

Duke Health and Duke Private Diagnostic Clinic COVID-19 Plan

Purpose:

Occupational Safety and Health Administration (OSHA) shall issue an Emergency Temporary Standard (ETS) if the agency determines that employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards, and an ETS is necessary to protect employees from such danger.

OSHA has determined that employee exposure to SARS-CoV-2 (virus causing COVID-19) presents a grave danger to workers in all healthcare settings in the U.S. and its territories where people with COVID-19 are reasonably expected to be present and has issued “Occupational Exposure to COVID-19; Emergency Temporary Standard.”

<https://www.federalregister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary-standard>

In response to the COVID-19 pandemic and to fulfill OSHA ETS requirements, Duke Health has developed a COVID-19 Safety Plan to be used in addition to previous implemented policies, training, recordkeeping, and reporting.

Scope and Application:

With some exceptions **all** employers in settings where employees provide healthcare services or healthcare support services are required to establish and implement an effective written COVID-19 plan pursuant to an ***OSHA Occupational Exposure to COVID-19: Emergency Temporary Standard (ETS)***. North Carolina adopted verbatim the Federal OSHA Emergency Temporary Standard (ETS) for Healthcare.

Effective and Compliance Dates in NC:

Effective: July 21st, 2021

Compliance: July 21st, 2021-All sections other than physical barriers, ventilation, and training

Compliance: August 5th, 2021-Sections on Physical Barriers, Ventilation and Training



Approved by Dr. Matthew Stiegel
Director, Duke Occupational and Environmental Safety Office

July 21, 2021, rev. 8/10/21
Date

Responsibility:

Duke Health has designated COVID-19 safety coordinator, Dr. Matthew Stiegel, Director of the Occupational and Environmental Safety Office, to implement, monitor, and report on the COVID-19 control strategies developed in this plan. The COVID-19 safety coordinator is knowledgeable in infection control principles and practices for the facility and employees and has the authority to ensure compliance with elements included in the COVID-19 plan.

In collaboration with facility leadership, the COVID-19 Safety Coordinator or his/her designees have conducted a hazard assessment of the workplace (*Appendix A*) to identify potential hazards related to COVID-19. In addition, input will be solicited from front line employees responsible for providing healthcare and healthcare support services. Our frontline staff may be more knowledgeable of day-to-day hazards employees may be exposed to, related to COVID-19. They can also contribute valuable ideas about how the hazard might be eliminated, or potential risk of exposure decreased.

The plan will be made readily available to our employees and their representatives. The plan will be made available via the Duke Health COVID-19 website: <https://covid-19.dukehealth.org/documents>.

Patient Management and Screening:

In settings where patient care is provided:

- Key entry points into the facility will be identified and limited to the number needed to respond to needed healthcare services. Entry points include **main entries to each facility**.
- All persons (including patients, residents, delivery people, volunteers, visitors, and any other non-employee) entering the facility will be screened for the following according to the latest guidance documents on the Duke Health COVID-19 website (<https://covid-19.dukehealth.org/documents>):
 - Signs and or symptoms of COVID-19

Standard and Transmission-Based Precautions:

Duke Health has developed and implemented policies and procedures addressing standard and transmission-based precautions as outlined in the CDC's "*Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*" (2007).

These policies and procedures are documented and integrated in the facility wide infection prevention program: <https://covid-19.dukehealth.org/duke-health-infection-prevention-guidelines>.

Personal Protective Equipment (PPE):

We provide clean, undamaged PPE for all healthcare personnel providing healthcare services or healthcare support services. PPE use is consistent with CDC recommendations under standard and transmission-based precautions and OSHA's Bloodborne Pathogen regulations. Included below are additional requirements specific to the ETS.

Facemask (surgical, medical procedure, dental or isolation mask that is FDA cleared and/or authorized:

- Use:

- Worn over the nose and mouth by each employee while in the facility and if occupying a vehicle with another employee for work related activities.
- Changed when soiled, damaged and no less than daily.
- Exceptions to use:
 - When employee is alone in a room
 - While eating and drinking (must physically distance from others or separated by barrier)
 - In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated
 - When important to see the employees' mouth (communicate with deaf/hard of hearing). Alternative clear masks are made available for this purpose.
 - Medical contraindication
 - Religious belief
 - When/if facemask presents a hazard to employee

Face shields:

- Use:
 - Covers the eyes, nose, and mouth.
 - Wraps around the sides of the face (temple to temple) and extends below the chin.
 - Cleaned at least daily and when visibly soiled.

Gowns and gloves:

- Use:
 - Protects skin and clothing from contamination.
 - Worn for care of all suspected and/or confirmed persons with COVID-19.
 - Worn as outlined in the standard and transmission-based precautions policies and procedures and the OSHA bloodborne pathogen exposure control plan.

Respirator(s): Filtering Facepiece Respirators (FFR-N95s), Elastomeric, Powered Air-Purifying (PAPR):

- Use-required:
 - Worn for encounter with all suspected and/or confirmed persons with COVID-19.
 - Used for aerosol-generating procedures performed on persons suspected or confirmed to have COVID-19.
 - Used in accordance with OSHA respiratory protection standard (1910.134).
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>
- Use-not required to be worn:
 - May be provided by the employer to use as facemask.
 - Training on how to perform a user seal check, medical signs and symptoms that may limit or prevent use, and instructions on limited re-use.
 - Employee will be permitted to wear their own respirator instead of facemask.
 - Be provided with information outlined in Mini Respiratory Protection Standard.

§ 1910.504 Mini respiratory protection program-**Appendix B:**

Aerosol-generating Procedures:

Pursuant to the ETS AGPs are defined as, *open suctioning of airways, sputum induction,*

cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, manual ventilation, medical/surgical/ postmortem procedures using oscillating bone saws, and dental procedures involving ultrasonic scalers, high-speed dental handpieces, air/water syringes, air polishing, and air abrasion.

Employees that perform or assist in performing any of these procedures on a patient with suspected/confirmed COVID-19 shall wear a NIOSH approved respirator, eye protection, gown, and gloves.

The number of employees allowed in the room will be limited and after the procedure is completed environmental surfaces and equipment will be disinfected.

AGPs will be performed in an Airborne Infection Isolation Room (AIIR) if available.

Physical Distancing:

When feasible, based on the type of healthcare services or healthcare support services being provided, employees will maintain distance of 6 feet from other persons. When this is not feasible due to employee job requirements (direct care activities), employees will be instructed to maintain a distance from other persons to the degree feasible (does not include while employees are in movement-passing in hallways, etc.).

Consistent with CDC recommendations, measures that we have employed since the beginning of the pandemic include:

- Staggering mealtime and breaks
- Signage indicating how many staff could be in a break room at one time (based on size and distancing requirements)
- Spacing chairs at least 6 feet apart and removal of excess chairs, as well as signage marking contiguous seats that should be left empty.
- Use of signage to indicate 6 feet distance.

In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated employees will not be required to physically distance.

Physical Barriers:

Our facility has installed cleanable or disposable solid barriers in certain areas to try and provide separation for employees in areas where they cannot maintain physical distancing from other people by 6 feet.

These areas typically include but may not be limited to:

- Registration/ check in desks
- Food service locations
- Pharmacy service windows

Barrier installation is not feasible in areas where direct patient/resident care is provided (e.g., patient/resident rooms).

In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated physical barriers are not required to be installed.

Cleaning and Disinfection:

Duke Health has developed and implemented cleaning and disinfection policies and procedures consistent with CDC's "*COVID-19 Infection Prevention and Control Recommendations*".

All non-dedicated, non-disposable medical equipment should be cleaned and disinfected after each use, according to manufacturer instructions.

Frequently touched surfaces will be cleaned and disinfected when visible soiled and no less than daily.

An EPA-registered disinfectant that has qualified under EPA's emerging viral pathogens program and included on List N will be utilized.

<https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>

Hand Hygiene:

Hand hygiene policies are incorporated in our facility wide infection prevention program and implemented as a key measure to reduce the risk of transmission of infectious organisms, including COVID-19.

Alcohol-based hand rubs (ABHR) have several advantages including being more effective, can be made more readily available and require less time. ABHRs are available in direct care areas, support care areas and common areas of our facility.

Employees also have access to sinks, soap and water and hand washing is recommended when hands are visible soiled, before eating and after using the restroom.

Ventilation:

Heating, ventilation, and air conditioning (HVAC) systems are operated in accordance with manufacturer instructions, based on the design of the system. The systems have been evaluated for the maximum number of outside air exchanges and the maximum air filter capability, compatible with the current HVAC systems, respectively.

Air filters will be maintained and replaced as necessary to ensure proper HVAC functioning. In addition, intake ports will be cleaned and maintained to avoid improper functioning.

Duke Health has existing Airborne Infection Isolation Rooms (AIIRs).

Health Screening and Management:

All employees will be screened using a combination of in-person screening and self-screening, before each workday and each shift. Screening will be conducted by asking employees to self-monitor before reporting to work.

Screening will include:

- Signs and symptoms of COVID-19
- Diagnosis of COVID-19

- Known exposure to COVID-19.

Employees are required to stay home, inform their managers, and notify the Duke COVID-19 Hotline at 919-385-0429, Option 1 of any COVID-19 illness, symptoms, diagnosis and/or exposure.

Once contact tracing identifies a potential exposure, employees shall, within 24 hours, be notified if they have had a potential exposure to a person who is COVID-19 positive in the workplace.

Pursuant to the ETS each employee who was not wearing a respirator and any other required PPE and has been in close contact with that person in the workplace should be notified.

Contact tracing identifies and contacts all close contacts during the employee case's infectious period regardless of PPE use.

We also have staff that work for other employers and good communication is essential, so everyone stays informed of potential hazards and exposures.

Notification shall be made, if needed, to non-Duke employees and/or other employers whose employees may have had an exposure, such as the Durham Veterans Affairs Medical Center.

Of note these notifications are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals).

Employees with confirmed infection or who have symptoms of COVID-19 will be excluded from work consistent with CDC's "Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection".

Employees with known exposure will be excluded from work as follows:

- If testing is not available, quarantine for 10 days after the date you last had close contact with the COVID positive person and remain asymptomatic and monitor symptoms for full 14 days following last exposure **OR**
- Be tested for COVID-19 at least five (5) days after exposure, if negative the employee may return to work after seven (7) days after exposure.

Employees with known exposure who are asymptomatic and either have been fully vaccinated OR have recovered from COVID-19 in the past three (3) months **do not need** to be excluded from work. Those who are asymptomatic and fully vaccinated with medium to high risk exposures should still be tested 4-6 days (preferably 5 days) after exposure.

Employees required to be excluded (removed) from the workplace:

- May be required to work remotely or in isolation, based on requirements of the job.
- Receive regular pay and benefits. See [Duke Human Resources](#) for more information.

- Continue and maintain seniority and all other employee rights.
- Upon return, will not be subjected to any adverse action because of the removal.

Vaccination:

Employees will be provided with reasonable time and paid leave to receive vaccination and if they experience any side effects following vaccination.

Employee vaccinations will continue to be offered and reported, consistent with Federal and/or state requirements.

Training:

Consistent with CDC recommendations training was provided to employees when the COVID-19 pandemic began and has been provided at frequent intervals since that time. Methods include in person sessions, one-on-one “just in time” training and use of educational materials. Training is provided to employees in an appropriate language and literacy level.

Training topics include but may not be limited to:

1. Epidemiology of COVID-19, including transmission.
2. Facility specific policies and procedures on patient/resident screening and management
3. Task/situation that may pose a risk of exposure to COVID-19.
4. Facility specific policies to prevent the spread of COVID-19.
5. Employer specific policies on appropriate use of PPE (i.e., when required, limitations, proper donning/doffing, disposal)
6. Facility policies for cleaning and disinfection
7. Facility policies for health-screening and medical management
8. Facility policies for sick leave and any COVID-19-related benefits employees may be entitled to receive.
9. The identity of the safety coordinator specified in this plan.
10. How to obtain a copy of the ETS, the COVID-19 plan and any related policies and procedures

Additional training will continue to be provided whenever:

- Changes occur that affect the employee’s risk of contracting COVID-19.
- When policies or procedures changed **OR**
- There is an indication the employee has not retained the necessary understanding or skill as identified during in-person managerial/colleague oversight, continual readiness surveys, unit rounding, etc.

Training is conducted (or overseen) by a person knowledgeable in the subject matter as it relates to the employees’ job duties and capable of answering employee questions.

Recordkeeping:

All versions of the COVID-19 plan implemented to comply with ETS will be retained.

A log containing a record of each instance identified by Duke Health in which an employee is COVID-19 positive (regardless of whether work related or not) will be maintained while the rule remains in effect.

Information in the COVID-19 log will be recorded within 24 hours of learning of the positive employee.

The log will be:

- Maintained as a confidential medical record.
- Not disclosed except as required by ETS or federal law.
- Contain the following information:
 - Employee name
 - One form of contact information
 - Occupation
 - Location where the employee works
 - Date of last day at work
 - Date of positive test OR date of first symptom

Records will be made available by the end of the next business day (after a request) as follows:

- All versions of the written COVID-19 plan to the employees, their personal representatives, and their authorized representatives.
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee.
- A version of the COVID-19 log that **removes** the names of employees, contact information, and occupation to all the following: any employee, their personal representatives, and their authorized representatives.

Reporting:

It is our policy to report to all Federal, state and county authorities, as required, any information related to COVID-19. Pursuant to the ETS, Duke Health shall report to NC OSHA the following:

- Each work-related COVID-19 fatality within 8 hours of learning of the fatality
- Each work-related COVID-19 inpatient hospitalization within 24 hours of learning of the inpatient hospitalization

Reporting may be done by:

- Calling the NC OSH Division office at 1-800-625-2267 or 919-779-8560 (For a work related fatality or an incident resulting in the hospitalization of two or more employees after working hours, weekends or holidays, call the State Capitol Police at 919-733-3333.) **OR**
- Electronic submission: <https://www.labor.nc.gov/contact/report-workplace-accident/report-workplace-accident-online-form>

Appendix A: Hazard Identification and Assessment

To be most effective most effective, hazard assessments must be conducted as a team approach with management, coordinators, and front-line employees involved in the hazard assessment process (e.g., identifying potential hazards) and the development and implementation of the COVID-19 plan. Information related to hazard identification may be collected by rounding, evaluating the environment, discussion with staff and observing staff practices. See the following documents:

[COVID-19 Recommendations for Negative Pressure Room and/or HEPA Filtration](#)

[Appropriate PPE During COVID-19 Response](#)

[Recommended PPE for Outpatient Management of Asymptomatic Patients](#)

[Management of Patients with Suspected or Confirmed COVID-19 in the Outpatient Setting](#)

[Guidelines for Patients Infected with COVID-19 in Ambulatory Pediatric Clinics](#)

[Transport of Patients on Special Airborne Contact Precautions](#)

[Recommended Eye Protection](#)

[Criteria for Adequate Eye Protection](#)

[ENT/Otolaryngology: PPE Safety Protocols for ENT Clinical Care](#)

[Duke Health Policy for Providers Managing Cardiopulmonary Arrest and RRT in COVID-19 Patients](#)

[Respiratory Therapy Practices During the COVID-19 Pandemic](#)

[DUHS COVID-19 Waste & Linen Management Disposal Guidelines](#)

[Duke Health Universal Masking Guidance](#)

[Patient and Visitor Face Covering Reference Sheet](#)

[PPE Doffing Procedure: Inpatient and ED \(No anteroom\)](#)

[Keeping Yourself and Your Team Members Safe](#)

[Isolation for Special Droplet and Contact Precautions](#)

[Criteria for Discontinuation of Special Airborne Contact Isolation; \(Poster\) Criteria for Discontinuation of Special Airborne Contact Isolation](#)

Appendix B: § 1910.504 Mini respiratory protection program

This section applies only to respirator use when not required in accordance with § 1910.502

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Respirators provided by employers:

- When Duke Health provides respirators to employees not required to wear them (use as source control or as face mask) the following activities will take place:
 - Employee training:
 - How to inspect, put on and remove; the limitations and capabilities of the respirator (especially when not fit tested); procedures and schedules for storing, maintaining, and inspecting respirators; how to perform a user seal check and how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
 - Ensure employee performs a user seal check each time the respirator is put on.
 - Reuse of respirators:
 - Ensure the respirator is only used by that employee.
 - Not visibly soiled or damaged.
 - Has been stored in a breathable storage container (paper bag) for at least five calendar days between use and been kept away from moisture.
 - Employee does a visual check for signs of damage.
 - Employee successfully completes a user seal check.
 - Employee uses proper hand hygiene.
 - Respirator has not been worn more than five days total.
 - Discontinuing use
 - Employees will be required to discontinue use when either the employee or supervisor report medical signs/symptoms related to use of the respirator.

Respirators provided by employees:

- Where employees provide and use their own respirators, Duke Health will provide each employee with the following notice:

Respirators can be an effective method of protection against COVID-19 hazards when properly selected and worn. Respirator use is encouraged to provide an additional level of comfort and protection for workers even in circumstances that do not require a respirator to be used. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. If your employer allows you to provide and use your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. *Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.*
2. *Keep track of your respirator so that you do not mistakenly use someone else's respirator.*
3. *Do not wear your respirator where other workplace hazards (e.g., chemical exposures) require use of a respirator. In such cases, your employer must provide you with a respirator that is used in accordance with OSHA's respiratory protection standard (29 CFR 1910.134).*

For more information about using a respirator, see OSHA's respiratory protection safety and health topics page: (<https://www.osha.gov/respiratoryprotection>).