





Returning to Work Safely Amid the COVID-19 Pandemic Webinar



Welcome!









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







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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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Moderator

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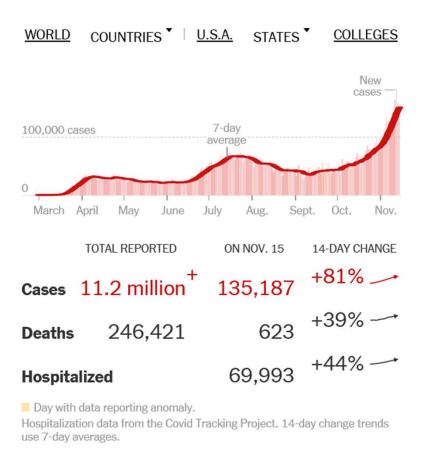




Covid in the U.S.: Latest Map and Case Count

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

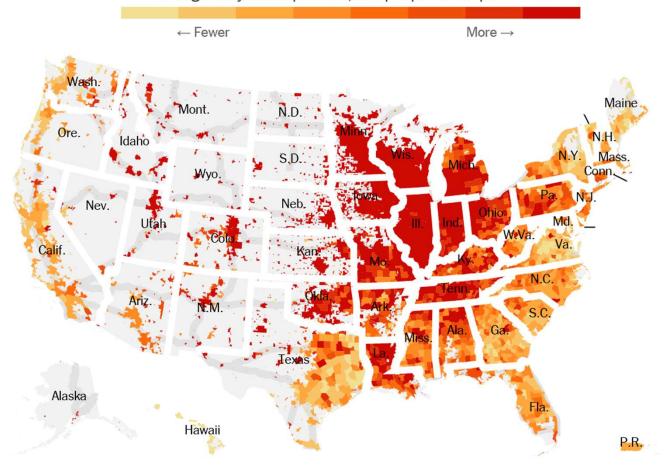
Leer en español



The New York Times

Reported cases in the United States

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

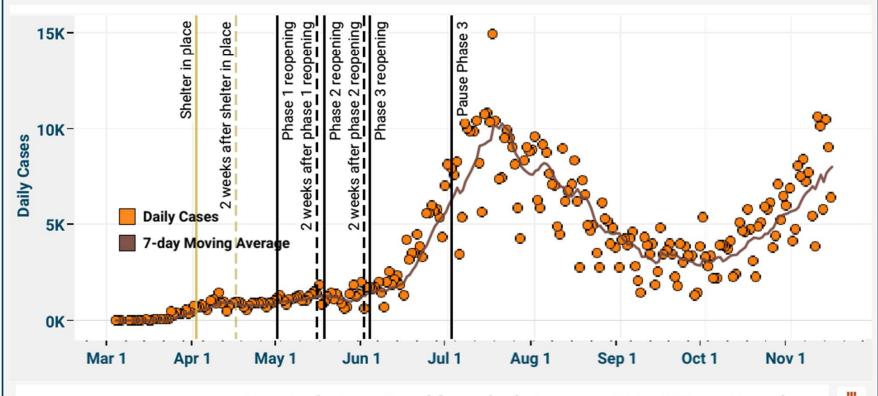


Nov. 16, 2020

Test positivity rate (TPR) compared to the number of cases per 100,000 population in each cou Test Positive Rate is an indicator of "Are we testing enough?". While Cases per 100k is an indicator of spread of the disease in the communities. A TPR of >10% and >25 per 100k indicates that not only is there substantial community spread but we are not testing sufficiently in the community to identify all those who may be potentially infected. Wide spread testing is key to containing continued community spread. We recommend these metrics be use collectively as an indicator for COVID-19 risk of spread at the county level. Carson Gray Whee Armstrong Collingsworth Hale Floyd Motley Dickens King Knox Cochran Jack Wise Denton Collin Winkler Anderson ludspeth Culberson McCulloch Robertson Jeff Davis Mason Llano Crockett Kimble Gillespie Travis Terrell Hays Bastrop Kerr Comal Caldwell Fayette Austin Bandera Chambers Guadalupe Colorado Kinney Uvalde Medina Wilson DeWitt Frio Atascosa Roll over an area on the map to Green: TPR<=0.05 and Cases/100k<1 display the past weeks trend of Yellow: (0.05<TPR<=0.1 and Cases/100k<10) or (TPR<=0.1 and 1<=Cases/100k<10) TPR and Cases/100k. Orange: (0.05<TPR<=0.1 and Cases/100k<25) or (TPR<=0.1 and 10<=Cases/100k<25) Red: TPR>0.1 or Cases/100k>=25 NA

Daily Cases Trend

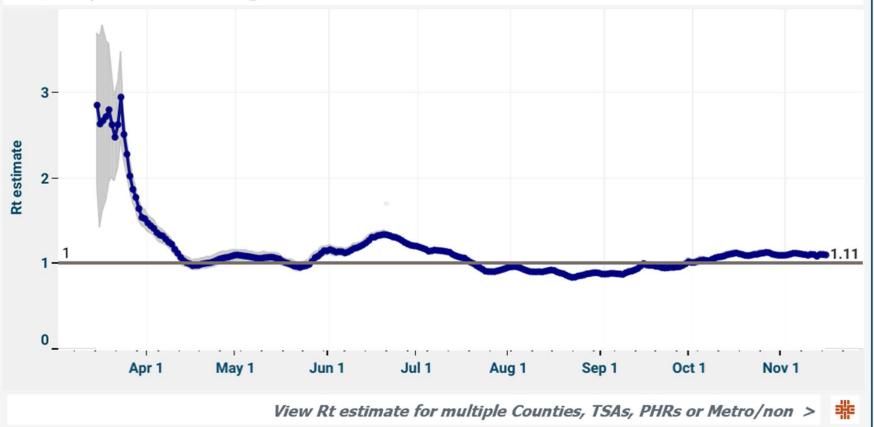
This graph shows a daily number of new COVID19 Cases (dots) over time in **Texas**. The graph also shows the moving average in daily number of Cases (line) over time. In the past week, there has been a **5.99%** increase in cumulative Cases. Since Phase I reopening, there has been a **3392.15%** increase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

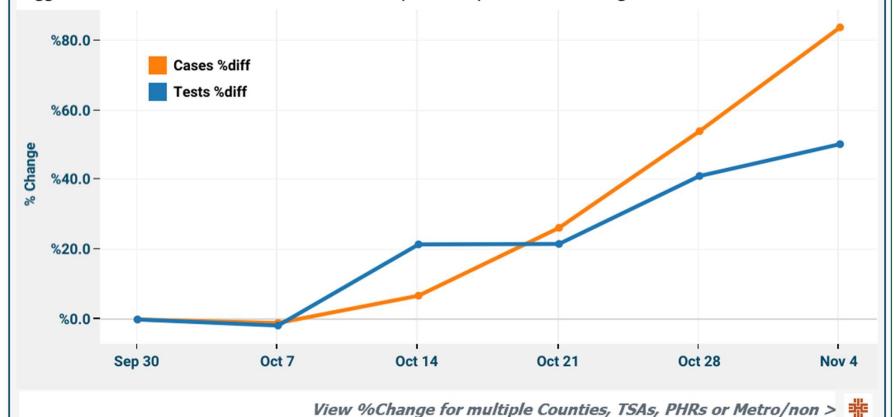
Rt estimate

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**.



% 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.



Prediction of number of new cases in the next 10 days with 95% confidence intervals

Predictions in **Texas.** If the upper band for the predictions is approximately below the current number of new cases, cases are expected to decrease. If the lower band for the predictions is approximately above the current numbers of new cases, cases are expected to increase. Otherwise, they are not expected to increase or decrease significantly. For dates prior to the predictions, the 7-day moving average is shown.



TMC KEY TAKEAWAYS FOR NOVEMBER 16, 2020

- Effective
 Reproduction
 Rate, R(t)
- R(t) for the Greater Houston Area as of 11/14 (9-county MSA) is 1.111
 - 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 week³: 4.4%
 Last month: 3.4%
- 3 New cases
- As of 11/13, 1,053 new people² 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/dayLast month: 394 new cases/day
- 4 Hospitalizations
- Yesterday, TMC admitted 162 new COVID-19 patients in TMC hospital institutions⁴. Compared to:
 - Last week: 104 hospitalizations/dayLast 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.
- https://sph.uth.edu/dept/bads/covid19-dashboard



Apply the most effective method first (Hierarchy of Controls)

Substitution

Engineering
Controls

Administrative
Controls

PPE

Apply the most effective method first (Hierarchy of Controls)

Elimination

Substitution

Engineering Controls

Administrative Controls

PPE

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)



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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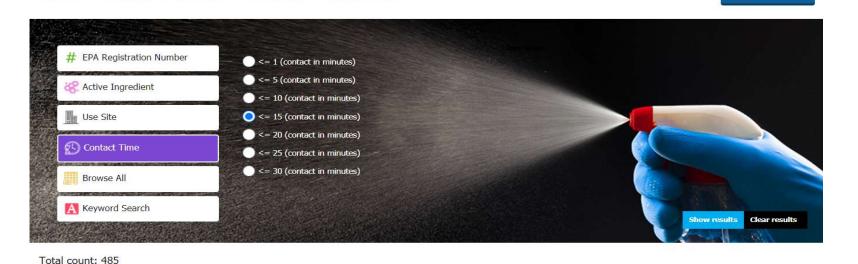
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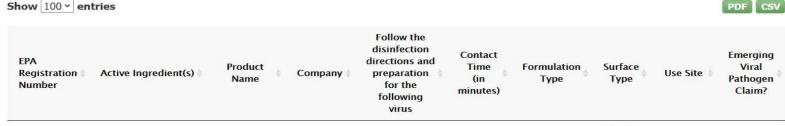


EPA List N Tool

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







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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

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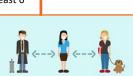
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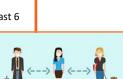


Use community protective equipment (CPE)

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







Testing options



<u>Viral</u>

- > PCR/Molecular
- ➤ Antigen

Antibody





- ✓ 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





- 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 <u>new</u>, so there are aspects about this virus that <u>are</u> known and that <u>are not</u> known
 - Example: transmissibility without exhibiting symptoms hence the need for community masking
- R₀ 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

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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 <u>any worker fatality</u> within 8 hours and any amputation, loss of an eye, or <u>hospitalization of a worker within 24 hours</u>
- 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 <u>continue</u> 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.cdc.gov/coronavirus/2019-ncov/hcp/managing-workplace-fatigue.html

Thank You!



Southwest Center for Occupational and Environmental Health



Prevention, Preparedness and Response



www.SWCOEH.org

www.p2racademy.org

www.hasc.com