SAMPLE WRITTEN PROGRAM
FOR COVID-19 MANAGEMENT AND CONTROL

Provided as a public service
by Nebraska Department of Labor
Safety Division
Onsite Safety and Health Consultation Program

Website: dol.nebraska.gov/Safety/OnsiteConsultationProgram/Overview
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Purpose

The purpose of this COVID-19 program is to ensure the protection of employees at this establishment by providing information and training on the hazards associated with SARS-CoV-2 exposure. This COVID-19 program has been prepared in accordance with the OSHA Guidance on Preparing Workplaces for COVID-19 [1], CDC’s Interim Guidance for Businesses and Employers [2], and NDOL’s Infection Control Plan [3]. Training will be provided upon initial assignment to duties and repeated or augmented whenever new information is readily available.

We urge all our employees to review this program very carefully and direct all questions concerning its contents to __________________________. Management wishes to encourage all employees to share their concerns with those responsible for its content. This program is administered by _________________, who has the full authority to make necessary decisions concerning the implementation of this program for the improved safety and health of our employees. Copies of this written program may be obtained at ____________________________

If any of the information in this program is not clear to you, do not proceed with your assignment until you have contacted your immediate supervisor for additional information.

About COVID-19

• Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus.

• There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus.

• The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet). This transmission occurs when respiratory droplets are produced when an infected person coughs, sneezes or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

• Some studies have suggested that COVID-19 may also be spread by people who are not showing symptoms. Additionally, it may be possible to contract the virus by touching a surface or object with the virus on it and then touching your face.

• Infection with SARS-CoV-2 can cause illness ranging from mild to severe and, in some cases, can be fatal.

• Symptoms typically include fever, cough, and shortness of breath. [4]

• Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

• According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.
Exposure Risk Assessment

Worker risk of occupational exposure to SARS-CoV-2 during an outbreak may vary from very high to high, medium, or lower (caution) risk. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels. We, __________________________ have reviewed OSHA’s hazard recognition levels and determined that our employees fall into the ________________ exposure category. If more than one risk category is identified for employees, additional risk assessments should be completed.

- **Very high** exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.
- **High exposure** risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.
- **Medium exposure** risk jobs include those 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.
- **Lower exposure risk (caution)** jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public.
Prevention and Protection

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, we will implement good hygiene and infection control practices, including:

- Promoting frequent and thorough hand washing. We will provide workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, we will provide alcohol-based hand rubs containing at least 60% alcohol.

- Encourage our workers to stay home if they are sick.

- Continually encourage respiratory etiquette, including covering coughs and sneezes.

- Provide customers and the public with tissues and trash receptacles.

- We will explore whether we can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and others if state and local health authorities recommend the use of social distancing strategies.

- Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible.

- Recommend and allow cloth face coverings usage (where feasible and not posing additional hazards). In conjunction with other protective measures (e.g. social distancing, handwashing, surface disinfection), especially under risky conditions (e.g. unavoidably crowded areas; encountering known or suspected COVID-19 cases; indoor/enclosed work areas) and in order to reduce chances of asymptomatic or pre-symptomatic (i.e. individuals not ever or yet displaying any COVID-19 symptoms) transmission.

- Maintain regular housekeeping practices, including but not limited to, routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. We will consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. We will follow the manufacturer’s instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE). [5]

Infection Management/Health Monitoring

In an effort to reduce employee and community spread, we may consider implementing the following wellness and health screenings prior to each shift:

REMOVAL FROM WORK

We may send employees home who meet ANY of the following conditions, by testing employees (where possible and available) OR using best judgment:

- Asking each employee if they have experienced any of the symptoms related to COVID-19 exposure in the past 24 hours (i.e. cough, fever, shortness of breath, etc.).

- Asking each employee if they have been in contact with anyone that has been told they were presumptive positive or confirmed positive for COVID-19.
Employees may have their temperature taken each day, and if they have a fever at or above 100.4 degrees Fahrenheit, those employees will be sent home. The employee will then monitor their symptoms and call a doctor or use telemedicine if needed.

We will use touchless thermometers (infrared forehead/temporal artery thermometers) if possible, but if we use oral or other types of thermometers, we will sanitize the thermometers thoroughly between each employee, as to not spread infection.

If any of our employees present with a fever and have recently traveled to

- an area with community spread of COVID-19, they are required to stay home for 14 days from the time they were exposed to COVID-19.

- Lastly, we will check in with employees regularly regarding their mental health and well-being. Consideration will not only be given toward physical symptoms, but to stress, anxiety and mental health as well.

RETURN TO WORK

The CDC recommends the following return to work guidance for confirmed COVID-19 cases:

1 The CDC generally recommends 14 days of quarantine after suspected exposure, based on the time it takes to develop illness upon infection. The CDC returning to work guidance for COVID-19 cases is meant to prevent MOST, if not all, further COVID-19 secondary transmission (i.e. further COVID-19 transmission from original COVID-19 infections), with certain individuals (e.g. high risk exposure; immunocompromised from other infections or health issues) possibly requiring longer quarantine periods.
Employee with COVID-19 who has symptoms may discontinue home isolation and return to work when:

**Symptom-based strategy:**

- At least **3 days** (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
- At least **10 days** have passed since symptoms first appeared.

**Test-based strategy:**

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of a COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

Employee with COVID-19 who does not have symptoms may discontinue home isolation and return to work when:

**Time-based strategy:**

- At least **10 days** have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

**Test-based strategy:**

- Negative results of a COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).
Potential Exposure

If an employee is showing/reporting COVID-19 like symptoms (i.e. cough, fever, shortness of breath, etc.) at work we will,

1. Immediately separate employee from others in the workplace.
2. Have a procedure for safe transport of employee to their home or a healthcare facility.
3. Work with employee and their doctor to determine if testing is warranted. Based on results and discussion with healthcare professionals, we will determine the appropriate course of action for the employee’s return (see return to work protocol).
4. Close off areas that may have been used by the sick employee and wait 24 hours before cleaning and disinfecting the area.
5. If possible, we will open outside doors and windows to increase air circulation and/or sunlight/UV irradiation to facilitate decontamination during the waiting period.
6. We will determine which employees may have been exposed to the person/virus and notify them immediately (while maintaining PII and HIPAA requirements).
7. We will follow the Public Health Recommendation for Community-Related Exposure. [7]
Recordkeeping

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:

- The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);[8]
- The case is work-related as defined by 29 CFR § 1904.5;[9] and
- The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7. [10].

Recording a COVID-19 illness does not, of itself, mean that the employer has violated any OSHA standard. And pursuant to existing regulations, employers with 10 or fewer employees and certain employers in low hazard industries have no recording obligations; they need only report work-related COVID-19 illnesses that result in a fatality or an employee's in-patient hospitalization, amputation, or loss of an eye.

Resources