STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Guiding Principles for the Development of Worker Protection Protocols during the COVID-19 Pandemic

As Connecticut begins the process of reopening large segments of our economy, state and municipal agencies as well as private entities will begin to loosen restrictions on work-from-home that were implemented at the beginning of the COVID-19 pandemic, to include more in-house activities and activities in the field related to regulatory inspections, site meetings, residential visits, and many other interactions. Although we are beginning to loosen restrictions overall as a state, public health data still identifies a risk for community spread of COVID-19, and even with continuous use of appropriate controls, that risk cannot be fully mitigated. As such and to the extent feasible, individuals should be encouraged to continue to work from home to the extent possible, especially those at particular risk for complications related to COVID-19 infection (age 65 years or older, those with underlying health conditions). In addition, all field activities that include face-to-face interactions should be postponed if practical, until such time as community-acquired COVID-19 is no longer a significant risk.

In those cases where governments or private entities will begin to bring their employees back into the office and/or begin to expand their field-based activities, there are several steps that can be implemented to minimize the risk of COVID-19 exposure to workers and subsequent spread in the community when performing activities in the field. Most importantly, individual agencies should discuss, develop, and approve their own protocols and sets of rules for their specific workforce and the activities they perform every day. There is no one set of guidelines that a health agency or worker safety organization can provide that will effectively address the specific work and needs of the myriad of activities happening every day in public and private workplaces.

Individual agencies have within their management and staff all the information they need to inform the development of appropriate worker protection protocols, including the different kinds of work that they do, the specific risks they encounter in the course of their work, the individuals they interact with, and the specific activities that lend themselves more to virtual work and those that need to be done in-person. This is why specific procedures should be developed by agency staff, with significant input from both labor and management, and should involve discussions about the work that needs to be performed, who is best to perform the work, detailed stepwise instructions on how the work is to be

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performed, and how to ensure the work to be performed can be maximally protective to workers and clients while also being done in a meaningful way. In developing their specific procedures for protecting their workforce from COVID-19, agencies should keep in mind both the overall public health measures promoted by the Connecticut Department of Public Health, the Centers for Disease Control and Prevention, and other health agencies as well as the hierarchy of controls model that is used as a decision-making guide for all workplace safety and health applications.

Overarching Public Health Measures

There are many things we know about how COVID-19 spreads (and how it does not) that inform the public health control recommendations that have been in place since the pandemic began. These principles should be kept in mind and incorporated into any processes and/or protocols being developed by agencies to protect workers in the office or in the field. These are:

1. *Source control* – individuals should wear a mask that completely covers the nose and mouth during any interaction with other people outside of their family unit. These masks are not necessarily intended to protect the wearer, but instead are designed to protect everyone else from any saliva droplets that may be expelled <u>by</u> the wearer during things like breathing, talking, coughing, or sneezing. These masks need only be simple surgical-style masks that loop over the ears or cloth masks. Filtering masks like N95s are not necessary and should be reserved for healthcare workers or other individuals providing direct care to known or suspected COVID-19 patients.

2. *Social distancing* – because we know that this virus is primarily spread through larger droplet emissions of saliva from one individual directly to another, maintaining a distance of 6 feet from other people will generally allow a significant amount of any droplets generated by someone you interact with to fall out of your breathing zone before they can reach your face. In the event more vigorous activity is expected (such as heavy aerobic exercise, singing, or projected speaking), distance between individuals should be increased to 12 feet or more, as these activities can cause droplets to be projected further.

3. *Hand hygiene* – Although the vast majority of COVID-19 infections are spread directly from person to person, the virus can live on surfaces for extended periods of time under certain conditions. However, simple hand hygiene can eliminate the risk of transmission of the virus from contaminated surfaces. Washing hands frequently with soap and water for at least 20 seconds or frequent use of alcohol-based hand sanitizer is very effective at killing any virus on a person's hands. In addition, individuals should avoid touching their face (especially eyes, nose, and mouth) as much as possible with unwashed hands outside of their homes.

Hierarchy of Controls

When considering procedures to protect workers exposed to hazards in any workplace, occupational health professionals apply what is called the "hierarchy of controls" for the most effective mitigation of those hazards. The hierarchy represents a decision-making process for employers on what controls can be put in place to practically and most effectively protect their workforce, with preference given to controls that are designed to take human activity and decisions out of the equation (e.g. putting a permanent physical barrier in place) over those controls that depend significantly on the human element (e.g. the use of personal protective equipment (PPE)). The potential for worker exposure to COVID-19 and mitigation of that risk can be handled in much the same way. The different categories of controls are listed below in the order of their effectiveness and preference, with specific examples that could be applied to workplaces to prevent exposure to COVID-19.

Elimination/Substitution (most effective control measures)

- Continue to encourage staff to work from home to reduce the person-load of individuals present in the office.

- Gather as much information as possible prior to site visits, either by telephone or email, to minimize the need for extended verbal interactions during the visit and to minimize the amount of time spent physically on-site.

- If anyone scheduled for in-person work has signs of COVID-19 or recent close contact with anyone with suspected COVID-19, or due to age or underlying conditions are at increased risk for health complications resulting from COVID-19, they should be excluded from the on-site contingent and replaced with other non-symptomatic or lower-risk individuals.

Engineering Controls (more effective control measures)

- Increase and encourage the use of technology so that individuals who must be physically present on-site can still interact with other staff who are involved "virtually" via conference call or live video connection.

- Maintain a minimum physical distance of 6 feet from other people to the extent possible (social distancing) and perform as much of the on-site work that involves interaction with other people in outdoor, open-air spaces.

- Install barriers to separate individuals who must interact in close contact with each other. Remove seating in areas of congregation to discourage groups from interacting in those areas.

- Perform as much of the on-site work, including discussions and information exchange, in open air outdoor spaces to further minimize survival time of the virus.

<u>Administrative/Work Practice Controls</u> (less effective control measures)

- Wash hands with soap and water, or apply commercially-available alcohol-based hand sanitizer, frequently when performing work on-site. Repeat handwashing or application of hand sanitizer frequently, particularly if the work will involve an extended amount of time on-site.

- Avoid touching your face, especially your eyes, nose, and mouth, during the day and avoid any physical contact (such as hand shaking) with other people on-site. To the extent possible, avoid touching surfaces as well.

- Ask workers to pre-screen for symptoms prior to presenting for on-site work and require individuals to stay home when they are sick.

- Extend policies for modified duty and off-site work to encourage individuals with even mild symptoms related to COVID-19 to stay home.

<u>Personal Protective Equipment (PPE)</u> (least effective control measures)

- Utilize universal source control practices, by requiring any individual on-site to wear a surgical-style mask or cloth face covering that completely covers the nose and mouth, to protect against respiratory droplet spread.

- If the above controls are not practical or cannot be used effectively, it may be necessary for individuals performing site visits to wear personal protective equipment, especially where extended close contact with individuals who cannot use a mask for source control is anticipated. N95 or better tight-fitting filtering facepieces or powered-air purifying respirators (PAPR), gloves, gowns, shoe covers and other types of disposable or reusable PPE may be necessary. Agencies should make themselves aware of Occupational Safety and Health Administration regulations surrounding PPE use, including training, fit-testing, recordkeeping, and other requirements prior to distributing PPE to their field staff.

- If no other remedy is possible and therefore on-site field activities are to be performed that will require PPE, plans for the site visit should be made in consultation with a supervisor and the Agency Safety Officer (*insert name and contact information*) to ensure that PPE is necessary, that appropriate PPE is available for use, that the PPE to be used is appropriately sized, and that staff are instructed on how to properly don, wear, doff, and dispose of PPE.

Again even when properly applied, the examples of controls listed here, in concert with the overarching public health measures provided, are variable in their effectiveness to minimize exposure to COVID-19 to staff performing on-site work, either in the office or in the community. Agency labor and management should work closely to develop and approve the most protective and practical guidance for their individual workplaces. Agency staff should give extensive consideration to how past normal operating procedures can and should be changed to accommodate increased use of technology to reduce the frequency and duration of in-person contacts at work.

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