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WEBINAR SERIES

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MEET YOUR PANELISTS

COVID-19: ROAD TO RECOVERY



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Providing a Safe Work and Public Space After the COVID-19 Pandemic

PRESENTED BY:

Bruce Groves, CIH - Emilcott

Paul Migliore – Belfor Property Restoration



These do not need to be Conflicting Goals

1. Keeping People Safe
2. To not overwhelm the Healthcare system.
3. To keep people working and the economy moving

Background and Introduction

- Public Health Versus Worker Health
 - Worker vs Public Cohort

Messaging:

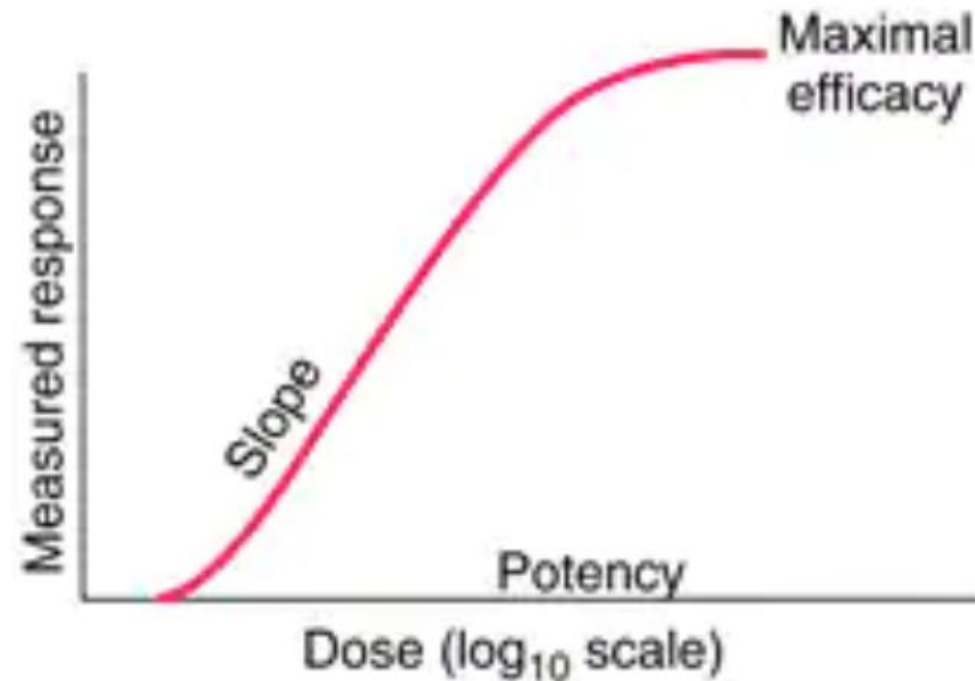
- Healthcare – Infectious Disease Doctors
- Epidemiologists
- Politicians
- Industrial Hygienists
- Business Leadership



Novel Coronavirus, nCoV: New coronavirus

- **SARS COV-2:** Virus
- COVID-19: Coronavirus disease 2019
- Not a living organism but a protein molecule covered in a protective layer of fat.

The Discussion on Dose is Missing with COVID-19



Effective Dose and Virulence



Article

Applied Biosafety, 8(4) pp. 160-165 © ABSA 2003

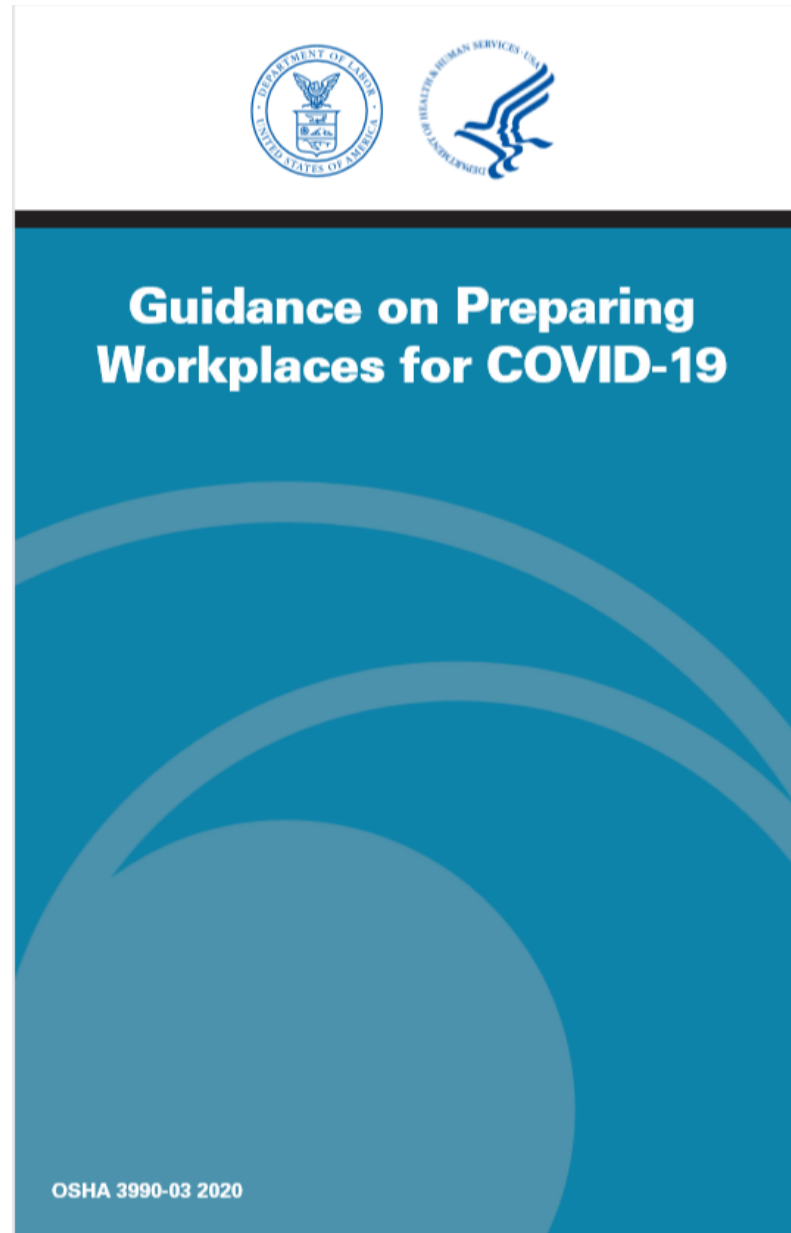
OSHA Infectious Dose White Paper

Submitted by Barbara Johnson

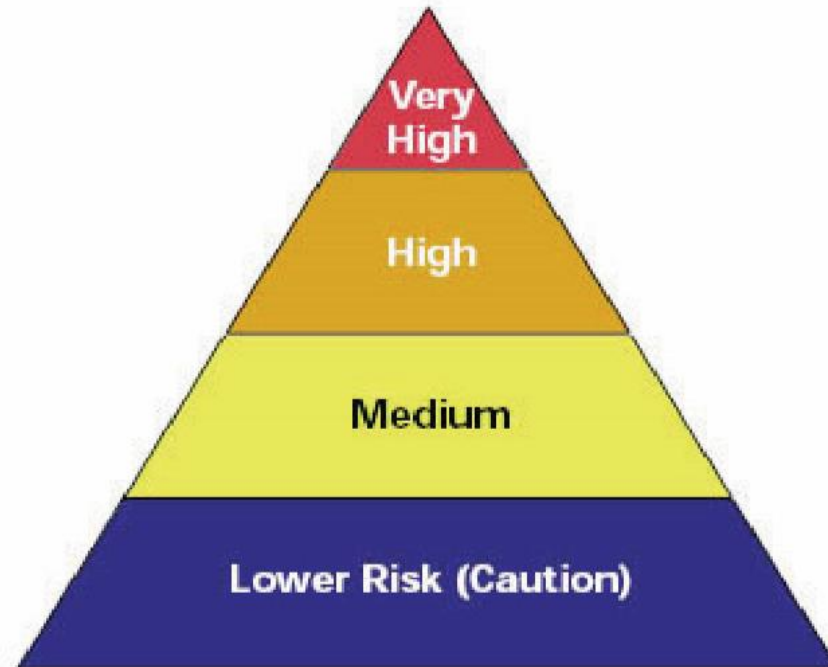
Science Applications International Corporation, McLean, Virginia

During the past summer, OSHA requested ABSA's technical support to develop a white paper regarding the concept of infectious dose. ABSA was asked to consider whether infectious doses for organisms could be defined in such a way to potentially develop permissible exposure levels to those infectious agents. The following paper was researched and developed by ABSA's Technical Review Committee and Council in support of the ABSA/OSHA Alliance.

challenge even to the healthiest immunized laboratory worker, and may pose a serious risk to those with lesser resistance. The laboratory worker's immune status is directly related to his/her susceptibility to disease when working with an infectious agent (NIH Guidelines, 2002; CDC-NIH, 1999). By analogy with the LD₅₀ metric that is used to communicate chemical toxicity, OSHA has asked ABSA to evaluate whether infectious dose would provide a meaningful parameter for communicating the rela-



Occupational Risk Pyramid for COVID-19



OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

1 8

Risk Categories

- Lower (Caution) – Jobs that do not require contact with known or suspected infected with the virus... nor frequent close contact with the general public – minimal occupational contact with the public and other coworkers
- Medium – Jobs that require frequent or close contact with people who may be infected but are not known to be COVID-19 patients – also may have contact with the general public
- High – High potential exposure to sources of COVID -19
- Very High – High Exposure Risk to known sources of COVID-19

Recording workplace exposures to COVID-19

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties only if all of the following are met:

1. The case is a confirmed case of COVID-19
2. The case is work-related, and
3. The case involves one or more of the general recording criteria

Action Items

- Develop a Program to Manage your Workforce during this Pandemic
 - Take a Risk Based approach to Classifying Employee Work Functions
 - Be Prescriptive on what is required for each Employee at each Risk Level
 - Work Practices
 - Cleaning of Facilities and Equipment
 - Personal Hygiene
 - Segregation of Work Clothing
 - Use of PPE (Availability of PPE) - Good versus Best Practices
 - Reporting of Symptoms

Action Items

- Develop Policies
 - WFH
 - Reporting and Self Quarantining
 - Recordkeeping
- Messaging
 - Leadership Communication
 - Low/Medium Risk at the workplace
 - Aggressive H&S Protocols are in Place
 - Best practices outside of work

Wearing a mask



Mandatory versus voluntary

- Mandatory use of respiratory protection = full requirements of OSHA Respiratory Protection Standard
- Voluntary use of respiratory protection = some exemptions to the requirements

N95 VERSUS SURGICAL MASKS

- Surgical masks are not designed for use as particulate respirators.
- N95s are particulate respirators and have a tight seal around the face.



Does an N-95 protect?

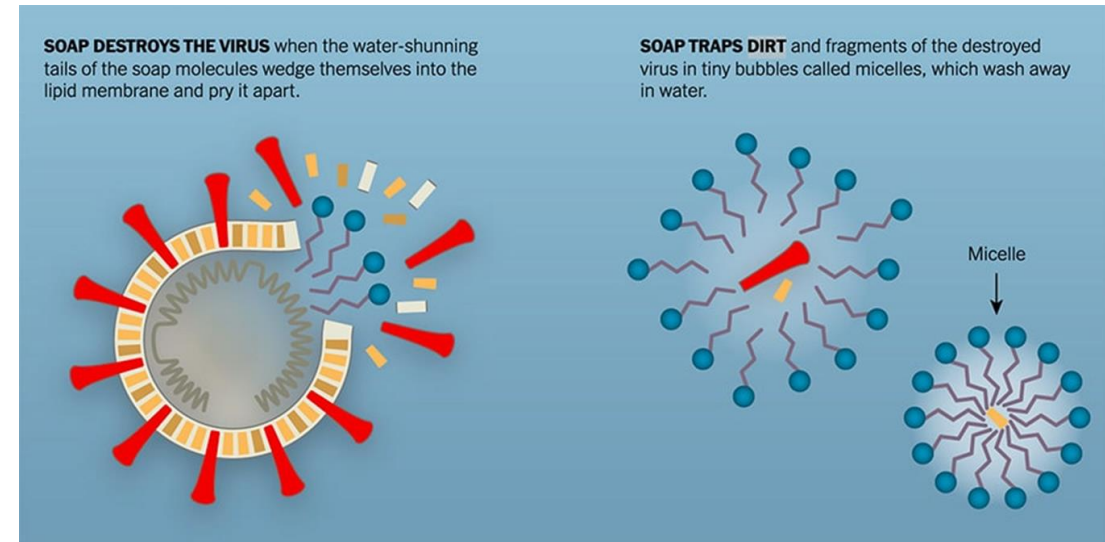
- An N95 removes particles from the air that are breathed through it. These respirators filter out at least 95% of very small (0.3 micron) particles.
- Coronavirus particles are spheres with diameters of approximately 0.125 microns (125 nm). The smallest particles are 0.06 microns, and the largest are 0.14 microns.

Stage One – Getting Customers Back

- Establishment Promise to both Employees and Customers
 - Training
 - Supplies
 - Oversight
- Daily Deep Cleaning
- Screening
 - Self reporting
 - Temperature check
- Continual wipe down of machines by Establishment
 - Time intervals
 - Usage intervals
- Public participation - Personal hygiene
 - Wipe dispensers
 - Self sanitization stations - dispensers

Cleaning and Disinfecting COVID-19 impacted areas

- Process/material to melt fat
- Alcohol plus water (>65%)
- Survives:
 - 3 hours for fabrics
 - Up to 72 hours on plastic
- EPA List N for disinfectants (with contact time)



Steps to Clean – Establish a Scope

- Wait time
- Cleaning first to remove the soil & dirt
- Second - Disinfecting to kill viruses on surfaces –
 - low, pressure, contact time
- Wipe surfaces
- Disinfect fabrics



Lessons Learned and Action Items

- Lessons Learned
 - Many New Hires,
 - Compliance Gaps
 - Lack training
 - Inadequate PPE
 - Rushed
- Management System & Oversight
 - Follow specifications & scope
 - Document process, checklist
 - Final reporting (defensible)

QUESTIONS?

- Bruce Groves, CIH bgroves@emilcott.com
- Paul Migliore paul.migliore@us.belfor.com



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PANELIST Q&A



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