

COVID-19: Construction Worker Potential Exposure Risk Assessment

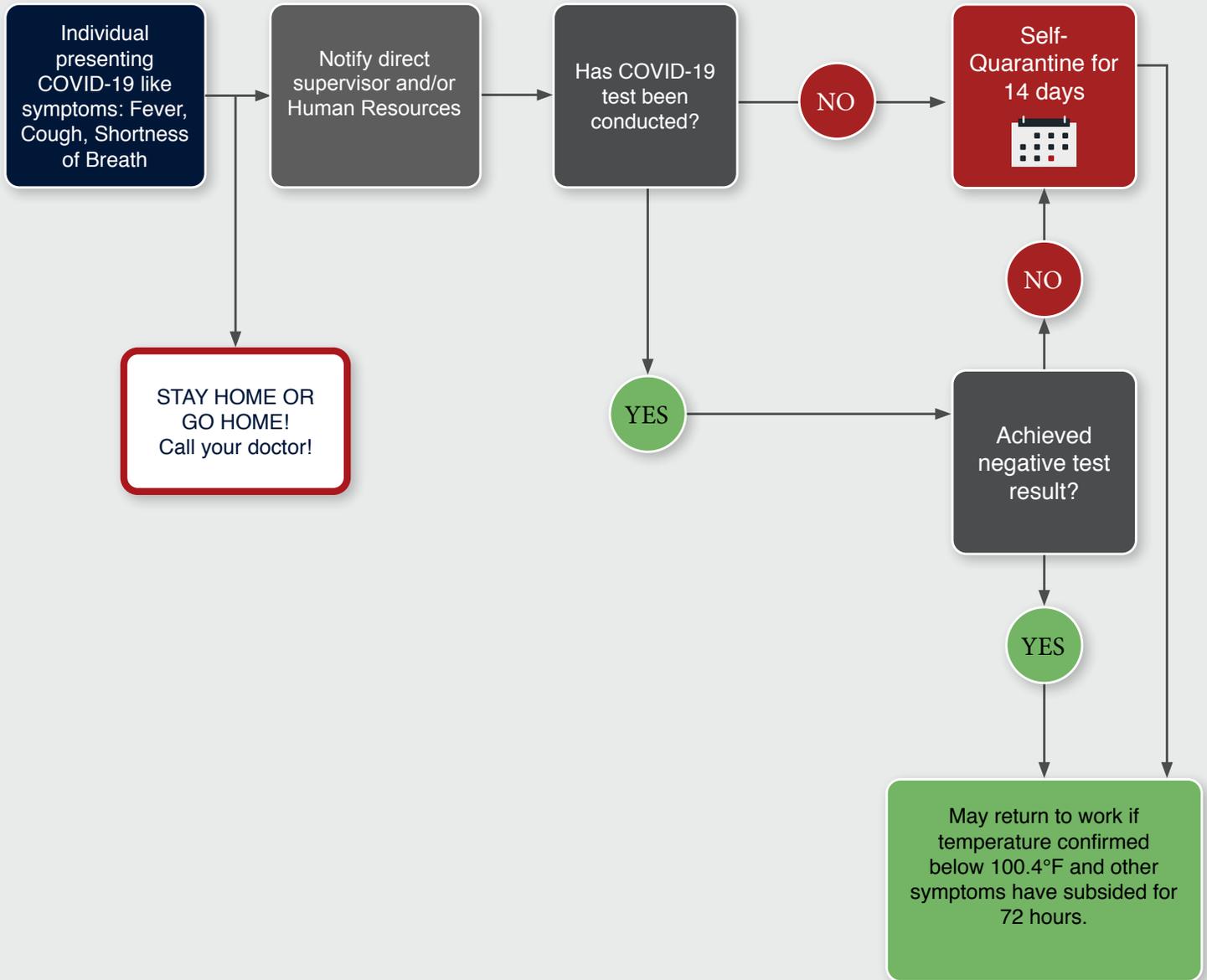
Coronavirus Disease (COVID-19) is primarily thought to spread person to person including between people who are in close contact with one another (within 6 feet), or through respiratory droplets produced when an infected person coughs and/or sneezes. There is a possibility that transmission can occur by touching a surface or object that has COVID-19 on it then touching your mouth, nose and/or eyes, but this is not thought to be the primary way the virus spreads.

| Epidemiological risk factors | Exposure category | Recommended Monitoring for COVID-19 (until 14 days after last potential exposure) | Work Restrictions for Workers |
|---|--------------------------|---|--|
| <u>Prolonged</u> close contact with a confirmed COVID-19 person. Brief interactions are less likely to result in transmission. | | | |
| Worker who is a CONFIRMED CASE or REASONABLY SUSPECTED CASE. | High | Active | Exclude from work until quarantine criteria is met ¹ . |
| Worker who has a household contact with a CONFIRMED CASE or REASONABLY SUSPECTED CASE. | High | Active | Exclude from work for 14 days after last exposure, or if becomes symptomatic until quarantine criteria is met ¹ . |
| Worker who was on the jobsite with a confirmed case or reasonably suspected case for the <u>entire shift</u> and in the <u>same work location</u> . Thorough investigation to be completed by senior management to determine full scope of exposure. | Medium | Active | Exclude from work for 14 days after last exposure. |
| Worker who was on the jobsite with a confirmed case or reasonably suspected case but in a different work location and did not interact with the confirmed/suspected case. For example, plumber working on level 1 of a building was the confirmed case, the painters on level 2 are at a low risk of exposure. Thorough investigation to be completed by senior management to determine full scope of exposure. | Low | Self-monitoring for symptoms | None. |
| If a household contact of a worker is under investigation for a possible exposure there is no risk to the jobsite or any crews. Only potential risk is if the actual worker on the jobsite has symptoms and is being tested for COVID-19. | Low/No identifiable risk | Self-monitoring for symptoms since community spread is known and restrict from work if symptoms start. No additional risk from this scenario other than general community risk. | None. |
| Handling shipments arriving from foreign countries. | No identifiable risk | Self-monitoring for symptoms since community spread is known and restrict from work if symptoms start. No additional risk from this scenario other than general community risk. | None. |

COVID-19: Exposure Flow Chart

Possible Exposure... What to do?

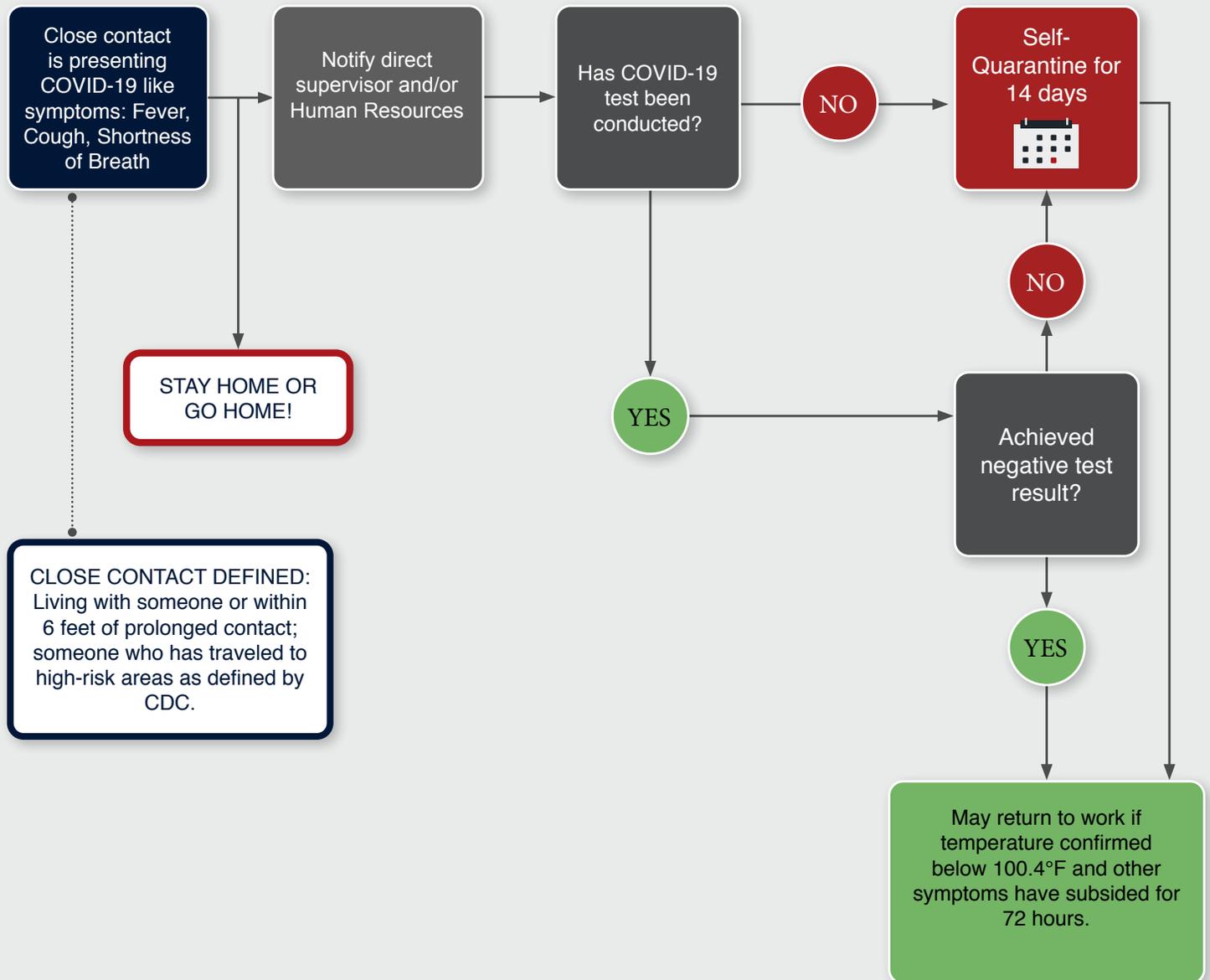
If you have COVID-19 or flu-like symptoms:



COVID-19: Exposure Flow Chart

Possible Exposure... What to do?

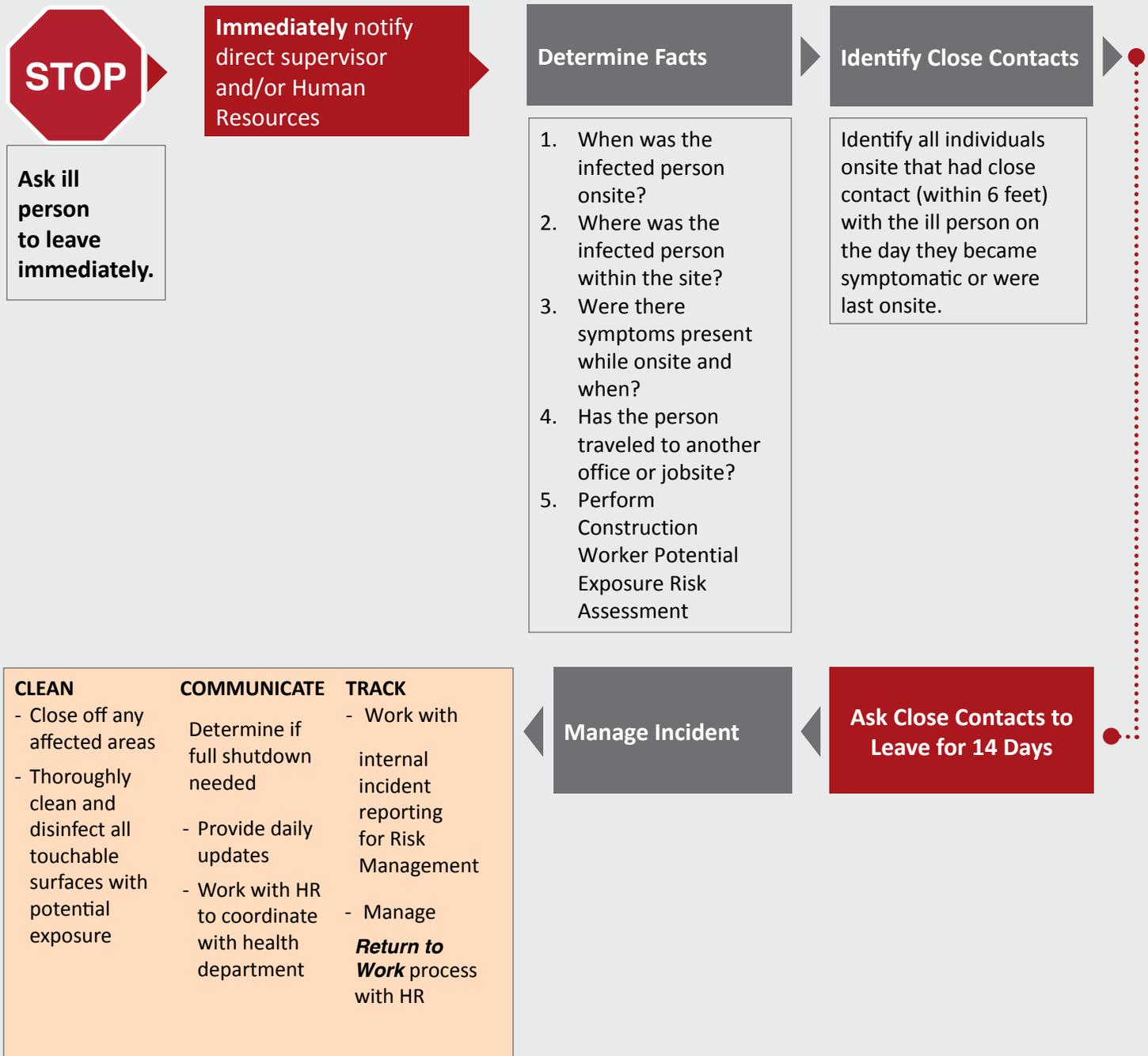
If you have had close contact with someone showing symptoms:



COVID-19: Suspected or Confirmed Case Protocol

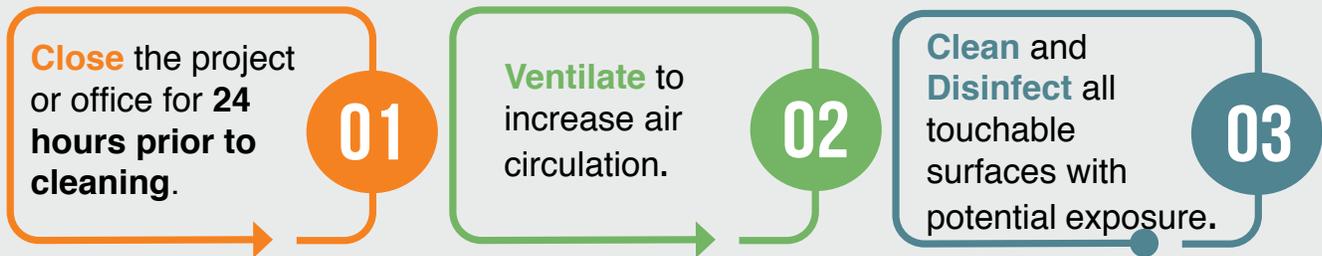
Use the process below for someone who...

- » Tests positive for the COVID-19 virus
- » Has a test pending for the COVID-19 virus due to close contact in any form
- » Is informed by a medical professional that they likely have the COVID-19 virus
- » Has been exposed to someone with a confirmed or reasonably suspected case of COVID-19



COVID-19: Interim Guidelines for Cleaning and Disinfection at the Job Sites & Office

First Steps After Persons are Presumed Positive or Confirmed to have COVID-19:



How to Clean/Disinfect:

Personal Protective Equipment Required:



Disposable
Gloves



Safety Glasses
with Side Shields



Disposable
Garments or
Long Sleeves



Hand Soap or
Sanitizer

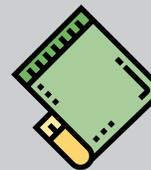
Cleaning Equipment Required:



Bleach



Water
and Pail



Rags or
Wipes



Mop



Garbage
Bags

1. **Put on personal protective equipment (PPE).** Do not touch your face further.
2. Prepare bleach solution using a 3/4 cup bleach to one gallon water ratio.
3. Open windows and/or ventilate the area.
4. Thoroughly **clean all touchable surfaces with potential exposure**, including common surfaces.
5. Allow for **5 minutes of wet contact time** with bleach/disinfectant.
6. Put all used rags and mop heads into disposable garbage bag.
7. Remove gloves, using an inside-out technique, and throw into garbage bag.
8. Wash your hands thoroughly with soap and water for 20 seconds.
9. Remove any disposable clothing and throw into garbage bag.
10. Wash your hands again thoroughly with soap and water for 20 seconds.
11. Continue to ventilate the area.
12. The site may be reopened **after cleaning is complete**. Designate an entry and exit point to the project site or office, and hang posters warning that symptomatic personnel are not to enter the project to prevent a future shutdown.

COVID-19: Pautas provisionales para la limpieza y desinfección en los sitios de trabajo y oficina

Primeros pasos después de que las personas se presumen positivas o se confirme que tienen COVID-19:

Cerrar el proyecto u oficina por **24 horas para limpieza**

01

Ventilar para aumentar la circulación del aire

02

Limpiar y Desinfectar todas las superficies

03

Como Limpiar/Desinfectar

Equipo de protección personal requerido:



Guantes desechables



Gafas de seguridad con protección lateral



Prendas desechables o mangas largas



Jabón de manos o desinfectante

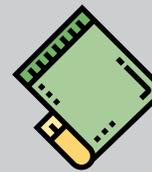
Equipo de limpieza requerido:



Blanqueador



Agua y cubeta



Trapo o toallitas



Trapeador



Bolsas de basura

1. **Póngase el equipo de protección personal (PPE).** No toque su cara.
2. Prepare la solución de cloro usando una proporción de 3/4 de taza de cloro por galón de agua.
3. Abra ventanas y/o ventile el área
4. **Limpie a fondo todas las superficies táctiles con exposición potencial,** incluidas las superficies comunes.
5. Deje reposar el cloro o desinfectante por **5 minutos.**
6. Coloque todos los trapos y trapeadores usados en una bolsa de basura desechable.
7. Quítese los guantes con la técnica de adentro hacia afuera y tírelos a la bolsa de basura.
8. Lávese bien las manos con agua y jabón durante 20 segundos.
9. Quítese la máscara, los lentes y la ropa desechable, tírelos a la bolsa de basura.
10. Lávese bien las manos nuevamente con agua y jabón durante 20 segundos.
11. Continúe ventilando el área.
12. El sitio puede volver a abrirse **después de completar la limpieza.** Designe un punto de entrada y salida al proyecto u oficina, y cuelgue carteles advirtiendo que el personal que presente síntomas no debe ingresar al proyecto para evitar un cierre futuro.



DEFINITIONS

Self-monitoring means the worker should monitor themselves for fever and respiratory symptoms (e.g., cough, shortness of breath, sore throat)*. **Do not come to work if symptoms arise.**

Active monitoring means the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat)*.

Close contact for worker exposures is defined as follows:

- a) Being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (e.g., working with the patient for most of or all of a shift), or
- b) Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

EXPOSURE RISK CATEGORY

While body fluids other than respiratory secretions have not been clearly implicated in transmission of COVID-19, unprotected contact with other body fluids, including blood, stool, vomit, and urine might put a worker at risk of COVID-19 transmission.

Table above describes possible scenarios that can be used to assist with risk assessment. These scenarios do not cover all potential exposure scenarios and should not replace an individual assessment of risk for the purpose of clinical decision making or individualized public health management. Any public health decisions that place restrictions on an individual's or group's movements or impose specific monitoring requirements should be based on an assessment of risk for the individual or group. Companies, in consultation with public health authorities should use the concepts outlined in this guidance along with clinical judgment to assign risk and determine need for work restrictions.

- **High-risk** exposures refer to workers who have tested positive or had prolonged close contact with confirmed persons with COVID-19.
- **Medium-risk** exposures generally include workers who had contact with confirmed persons with COVID-19, but that contact was not prolonged close contact or contact with the confirmed cases body fluids.
- **Low-risk** exposures generally refer to very brief interactions with persons suspected to have COVID-19 or exposure to persons who have been in contact with a person suspected to have COVID-19 but are not having any symptoms themselves.

Workers with no direct contact with a confirmed case and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19.

Risk stratification can be made in consultation with the hospitals Infection Prevention team or public health authorities.

¹GUIDELINES FOR REMOVAL FROM QUARANTINE

Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy):

Persons with COVID-19 and have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed since symptoms first appeared.
- Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness

Test-based strategy (simplified from initial protocol) A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that only one swab is needed at every sampling.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications, **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart** (total of two negative specimens).

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

These guidelines are developed based of the current CDC guidelines as of 3/18/2020. Since this situation is rapidly evolving, these policies and protocols are subject to change.

References

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.osha.gov/Publications/OSHA3990.pdf>