



The Kansas Hospital Association Workers' Compensation Fund has created this summary of excerpts from the July 15, 2020, Centers for Disease Control and Prevention's (CDC's) [Interim Infection Prevention and Control Recommendations for Health Care Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#). This summary specifically highlights the key points related to the use of employee screening, use of masks and physical distancing for health care personnel.

[This CDC guidance](#) is what the Occupational Safety and Health Administration (OSHA) references for the issuance of citations in the current absence of a COVID-19 specific OSHA standard. Information from OSHA also is referenced in this summary.

**Health Care Personnel (HCP):** Health Care Personnel refers to all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. Health Care Personnel include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

### **Screen and Triage Everyone Entering a Health Care Facility for Signs and Symptoms of COVID-19**

- **Screen everyone (patients, health care personnel and visitors)** entering the health care facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection and ensure they are practicing source control.

If health care personnel have signs or symptoms of COVID-19 they should return home and should notify occupational health services to arrange for further evaluation.

### **Implement Universal Use of Personal Protective Equipment**

Health Care Personnel should wear a facemask at all times while they are in the health care facility, including in breakrooms or other spaces where they might encounter co-workers.

- **Facemask:** Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.
- **Respirator:** A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in health care. Refer to the Appendix for a summary of different types of respirators.
- **Cloth face covering:** Textile (cloth) covers that are intended for source control. They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed.

To reduce the number of times health care personnel must touch their face and potential risk for self-contamination, health care personnel should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering.

Health care personnel should remove their respirator or facemask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.

Educate patients, visitors, and health care personnel about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.

## **Levels of Community Transmission**

**Areas of no to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting.

**Areas of minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.

**Areas of substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces.)

**For health care personnel working in areas with minimal to no community transmission, health care personnel** should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for health care personnel.

**Health care personnel working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), health care personnel should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also:

- Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.

### **Encourage Physical Distancing**

Health care delivery requires close physical contact between patients and health care personnel. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.

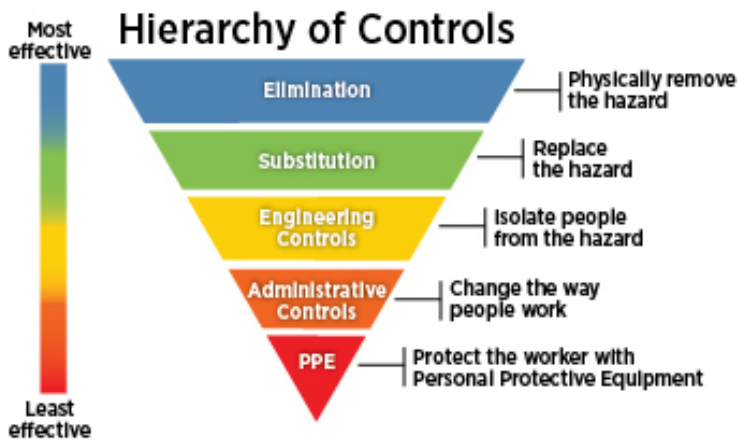
For health care personnel, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:

- Reminding **health care personnel** that the potential for exposure is not limited to direct patient care interactions.
- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, **health care personnel**) can remain at least 6 feet apart from each other.
- Designating areas for **health care personnel** to take breaks, eat and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

### **OSHA - Health Care Employers Only**

OSHA recommends that health care workers with exposure to suspected or confirmed COVID-19 patients wear PPE ensembles that include N95 or better filtering facepiece respirators. For health care workers providing patient care to other patients (i.e., those who are known, suspected of having or known to have COVID-19) in communities with ongoing community transmission, surgical masks can be used in conjunction with face shields or goggles to protect the wearer from exposure to others' respiratory droplets and splashes or sprays of other body fluids that can spread diseases.

In these instances, the combination of surgical masks with face shields or goggles can reduce the risk of exposure to the virus when caring for people who may spread COVID-19 without knowing they have it. For some activities, including aerosol-generating procedures, healthcare workers likely need N95 or better filtering facepieces respirators. N95 or better respirators should be used in accordance with a [respiratory protection program](#).



Source: NIOSH

The FDA has concluded that respirators approved by NIOSH, but not currently meeting the FDA’s requirements, may be protective against SARS-CoV-2. The FDA is providing a list of authorized emergency-use respirators for health care personnel. Health care employers may view the list of approved respirators, and respirator manufacturers and stockpile managers may find information about how to obtain approval for expired respirators, at: [www.fda.gov/media/135763/download](http://www.fda.gov/media/135763/download) and [www.fda.gov/media/135921/download](http://www.fda.gov/media/135921/download).

## OSHA Citation Guidance

OSHA will, on a case-by-case basis, exercise enforcement discretion when considering issuing citations under 29 CFR § 1910.134(d) and/or the equivalent respiratory protection provisions of other health standards in cases where:

- The employer has made a good faith effort to obtain other alternative filtering facepiece respirators, reusable elastomeric respirators, or PAPRs appropriate to protect workers;
- The employer has monitored their supply of N95s and prioritized their use according to CDC guidance ([www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html](http://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html); [www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html));
- Surgical masks and eye protection (e.g., face shields, goggles) were provided as an interim measure to protect against splashes and large droplets (note: surgical masks are **not** respirators and do not provide protection against aerosol-generating procedures); and
- Other feasible measures, such as using partitions, restricting access, cohorting patients (health care), or using other engineering controls, work practices, or administrative controls that reduce the need for respiratory protection, were implemented to protect employees.



If you have any questions or need additional assistance, please contact Chris Saiya, Safety Program Manager, Kansas Hospital Association Workers’ Compensation Fund, at [csaiya@khsc.org](mailto:csaiya@khsc.org) or (785) 276-3106.