

Understanding the New OSHA COVID-19 National Emphasis Program (NEP)

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Chat Questions & Answers

Q: Do you have to have a written Exposure Control Plan for COVID-19 or include within the ECP?

A: Regarding a written Exposure Control Plan, the guidance does not require it, but as you'll see in the 16 steps, it will be easier to have one. Several states have issued Emergency Temporary Standards that do require a written program so if OSHA issues a standard, it may require a written program.

Q: For the purposes of site selection, how is OSHA defining "elevated" accident/injury rates. What's the number?

A: OSHA defines exposure risk as "very high," "high," "medium," and "lower." Those classifications are determined by level of exposure; for example "very high" exposure risk includes industries who, according to the OSHA COVID-19 Guidance, "are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures." There is no quantitative "number" it's a qualitative risk assessment based on site specific risk.

As far as I can see the guidance does not specify elevated, but OSHA generally relies on average rates for each NAICS code published by the Bureau of Labor Statistics.

Q: Where can we find the references that are being mentioned?

A: References appear at the end of the presentation. Here is the hyperlink to OSHA's Guidance: <https://www.osha.gov/sites/default/files/publications/OSHA3990.pdf>

Q: Do these policies and updates have to be posted?

A: Regarding posting, as you are hearing the guidance calls for communication of policies and training. Note that the American Rescue Plan Act of 2021, enacted March 11, 2021, amended and extended the tax credits (and the availability of advance payments of the tax credits) for paid sick and family leave for wages paid with respect to the period beginning April 1, 2021, and ending on September 30, 2021. For more information see <https://www.irs.gov/newsroom/covid-19-related-tax-credits-for-required-paid-leave-provided-by-small-and-midsize-businesses-faqs>

Q: It is my understanding that KN95s, which are not NIOSH approved, do not fall under the OSHA respiratory protection program so if we allow staff to wear them in the Green Zones (non-COVID) areas we shouldn't have an issue with a surveyor expecting fit testing, correct?

A: Regarding KN95 and other non-NIOSH approved filtering facepieces, OSHA has accepted use of these when NIOSH approved facemasks are unavailable. I believe an employer still has an obligation to provide the employee with the information in Appendix D 1910.134

Q: What kind of evidence is needed to "prove" as evidence that cleaning is being done to comply? Documentation? Signed records?

A: It's best to establish a disinfection procedure and follow it. Consider OSHA's bloodborne pathogens language for housekeeping as a measure of compliance: "General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area." As I tell my Safety Sciences students, if you don't write it down, it never happened.

Q: Could it not be argued that a worker contracted COVID at the grocery store, family member, friend, etc.?

A: Regarding recording on your 300 log, a determination can be made that it is not work related based on the case. However, when a worker develops COVID-19 after working with another infected or exposed worker, the presumption is it is work-related.

Enforcement guidance from OSHA for Recording Cases of COVID-19 available at <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

Q: If we have a meeting and all in the room are fully vaccinated- do we need to wear masks/distance?

A: The OSHA guidance emphasizes continuing other measures even after vaccination.

Q: Any reason why OSHA is not keeping pace with the science or research recommendations?

A: As mentioned, Secretary Walsh has asked for a review of the draft Emergency Temporary Standard in light of the current state of the scientific knowledge.

Efficacy of asymptomatic transmission post vaccination hasn't been fully studied, though prelim looks positive. Fact is these vaccines do not prevent infection and disease; they do however reduce severe symptoms. Cases of detectable viral breakthrough of vaccinated persons are being reported across the country, so there remains some degree of residual occupational risk with vaccinated individuals being potential vectors. Until the science is fully explored which will take time, coupled with the fact not everyone will receive a vaccination in the workplace, take the most protective approach, and implement multiple layers of protection based on the hierarchy of control.

Q: It has been seen where CDC does not always match OSHA and v.s. I'm asking about the law and enforcement via OSHA in the workplace?

A: According to the March 12, 2021 [Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 \(COVID-19\)](https://www.osha.gov/memos/2021-03-12/updated-interim-enforcement-response-plan-coronavirus-disease-2019-covid-19), if deficiencies not addressed by OSHA standards or regulations are discovered in the employer's preparedness for controlling occupational exposure risk for SARS-CoV-2, and guidance is available (e.g., CDC), follow procedures for obtaining evidence of a potential general duty clause violation, including the four required elements: (1) The employer failed to keep the workplace free of a hazard to which employees of that employer were exposed; (2) The hazard was recognized; (3) The hazard was causing or was likely to cause death or serious physical harm; and, (4) There was a feasible and useful method to correct the hazard. <https://www.osha.gov/memos/2021-03-12/updated-interim-enforcement-response-plan-coronavirus-disease-2019-covid-19>

Q: Does anyone have a magic method of keeping safety glasses from fogging with a mask? We've tried at last 5 different types of masks. Do I choose to risk eye injury and not require safety glasses or limit mask usage? Certainly, cannot have people work when they can't see

A: Different methods seem to work for different people. Fit over the nose is key, so moist exhaled air does not slip behind the glasses. I have had some success with a fold out fabric nose flap as pictured below. Several websites post ideas including the Cleveland Clinic: <https://health.clevelandclinic.org/how-to-keep-your-glasses-fog-free-while-wearing-a-mask/>



Q: Has anyone found living covid particles on the air filters in the HVAC system?

A: According to the CDC the risk of spreading SARS-CoV-2, the virus that causes COVID-19, through ventilation systems is not clear at this time. Viral RNA has reportedly been found on return air grilles, in return air ducts, and on heating, ventilation, and air conditioning (HVAC) filters, but detecting viral RNA alone does not imply that the virus was capable of transmitting disease.

<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

Q: Is there any guidance on hand dryers vs paper towels?

A: Here is what the OSHA Guidance states: "Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.

Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.

Post handwashing signs in restrooms."

Q: If an employee voluntarily provides and wears a quarter piece respirator, do they need to be fit tested and medically evaluated?

A: Medical evaluation is still required when allowing use of elastomeric respirators, but not fit testing.

Q: Are air scrubbers in commercial and residential application effective?

A: Any properly maintained scrubber will remove some particles. According to the CDC: Research shows that the particle size of SARS-CoV-2 is around 0.1 micrometer (μm). However, the virus generally does not travel through the air by itself. These viral particles are human-generated, so the virus is trapped in respiratory droplets and droplet nuclei (dried respiratory droplets) that are larger than an individual virus. Most of the respiratory droplets and particles exhaled during talking, singing, breathing, and coughing are less than 5 μm in size. CDC recommends using the highest efficiency ventilation filters possible, without having detrimental effects on overall HVAC system performance. ASHRAE has similar guidance; however, they recommend a minimum filtration efficiency target of MERV 13, provided there are not substantial negative impacts on the HVAC system performance and occupant comfort. A MERV 13 filter is at least 50% efficient at capturing particles in the 0.3 μm to 1.0 μm size range and 85% efficient at capturing particles in the 1 μm to 3 μm size range. Collectively these particles are capable of remaining airborne for hours and are most associated with deep lung penetration. A MERV 14 filter is at least 75% and 90% efficient, respectively, at capturing those same particles. Efficiencies for MERV 15 and MERV 16 filters are even higher. Thus, the recommended filters are significantly more efficient at capturing particles of concern than a typical MERV 8 filter, which is only around 20% efficient in the 1 μm to 3 μm size range and is not rated for capture efficiency of the smaller 0.3 μm to 1.0 μm particles. For more from the CDC on ventilation see <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

Q: Can medical eval be a questionnaire only, Occmed is not doing the spirometry test

A: Questionnaires evaluated by medical personnel with follow up as indicated can be used for the respirator medical evaluation.

Q: Will the presentation be available to reprint/

A: The slides and a recording are available at <https://www.iup.edu/pa-oshaconsultation/webinars/april-2021--understanding-the-new-covid-19-nep/>

Note regarding slide 56 – Routine Cleaning and Disinfection

From Presenter Richard Mason to Everyone: Slip of the tongue – do not mix bleach with ammonia (I said alcohol) - When bleach is mixed with ammonia, toxic gases called chloramines are produced. When chlorine bleach is mixed with an acid, chlorine gas is given off. Bleach also reacts with some oven cleaners, hydrogen peroxide, and some insecticides. To be safe do not mix cleaners!

Here is a hyperlink to PA OSHA Consultation's COVID / Safe Return to Work website:

<https://www.iup.edu/pa-oshaconsultation/safe-return-to-work--covid-19/>

Here is a link if you are seeking no cost, confidential compliance assistance: <https://www.iup.edu/pa-oshaconsultation/request/>