

COVID-19 FAQ
From
AKOSH Consultation and Training Team

Disclaimer: This AKOSH FAQ sheet is subject to change as Alaska progresses into different Phases of reopening. It does not constitute legal advice and should not be construed on its own as fulfilling the employer's overall obligations to ensure a safe and healthful work environment. As the COVID-19 pandemic develops, recommendations contained in this document may change; therefore, employers should continue to monitor developments in their areas.

1. Is there someone at AKOSH who can provide fit-testing support?

AKOSH can conduct training and fulfill a **supporting** role in the process of fit-testing. However, employers must have a trained and qualified professional conduct fit testing.

2. Does AKOSH have a list of businesses who are certified to conduct Respirator Fit Testing and provide support to healthcare-related providers who have not previously required N95 respirators?

AKOSH does not "endorse" and is prohibited from endorsing businesses that provide fit-testing or any type of service. In order to find a business that conducts Fit Testing, one can research "Respirator Fit Testing" in the area that you are interested in having fit-testing conducted. Additionally, AKOSH does not endorse, refer, or suggest any type of business to agencies.

3. What respiratory protection program guidance would you recommend be posted to our website? Is there something that can be prepared to help smaller practices? Dentists?

There are a number of resources available as references for respiratory fit-testing guidance:

The CDC has provided guidance for Dental Offices for the COVID-19 Pandemic with Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

"Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard 1910.134. Healthcare Providers should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use."

Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces during the COVID-19 Outbreak:

<https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

Occupational Safety and Health Standards, Personal Protective Equipment, Respiratory Protection:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=standards

4. Can businesses rely on the recommendations in OSHA's [Guidance on Preparing Workplaces for COVID-19](#)?

Yes, employers and workers can rely on this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace.

The Occupational Safety and Health Administration (OSHA) along with the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices.

Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available. The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak.

5. Can my employer retaliate against me for raising concerns relating to lack of support in implementing specific Covid-19 associated safety measure?

The US Department of Labor reminds employers that they cannot retaliate against workers during the coronavirus pandemic. (OSHA National News Release April 8, 2020)

Section 11(c) of the Occupational Safety and Health Act of 1970 (OSH Act) prohibits employers from retaliating against employees for exercising a variety of rights guaranteed under the OSH Act, such as filing a safety or health complaint with OSHA, raising a health and safety concern with their employers, participating in an OSHA inspection, or reporting a work-related injury or illness.

Acts of retaliation can include termination, demotions, denials of overtime or promotion or reduction in pay or hours.

An employee, or representative of an employee, who believes he or she has been retaliated against in violation of Section 11(c), may file a complaint with OSHA within 30 days of the unfavorable employment action (see above). Complaints may be filed verbally with AKOSH.

6. Are businesses required to conduct risk assessments to determine appropriate PPE?

An "Exposure Control Plan" developed for your business shall identify at risk workers through an updated risk assessment and take the appropriate steps to protect them. This is a requirement of The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm."

It is recommended to review “Classifying Worker Exposure to SARS-CoV-2” portion in OSHA’s [Guidance on Preparing Workplaces for COVID-19](#) to determine the risk factor and take the appropriate steps to protect workers. While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Employees should continue to follow their routine policies and procedures for PPE (if any) that they would ordinarily use for their job tasks. When cleaning and disinfecting, employees should always wear gloves and gowns appropriate for the chemicals being used. Additional personal protective equipment (PPE) may be needed based on setting and product. CDC does not recommend the use of PPE in workplaces where it is not routinely recommended. Facilities can use the [Hierarchy of Controls](#), such as administrative, and engineering controls – these strategies are even more effective at preventing exposures than wearing PPE.

7. May we refer businesses to AKOSH for assistance (advice, training, points of contact) with that determination?

Yes, you can contact AKOSH Consultation and Training for assistance.

8. How will businesses determine whether their workers fall under the Low, Medium, High, or Very High exposure risk group? (Low and Medium risk group explanation from the OSHA guidance is included below)

Specifics can be found at OSHA: <https://www.osha.gov/Publications/OSHA3990.pdf>, pages 18-23.

9. How do businesses that fall under the medium risk group receive assistance to learn about and coordinate the engineering and administrative controls and select and resource PPE for their workers?

The controls are implemented effectively once the employer identifies potential sources of exposure. Employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. An employer can conduct a hazard recognition. This details the workers’ job duties which may affect their level of occupational risk, and such risks that may change as workers take on different tasks within their positions. The employer should demonstrate a good faith attempt to meet the applicable requirements as soon as possible following the re-opening of the workplace. A COVID-19 Plan should be in place to maintain a healthy work environment, procedures for reusing this PPE, and routine cleaning and disinfection procedures. This will give guidelines with expectations for your offices for workers to follow. If the employer uses extended life practices with any mask or face cloth it can put the individual in danger if they are not following FDA, CDC, and manufacturer’s guidelines for extended use. Emphasis is on how the PPE is cleaned and stored:

OSHA: <https://www.osha.gov/Publications/OSHA3990.pdf>, page 8-16.

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.osha.gov/SLTC/covid-19/controlprevention.html>

We understand that the current situation is unique, and we are offering the following guidance regarding possible ways that exposure can be reduced using a Hierarchy of Controls:

- **Engineering Controls:** Using mechanical equipment such as isolation areas with negative air pressure, adding air filtration systems with HEPA/UV filtration, physical barriers (i.e., sneeze guards, plexiglass partitions, etc.) to avoid contact between employees and the public.
- **Administrative Controls:** Controlling the flow of customers within your facility by methods such as limiting interaction to phone contact, establishing boundaries within your facility to ensure distances between employees and customers, screening customers who will have face to face contact with employees for recent out of state travel and signs of COVID-19 infection (fever, cough, etc.). Regarding employees: institute personal hygiene measures such as frequent handwashing and use of hand sanitizer, surface cleaning with appropriate disinfectants, post handwashing signs on all entrances and restroom doors, remind employees to limit touching their face as much as possible, etc.
- **Personal Protective Equipment (PPE):** Providing employees with properly selected PPE items such as gloves, N95 respirators (on the condition that a copy of 1910.134 Appendix D is also provided), surgical masks, face shields, as well as training regarding all PPE issued (how to don it, doff it, maintain it, dispose of it,) etc.
- **Elimination:** Removing employees from the hazard all together, including, but not limited to: encouraging employees who are exhibiting symptoms signs of COVID-19 (fever, cough, etc.) to stay home or allowing employees to work from home if possible.

For all workers, regardless of specific exposure risks, it is always a good practice to:

- Practice good respiratory etiquette
 - Including covering coughs and sneezes.
 - Avoid touching your eyes, nose, or mouth with unwashed hands.
 - Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
 - More frequent cleaning of high traffic areas and surfaces.
- Avoid close contact with people who are sick.
 - Distancing from customers and fellow employees (6ft for low effort work to 10ft for moderate to high work.)
 - Barrier devices.
- Stay home if sick.
- Limit the number of people within the establishment.
- Prescreening of employees before work.
- Recognize personal risk factors. According to U.S. Centers for Disease Control and Prevention (CDC), certain people, including older adults and those with underlying conditions such as heart or lung disease or diabetes, are at higher risk for developing more serious complications from COVID-19.

10. How are businesses going to resource PPE? Have there been discussions on support plans for businesses that are not healthcare-related?

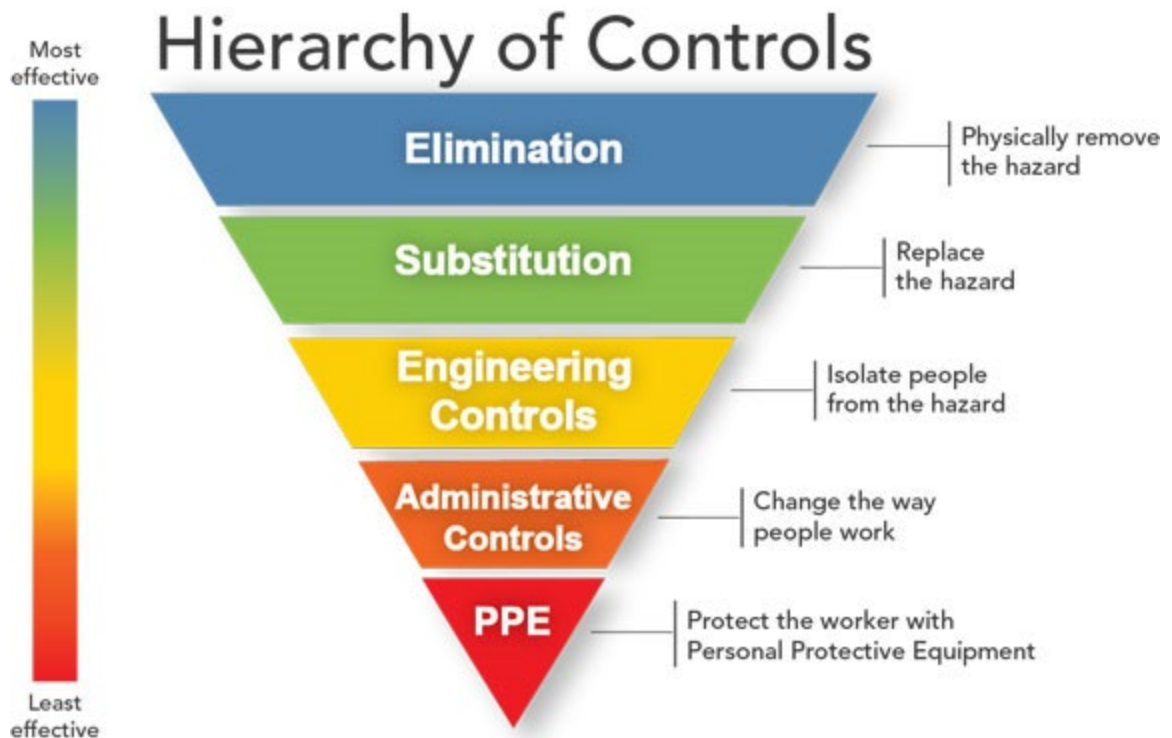
The employer is required to use the Hierarchy of Controls appropriately and show good faith at administrating those controls. The employer should demonstrate good faith at attempting to meet all applicable requirements during the current situation as soon as possible following the re-opening of the workplace. The employer should develop a COVID plan at their worksite.

Face Coverings: The State of Alaska issued a Health Alert regarding the use of cloth face coverings. In keeping with updated guidance from the CDC, the State adopted the recommendation to promote the use of face coverings while in public settings. At this time, this is not considered a mandate, but a recommendation. DOL&WD is supportive of this recommendation and is supportive of employer's choice to wear, or not wear, a face covering while at work. If recommendations or mandates change, DOL&WD will respond accordingly. All employers whose employees are required to use or are permitted voluntary use of respiratory protection must continue to manage their respiratory protection programs (RPPs) in accordance with the OSHA respirator standard, and should pay close attention to shortages of N95s during the COVID-19 pandemic.[5] Paragraph (d)(1)(iii) in section 1910.134 requires such employers to identify and evaluate respiratory hazards in the workplace, and paragraph (c)(1) requires employers to develop and implement written RPPs with worksite-specific procedures and to update their written programs as necessary to reflect changes in workplace conditions that affect respirator use.

Wearing a cloth face covering (different from a face mask) does not eliminate the need and requirement (State issued) for social distancing, handwashing, and disinfecting surfaces, but it does provide an additional step that everyone can take to help prevent the spread of the Coronavirus. Face masks (surgical masks, N95s, etc.) should be reserved for our healthcare workers and first responders. There is limited evidence available on how well cloth face coverings help reduce COVID-19 transmission. Their primary role is to reduce the release of respiratory droplets into the air when someone speaks, coughs, or sneezes, including people who have COVID-19 but have no symptoms. Cloth face coverings are not a substitute for physical distancing and washing hands and staying home when ill, but they may be helpful when combined with these primary interventions. An N-95 or higher protection factor respirator is more suitable to protect an individual than a loose fitting cloth facemask. However, if the employee uses extended life practices with any mask or face cloth it can put the individual in danger if they are not following FDA, CDC, and manufacturer's guidelines for extended use. Emphasis is on how the PPE is cleaned and stored.

Body: There should be a cleaning procedure for reusable protective jackets/coats. This cleaning should be addressed in the COVID-19 plan and the Exposure Control Plan, specifically addressed in the laundering section, handling, and storage. 29 CFR 1910.1030.

Gloves: Disposable gloves should not be washed and reused as it degrades their integrity.



11. The guidance for [retail workers](#) is to “allow workers to wear masks over their nose and mouth to prevent them from spreading the virus.” (Does mask refer to the cloth facial coverings?)

The term “mask” in this context is indeed referring to cloth facial coverings. CDC is advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.

Cloth face coverings do not protect one from being exposed to infections airborne droplets from for example, speaking, coughing, or sneezing. That is why it is still critical to maintain the 6-foot social distancing. Do not allow these facial covering to create a false sense of security. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.