

remotely by making a phone call.

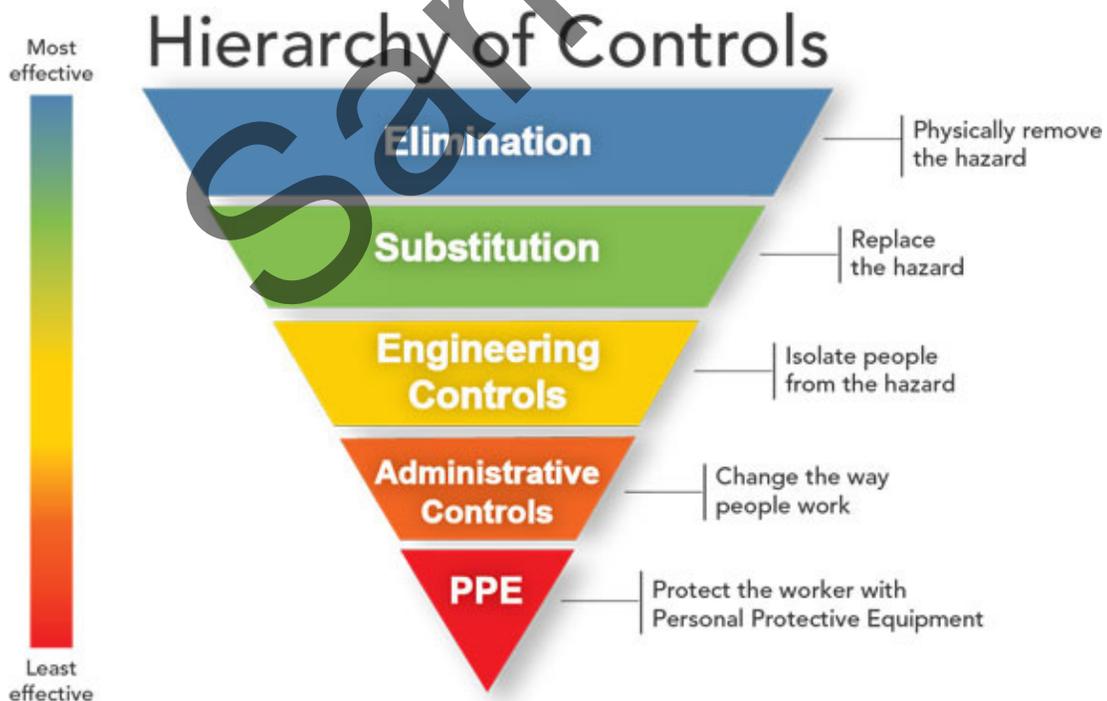
Review of written pandemic plan

During an inspection, an OSHA auditor is expected to determine whether the employer has a written pandemic plan as recommended by the CDC. If this plan is a part of another emergency preparedness plan, the review will not be expanded to the entire emergency preparedness plan (i.e., a limited review addressing issues related to exposure to pandemics would be adequate). The evaluation of an employer's pandemic plan may be based upon other written programs and, in a hospital, a review of the infection control plan.

This COVID-19 preparedness and response plan meets OSHA and CDC's requirement for a written pandemic plan.

WORKPLACE CONTROLS

OSHA has a framework called "hierarchy of controls" to prioritize ways of controlling workplace hazards. The below graphic lists the different potential control mechanisms.



Source: <https://www.cdc.gov/niosh/topics/hierarchy/default.html>

Physical barriers or other means of separating employees and customers/patrons/patients (where feasible). Examples include:

- Clear plastic sneeze guards
- Drive-through window for customer service
- Windows in reception areas
- Curtains or other temporary partitions
- Rope-and-stanchion systems
- Other: _____
- Other: _____

No-touch mechanisms such as for (detail mechanism used):

- Doors: _____
- Bathroom facilities : _____
- Other: _____
- Other: _____

Addressing air quality:

- Increase ventilation rates in the work environment
- High-efficiency air filters
- Other: _____
- Other: _____

Before Patients Arrive

1. Limit patient visits to urgent and emergency only (use Algorithms found in Welcome Kit > Supporting Material to help triage patients).
2. Reschedule any non-urgent or non-emergency appointments until further notice.
3. For any urgent or emergency appointments, determine in which clinical setting they should be seen (telemedicine, regular clinical or emergency setting [referral]) (use Algorithms found in Welcome Kit > Supporting Material to help triage patients).
4. If treatment can be delayed, provide patients with detailed home care instructions and any appropriate pharmaceuticals.
5. Using your telephone system to deliver messages to incoming callers about when to seek care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.
6. Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.
7. If a patient must come in for an appointment, instruct them to follow appropriate preventative actions (e.g. wearing cloth face coverings)

Telemedicine and HIPAA

Some telehealth services, remote communication technologies, etc. and the manner in which they are used by HIPAA covered healthcare providers may not fully comply with the requirements of the HIPAA rules.

OCR* will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

Covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

* The Office for Civil Rights (OCR) and the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations under HIPAA.

Postings

Note:

- Postings can be found in the Welcome Kit > Communications.
- Postings should be provided in languages applicable for your workforce.

We display handwashing postings in our work environment to support COVID-19 recommendations.

Protocol for hand hygiene using soap and water or alcohol-based hand sanitizer (AHS)

Soap and water	Alcohol-based hand sanitizer
<ol style="list-style-type: none"> 1. Turn on water 2. Wet hands 3. Dispense appropriate amount of product directly onto hands (e.g. 1-2 pumps from dispenser) 4. Apply product to all surfaces of hands; min. 15 s of contact time <ul style="list-style-type: none"> • Palms • Back of hands • Between fingers • Finger tops • Thumb and thumb web • +/- wrists 5. Rinse all surfaces of hands with water 6. Dry hands thoroughly with single-use towel 7. Turn water off, using drying towel to avoid direct contact with faucet handles (unless automatic faucet present) 8. Discard towel 9. Total time: ~ 30 – 60 s 	<ol style="list-style-type: none"> 1. Dispense appropriate amount of product directly onto hands (e.g. 1-2 pumps from dispenser) 2. Apply product to all surfaces of hands; min. 15 s of contact time <ul style="list-style-type: none"> • Palms • Back of hands • Between fingers • Finger tops • Thumb and thumb web • +/- wrists 3. Rub hands until dry 4. Total time: ~ 20 – 30 s

ENVIRONMENTAL INFECTION PREVENTION AND CONTROL

Transmission of SARS-CoV-2 to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites (objects or materials which are likely to carry infection, such as clothes, utensils, and furniture). Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.

It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close off rooms or areas used by ill persons before beginning disinfection. Taking measures to improve ventilation in an area or room where someone was ill or suspected to be ill with COVID-19 will help shorten the time it takes respiratory droplets to be removed from the air.

Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Disinfecting works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

General Guidance for All

PROTOCOLS

Additional considerations for Employers

- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the [Symptoms of COVID-19](#) and provide instructions on what to do if they develop symptoms of COVID-19 within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE. See [Personal Protective Equipment Policy](#).

RESOURCES

There are several important governmental and non-governmental agencies to refer to for COVID-19 guidance. Information related to COVID-19 is also changing frequently. So we are linking and referencing the various source material below. Check out these recommended resources for the latest information.

COVID-19 section of our blog

The focus of the [COVID-19 section of our Compliance 101 blog](#) is to providing employers with steps they can take to protect their employees and themselves. We have attempted to provide information not widely covered in the media as well as address questions from our clients. If you have a question you would like to see answered, contact us, or connect with us on social media.

Email Notifications

Be sure to add our emails to your safe senders list so that you receive important email notifications such as updates to this plan.

Social media

Follow us on social media for important updates on COVID-19 and steps you can take to protect yourself and your employees.

