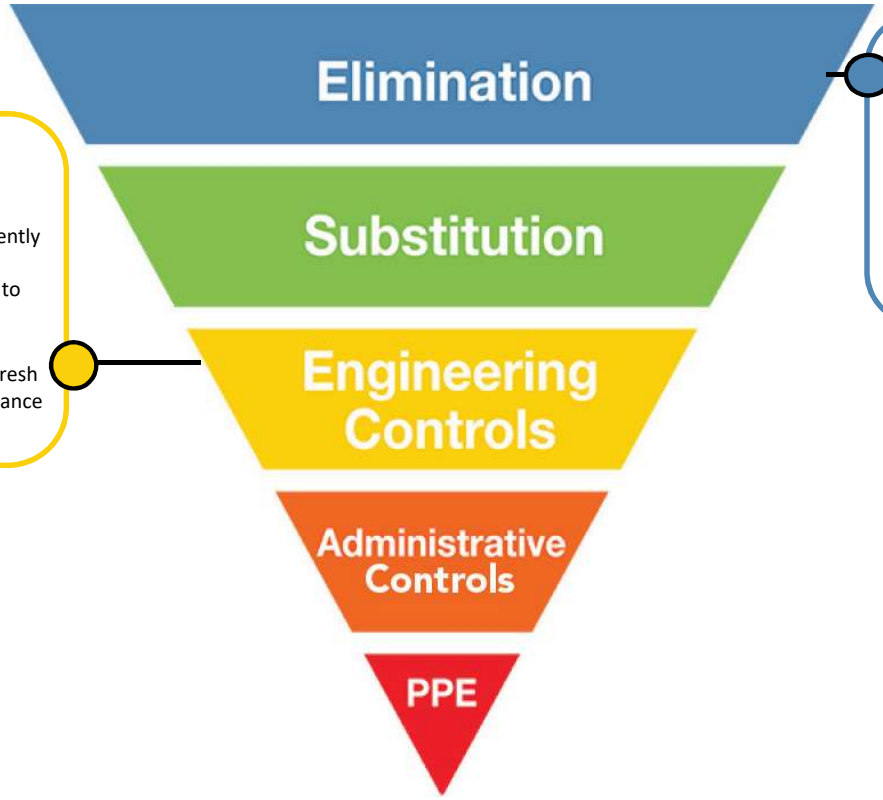
Apply the most effective method first (Hierarchy of Controls)

Most Effective Controls

Less Effective Controls

Isolate people from the hazard:

- Install physical barriers where possible, e.g., plexiglass screens
- Clean and disinfect surfaces, especially frequently touched surfaces, with an EPA-registered disinfectant (see EPA List N) and use according to the manufacturer's instructions
- Consider using HVAC technologies, e.g., increasing number of air exchanges per hour (fresh air), using in-line UV lights (remember maintenance costs)



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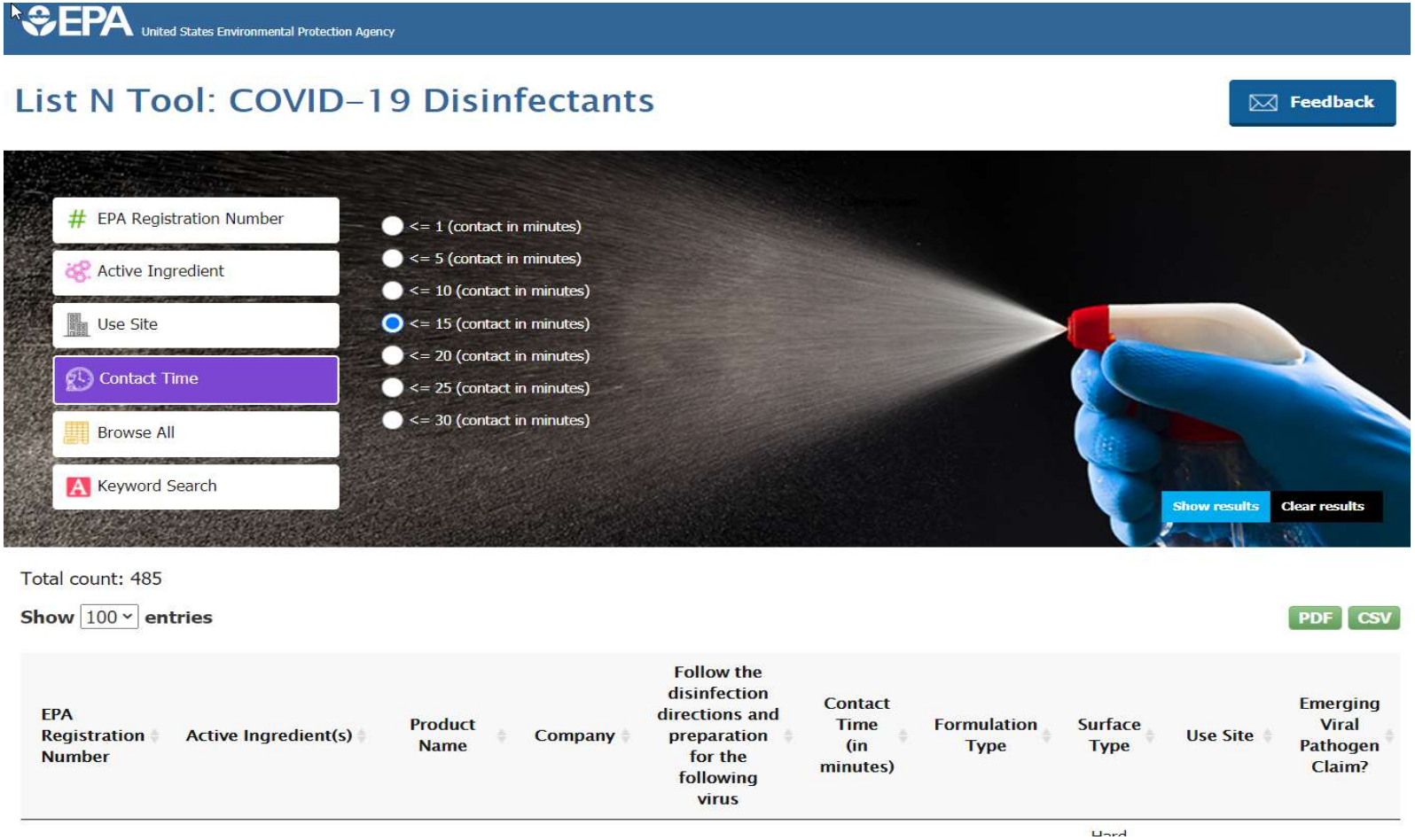
EPA List N Tool

https://cfpub.epa.gov/giwiz/disinfectants/index.cfm



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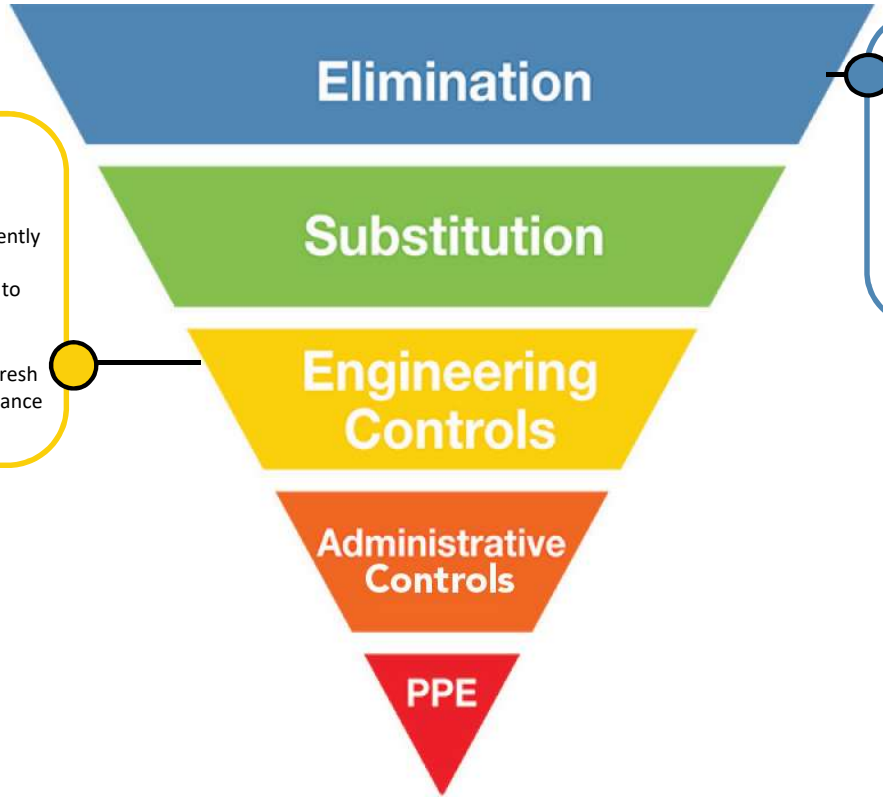

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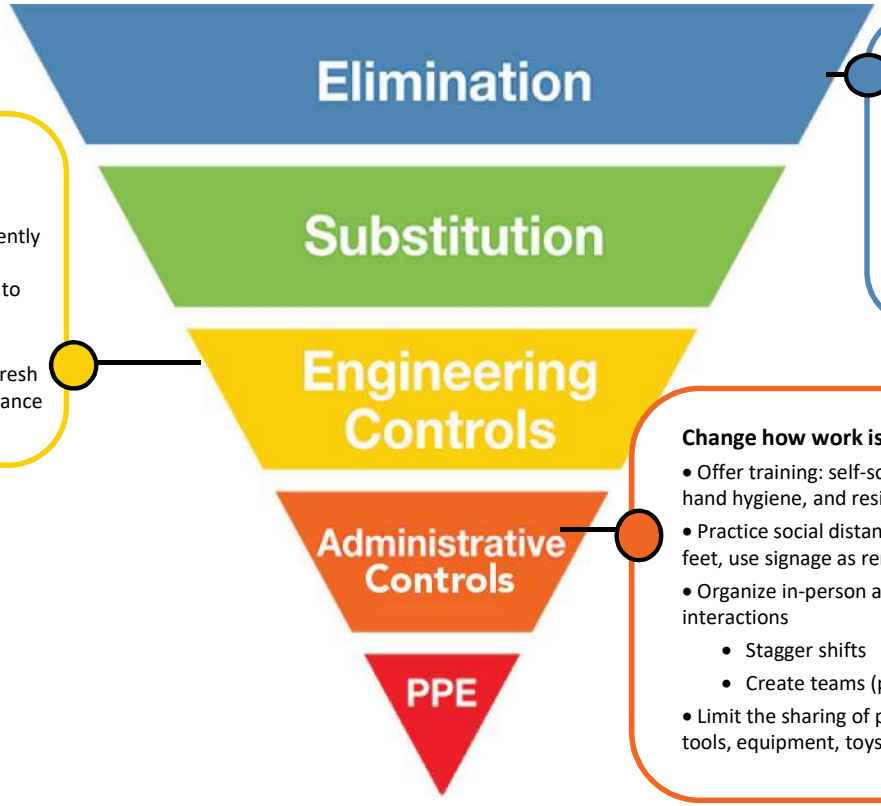

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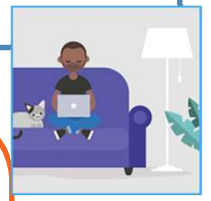
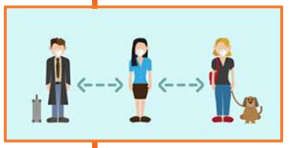


Change how work is performed:

- Offer training: self-screening, telecommuting technology, hand hygiene, and resilience
- Practice social distancing: separate action stations at least 6 feet, use signage as reminders
- Organize in-person activities to minimize physical interactions
  - Stagger shifts
  - Create teams (pods)
- Limit the sharing of physical supplies and equipment, e.g., tools, equipment, toys, and other items



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Protect the worker from the hazard by using personal protective equipment (PPE)

- Designed to protect the wearer
- Learn to use, reuse, clean, disinfect, discard PPE
- Examples: respirators, gloves, eye protection

Elimination

Substitution

Engineering Controls

Administrative Controls

PPE

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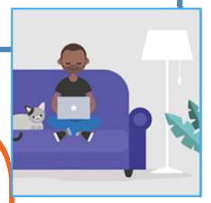

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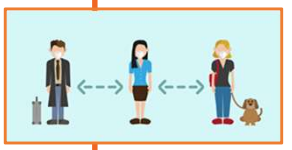

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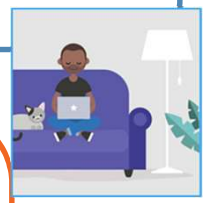

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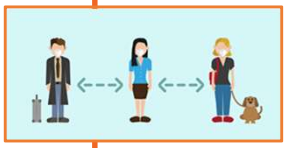

PPE

Protect the worker from the hazard by using personal protective equipment (PPE)

- Designed to protect the wearer
- Learn to use, reuse, clean, disinfect, discard PPE
- Examples: respirators, gloves, eye protection

CPE

Use community protective equipment (CPE)

- Designed to protect others from the wearer
- Learn to use, reuse, clean, disinfect, discard CPE
- Examples: cloth masks, scarves, disposable cloth masks

Testing options

Viral

- PCR/Molecular
- Antigen

Antibody

Testing options

- ✓ PCR
  - ✓ Nasal swab test sent to a lab
  - ✓ Checks for the actual virus in your body at the time of testing
- ✓ Antigen
  - ✓ A point-of-care/in clinic quick test
  - ✓ Checks for proteins found on the virus

Testing options

- ✓ Antibody
  - ✓A blood sample
  - ✓Checks for past exposure to the virus
  - ✓Indicates if you have antibodies as a result of the infection

PROS and CONS

- ✓ PCR
  - ✓ Deep nasal test (uncomfortable)
  - ✓ Can take several days to get back
  - ✓ Highly sensitive

PROS and CONS

- ✓ Antigen
  - ✓Deep nasal test (uncomfortable)
  - ✓Less sensitive than a PCR test, but highly specific to positives
  - ✓Results back within minutes to hours

PROS and CONS

- ✓ Antibody
  - ✓ Does NOT tell you if you have the virus at the time of testing
  - ✓ May reflect immunity, but duration unknown
  - ✓ Immunity may decrease or disappear over time

Considerations for Workplace Safeguards
Potential Drivers of Infection Risks

Role of Environmental Sources

Role of Improper Implementation of Controls

Role of Client Interactions

Four Key Points for Today's Discussion

1. **Novel coronavirus: the term "novel" is really important**
   - Novel means new, so there are aspects about this virus that are known and that are not known
     - Example: transmissibility without exhibiting symptoms – hence the need for community masking
   - R_0 value is an important public health aspect to monitor – currently estimated to be 2.2
2. **Defining "screening"**
   - Screening actually begins at home
3. "**Masking" versus PPE**
   - Barriers to transmission
     - Face coverings
     - Surgical masks
   - Protection for the wearer (PPE)
     - N95s, P100s
     - PAPRs
4. **Cleaning/disinfection and environmental persistence**
   - This virus shown to be viable on stainless steel and plastic surfaces up to 72 hours
   - Ensure use EPA registered disinfectants

References

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- Centers for Disease Control and Prevention. 2020. *Communities, Schools, Workplaces, & Events*. Available at: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html
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- https://www.medrxiv.org/content/10.1101/2020.03.05.20030502v1
- https://www.medrxiv.org/content/10.1101/2020.04.04.20053058v1
- **Additional Resources for Businesses**
- https://www.centerforhealthsecurity.org/our-work/publications/operational-toolkit-for-businesses-considering-reopening-or-expanding-operations-in-covid-19
- https://www.osha.gov/Publications/OSHAFS-3747.pdf

OSHA Enforcement

- Recordable
  - COVID-19: respiratory illness & should be coded as such on the **OSHA 300**
    - **Confirmed by:**
      - 1) one positive test; 2) work-related; 3) medical treatment beyond first aid, results in lost work days or restricted duty, **or** loss of consciousness or death
    - **Work-relatedness:**
      - *reasonableness of the employer investigation*
      - *evidence available to the employer*
      - *evidence that a COVID-19 illness was contracted at work*
- Reportable
  - Employer must report any worker fatality within 8 hours and any amputation, loss of an eye, or hospitalization of a worker within 24 hours
- Enforcement
  - Enforcement Response Plan
    - https://www.osha.gov/memos/2020-05-19/updated-interim-enforcement-response-plan-coronavirus-disease-2019-covid-19
  - Response Summary
    - https://www.osha.gov/enforcement/covid-19-data

Pandemic Fatigue

Pandemic Fatigue – emotional exhaustion, frustration and impatience that people are feeling as we enter the tenth month of the COVID-19 pandemic in the U.S.

The Signs in the Workplace - decreased diligence in following health and safety protocols, low morale, low productivity, anxiety, irritability, or trouble concentrating.

The Risk - fatigue increases the risk for injury and deteriorating health (infections, illnesses, and mental health disorders).

Pandemic Stamina - the "antidote" to pandemic fatigue. Right now, there is currently no simple solution other than **persistence.**

What can you continue to do personally?
Three W's: Wash your hands, Wear a mask, Watch your distance,
(and frequently disinfect commonly touched surfaces).

Take charge of your daily health - adequate exercise, eating well, adequate sleep, and stress management are also key for pandemic stamina.

Pandemic Fatigue

What can we do for our workers?

Support worker well-being by encouraging: practicing self-care, disconnecting from work devices during non-work hours (so important for work-from-home staff), and reducing stress through exercise, spending time outdoors, and connecting with others virtually.

Encourage use of PTO vacation time to recharge responsibly.

To encourage workers to continue following health and safety precautions properly, employers should continue to relay the protocols in place to protect workers, their families, and public health.

Keeping expectations consistent, providing PPE, and ensuring safety and hygiene supplies are readily available throughout the workspace will also make it easier for employees to comply.

Pandemic Fatigue

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https://www.nytimes.com/2020/10/17/us/coronavirus-pandemic-fatigue.html

https://www.talentcanada.ca/ways-to-protect-workers-from-pandemic-fatigue/

https://www.cdc.gov/coronavirus/2019-ncov/hcp/managing-workplace-fatigue.html

Thank You!

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