UNC CHAPEL HILL
COVID-19 SAFETY PLAN

OSHA ETS Effective Date: June 21\textsuperscript{st}, 2021
NCDOL ETS Effective Date: July 21\textsuperscript{st}, 2021
UNC-CH Safety Plan Effective Date: July 20\textsuperscript{th}, 2021
I. Related Legislation

29 CFR 1910, Subpart U

1910.502 – Healthcare: Except as otherwise provided in the standard, applies to all settings where any employee provides healthcare services or healthcare support services.

1910.504 - Mini Respiratory Protection Program: Addresses limited requirements for situations where respirators are used in accordance with specific provisions in 1910.502.

1910.505 – Severability: Provides that each section of Subpart U and each provision within those sections is separate and severable from the other sections and provisions.

1910.509 - Incorporation by Reference: Contains materials adopted as part of the ETS, including: Centers for Disease Control and Prevention (CDC) guidance, consensus standards for personal protective equipment (PPE), and EPA’s list of approved disinfectants.

II. Purpose and Scope

The Occupational Safety and Health Administration (OSHA) has the authority to issue an Emergency Temporary Standard (ETS) if the agency determines that employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards and determines an ETS is necessary to protect employees from such danger.

OSHA has determined that employee exposure to SARS-CoV-2 (virus causing COVID-19) presents a grave danger to workers in all healthcare settings in the U.S. and its territories where people with COVID-19 are reasonably expected to be present and has issued “Occupational Exposure to COVID-19; Emergency Temporary Standard.”


In response to the COVID-19 pandemic and to fulfill OSHA ETS requirements, UNC Chapel Hill has developed a COVID-19 Safety Plan to be used in addition to previously implemented policies, trainings, recordkeeping, and reporting procedures.

The OSHA ETS has a flowchart to help identify which UNC-CH departments and units would be covered by the ETS and this safety plan. Based on this flow chart, Departments and units that are covered by this UNC-CH COVID-19 Safety Plan include:
- Campus Health
- Carolina Living and Learning Center in Pittsboro (residential 24/7)
- UNC Horizons Program (residential in Carrboro)
- Clinical Faculty in Nursing School working at off-site facilities
- Clinical Faculty who work at UNC Medical Center will follow most aspects of UNC Health COVID-19 Safety Plan while working within the Medical Center but are covered as employees under University COVID-19 Safety Plan.

III. Responsibilities

A. **EHS Executive Director** is the designated University Responsible Official for the COVID-19 Safety Plan and is responsible for oversight and implementation of the plan university-wide.

B. **Medical Director** of the University Employee Occupational Health Clinic (“UEOHC”) is responsible for providing occupational medical services and support as required by the COVID-19 Safety Plan.

C. **Department/Unit Leaders** must implement measures outlined in COVID-19 Safety Plan, designate a Safety Coordinator for their department/unit and ensure that a workplace specific hazard assessment is completed.

D. **Safety Coordinator** is designated by each individual healthcare department/unit covered by the ETS. The Safety Coordinator is knowledgeable in infection control principles and practices for the facility and employees and has the authority to ensure compliance with elements included in the site-specific COVID-19 plan. The Safety Coordinator will conduct a workplace specific hazard assessment of the workplace (**Appendix A**) to identify potential hazards related to COVID-19.

E. **Healthcare employees** are all University faculty and staff who work in settings where direct patient care occurs. Direct patient care locations include, but are not limited to, any part of UNC Medical Center, UNC Health ambulatory clinics, UNC dental clinics, Campus Health and non-UNC affiliated sites where direct patient care occurs (long-term care, emergency medical response, home health, etc.)

IV. Patient Screening and Management

Units must limit and monitor points of entry to settings where direct patient care is provided; screen and triage patients, clients, and other visitors and non-employees; implement patient management strategies.

- Key entry points into the facility will be identified and limited to the number required to respond to needed healthcare services. See specific workplace hazard assessment for entry points for each covered unit/department.
- All persons (including patients, residents, delivery people, volunteers, visitors, and any other non-employee) entering the facility will be screened for:
  - Signs and or symptoms of COVID-19
Diagnosis of COVID-19
Exposure to COVID-19

Units can utilize the screening checklist found online or a more specific one included in unit/department workplace hazard assessment.

V. Standard and Transmission-Based Precautions

The University, in some cases in conjunction with UNC Healthcare System, has developed and implemented policies and procedures addressing standard and transmission-based precautions as outlined in the CDC’s “Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” (2007).

These policies and procedures are documented and integrated in the facility wide infection prevention program. See specific unit workplace hazard assessment for individual unit infection prevention policies and guidelines.

VI. Personal Protective Equipment

University Departments will provide clean, undamaged PPE for all personnel providing healthcare services or healthcare support services. PPE use is consistent with CDC recommendations under standard and transmission-based precautions and OSHA’s Bloodborne Pathogen regulations. Included below are additional requirements specific to the ETS.

Facemask (surgical, medical procedure, dental or isolation mask that is FDA cleared and/or authorized):

- Use:
  - Worn over the nose and mouth by each employee while in the facility and if occupying a vehicle with another employee for work related activities.
  - Changed at least daily unless soiled or damaged.
- Exceptions to use:
  - When employee is alone in a room
  - While eating and drinking (must physically distance from others or separated by barrier)
  - In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated
  - When important to see the employees’ mouth (communicate with deaf/hard of hearing). Alternatives such as face shields and clear masks may be considered on a case-by-case basis.
  - Medical contraindication
  - Religious belief
  - When/if facemask presents a hazard to employee
Face shields:

- **Use:**
  - Covers the eyes, nose, and mouth.
  - Wraps around the sides of the face (temple to temple) and extends below the chin.
  - Cleaned at least daily and when visibly soiled.
  - May be used only when employee is not able to wear a facemask due to medical condition, another hazard or is area/task specified required PPE.

Gowns and gloves:

- **Use:**
  - Protects skin and clothing from contamination.
  - Worn for care of all suspected and/or confirmed persons with COVID-19.
  - Worn as outlined in the standard and transmission-based precautions policies and procedures and the OSHA bloodborne pathogen exposure control plan.

Respirator(s): Filtering Facepiece Respirators (FFR-N95s), Elastomeric, Powered Air-Purifying (PAPR):

- **Use-required:**
  - Worn for encounter with all suspected and/or confirmed persons with COVID-19.
  - Used for aerosol-generating procedures performed on persons suspected or confirmed to have COVID-19.
  - Used in accordance with UNC-CH [Respiratory Protection Program](#).

- **Use-not required to be worn:**
  - Employee will be permitted to wear their own respirator instead of facemask.
  - Be provided with information outlined in Mini Respiratory Protection Standard.

§ 1910.504 Mini respiratory protection program *(Appendix B)*:

VII. Aerosol Generating Procedures (AGPs) on a Person with Suspected or Confirmed COVID-19

Limit employees present to only those essential; perform procedures in an airborne infection isolation room, if available; and clean and disinfect surfaces and equipment after the procedure is completed.

Pursuant to the ETS AGPs are defined as:

- open suctioning of airways, sputum induction
- cardiopulmonary resuscitation
- endotracheal intubation and extubation
- non-invasive ventilation (e.g., BiPAP, CPAP)
- bronchoscopy
- manual ventilation
- laryngoscopy
- Upper EGD
- TEE
- ENT procedures
- Tracheoesophageal prosthetic management
- NG tube insertion
- ECT
- Autopsy
- Placement of tracheostomy
- Intratracheal suctioning of a ventilated patient via an uncuffed ETT and uncuffed trach
  Percussive and oscillating devices for mobilizing mucus secretions

Employees that perform or assist in performing any of these procedures on a patient/resident with suspected/confirmed COVID-19 shall wear a NIOSH approved respirator, eye protection, gown, and gloves.

The number of employees allowed in the room will be limited and after the procedure is completed environmental surfaces and equipment will be disinfected.

VIII. Physical Distancing

When feasible, based on the type of healthcare services or healthcare support services being provided employees will maintain distance of 6 feet from other persons. When this is not feasible due to employee job requirements (direct care activities), employees will be instructed to maintain a distance from other persons to the degree feasible (does not include while employees are in movement-passing in hallways etc.).

Consistent with CDC recommendations, measures that we have employed since the beginning of the pandemic include:

- Staggering mealtime and breaks
- Signage indicating how many staff could be in a break room at one time (based on size and distancing requirements)
- Spacing chairs at least 6 feet apart and removal of excess chairs.
- Use of signage to indicate 6 feet distance.

In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated employees will not be required to physically distance.

IX. Physical Barriers
The University has installed cleanable or disposable solid barriers in certain healthcare areas to try and provide separation for employees in areas where they cannot maintain physical distancing from other people by 6 feet.

These areas include but may not be limited to:

- Registration/check in desks
- Billing departments
- Triage offices
- Pharmacy service windows.

Barrier installation is not feasible in areas where direct patient/resident care is provided (e.g., patient/resident rooms).

In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated physical barriers are not required to be installed.

X. Cleaning and Disinfection

University Departments (in some cases in conjunction with UNC Healthcare System) have developed and implemented cleaning and disinfection policies and procedures consistent with CDC’s “COVID-19 Infection Prevention and Control Recommendations”.

All non-dedicated, non-disposable medical equipment should be cleaned and disinfected after each use, according to manufacturer instructions.

Frequently touched surfaces will be cleaned and disinfected when visible soiled and no less than daily.

An EPA-registered disinfectant that has qualified under EPA’s emerging viral pathogens program and included on List N will be utilized.

XI. Hand Hygiene

Hand hygiene policies are incorporated in University healthcare facility-wide infection prevention programs and implemented as a key measure to reduce the risk of transmission of infectious organisms, including COVID-19.
Alcohol-based hand rubs (ABHR) have several advantages including being more effective, can be made more readily available and require less time. ABHRs are available in direct care areas, support care areas and common areas of our facility.

Employees also have access to sinks, soap and water and hand washing is recommended when hands are visible soiled, before eating and after using the restroom.

XII. Ventilation

Heating, ventilation, and air conditioning (HVAC) systems are operated in accordance with manufacturer instructions, based on the design of the system. The system has been evaluated for the maximum number of outside air exchanges and the maximum air filter capability, compatible with the current HVAC system. Building box filters have been upgraded to MERV 13 and pre-filters have been changed and are on preventative maintenance schedule.

Air filters will be maintained and replaced as necessary to ensure proper HVAC functioning. In addition, intake ports will be cleaned and maintained to avoid improper functioning.

XIII. Health Screening and Medical Management

All employees will be screened before each workday and each shift by completing the online COVID-19 Wellness Check. Screening will include:

- Signs and symptoms of COVID-19
- Diagnosis of COVID-19
- Known exposure to COVID-19.

Employees are required to notify the University through the COVID-19 Wellness Check application of any COVID-19 illness, symptoms, diagnosis and/or exposure.

Employees shall, within 24 hours, be notified if they have had a potential exposure to a person who is COVID-19 positive in the workplace.

**Pursuant to the ETS each employee who was not wearing a respirator and any other required PPE and has been in close contact with that person in the workplace should be notified.**

The University Employee Occupational Health Clinic will perform case investigation and determine close contacts and notify close contacts with quarantine information. Other employees who were in vicinity of positive case but are not considered close contacts will be notified via general email. UEOHC will notify OHR of positive case in department who will then notify departmental/unit HR
representative who will send out standard general notification (Appendix C). For University employees who work in off-site healthcare facilities, ensure that notification and communication procedures are in place with third party to inform University employees of potential hazards and exposures while working in third party facilities.

Notification shall be made to other employers whose employees may have had an exposure, such as on-site contractors and vendors by the department or unit.

Of note these notifications are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals).

Employees with confirmed infection or who have symptoms of COVID-19 will be excluded from work consistent with CDC’s “Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection”.

Unvaccinated employees with known exposure will be excluded from work for:

- Fourteen (14) days OR
- Be tested for COVID-19 at least five (5) days after exposure, if negative the employee may return to work after seven (7) days after exposure. Employees, refusing testing, will be excluded from work for fourteen (14) days.

Employees with known exposure, who are asymptomatic, have been fully vaccinated OR have recovered from COVID-19 in the past three (3) months do not need to be excluded from work.

Consistent with CDC recommendations “Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination” healthcare personnel, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. Testing is recommended immediately after exposure and if negative tested again 5-7 days after exposure.

Employees required to be excluded (removed) from the workplace:

- May be required to work remotely or in isolation, based on requirements of the job.
- Receive regular pay and benefits. [insert potential use of employer provided employee sick leave benefits or other employer sponsored benefits]
- Continue and maintain seniority and all other employee rights.
- Upon return, will not be subjected to any adverse action because of the removal.

XIV. Vaccination

UNC allows paid time worked for permanent and temporary employees to receive the COVID-19 vaccine during work hours, with supervisor approval, not to exceed 8 hours in a single day. This paid
work time is also provided for a second dose of the vaccine, if required, also not to exceed 8 hours in a single day. See OHR COVID-19 Resources webpage for more information.

Employee vaccinations will continue to be offered and reported, consistent with Federal and/or state requirements. Vaccinations are offered on campus at the Campus Health Student Stores Pharmacy or the UNC Health Friday Center Vaccination Clinic (until July 31st, 2021).

XV. Training

Consistent with CDC recommendations training was provided to employees when the COVID-19 pandemic began and has been provided at frequent intervals since that time. Methods include online, unit and departmental in person sessions, one-on-one “just in time” training and use of educational materials.

Training topics include but may not be limited to:

1. Epidemiology of COVID-19, including transmission.
2. Facility specific policies and procedures on patient/resident screening and management
3. Task/situation that may pose a risk of exposure to COVID-19.
5. Employer specific policies on appropriate use of PPE (i.e., when required, limitations, proper donning/doffing, disposal)
6. Facility policies for cleaning and disinfection
7. Facility policies for health-screening and medical management
8. Facility policies for sick leave and any COVID-19-related benefits employees may be entitled to receive.
9. The identity of the safety coordinator specified in this plan.
10. How to obtain a copy of the ETS, the COVID-19 plan and any related policies and procedures

Additional training will continue to be provided whenever:

- Changes occur that affect the employee’s risk of contracting COVID-19.
- When policies or procedures changed OR
- There is an indication the employee has not retained the necessary understanding or skill.

At the unit or departmental level, training is conducted (or overseen) by a person knowledgeable in the subject matter as it relates to the employees’ job duties. and capable of answering employee questions.

XVI. Anti-Retaliation
Any member of the University who suspects a possible policy violation should promptly share these concerns with the Office of Human Resources.

The University strictly prohibits and does not tolerate retaliation against individuals who, in good faith, report potential violations of this policy. All forms of unlawful retaliation are prohibited, including any form of discipline, reprisal, intimidation, or other form of retaliation for reporting. Any university employee who retaliates against an individual for reporting potential violations may be subject to disciplinary action, up to and including termination of employment.

XVII. Requirements Must Be Implemented at No Cost to Employees

Compliance with all requirements under this policy will be at no personal cost to University employee(s). The University will be responsible for all costs associated with the implementation of this standard to include: training costs, mandatory PPE supplies, cost of COVID-19 testing, and, if applicable, traveling cost to/from a COVID-19 testing site.

Travel Mileage Rate: 56 cents per mile.

*Reimbursement rates are set by State legislation.*

XVIII. Recordkeeping

All versions of the COVID-19 plan implemented to comply with ETS will be retained.

EHS/UEOHC maintains a log containing a record of each instance identified by UNC Chapel Hill, in which an employee has reported a COVID-19 positive (regardless of whether work related or not). The COIVD log will be maintained while the rule remains in effect and information in the COVID-19 log will be recorded within 24 hours of learning of the positive employee.

The log will be:

- Maintained as a confidential medical record.
- Not disclosed except as required by ETS or federal law.
- Contain the following information:
  - Employee name
  - One form of contact information
  - Occupation
  - Location where the employee works
  - Date of last day at work
  - Date of positive test OR date of first symptom

Upon written request, records will be made available by the end of the next business day as follows:
• All versions of the written COVID-19 plan to the employees, their personal representatives, and their authorized representatives
• The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee.
• A version of the COVID-19 log that removes the names of employees, contact information, and occupation to all the following: any employee, their personal representatives, and their authorized representatives.

XIX. Reporting

It is the University’s policy to report to all Federal, state and county authorities, as required, any information related to COVID-19. Pursuant to the ETS UNC Chapel Hill through the Department of Environment, Health and Safety shall report to the North Carolina Department of Labor the following:

• Each work-related COVID-19 fatality within 8 hours of learning of the fatality
• Each work-related COVID-19 inpatient hospitalization within 24 hours of learning of the inpatient hospitalization
Appendix A: Departmental Hazard Identification and Assessment

To be most effective, hazard assessments must be conducted as a team approach with designated Safety Coordinator, management and front-line employees involved in the hazard assessment process (e.g., identifying potential hazards). Information related to hazard identification may be collected by rounding, evaluating the environment, discussion with staff and observing staff practices. This is an example of a departmental hazard assessment that can be utilized.

Safety Coordinator:

Other Person(s) conducting the hazard assessment:

Names of non-managerial staff participating in the assessment:

Date:

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<tr>
<th>Potential Hazard: Area, activity, or work duty that potentially exposes employees to COVID-19 hazards&gt;</th>
<th>Engineering Controls: What controls can be implemented to remove the hazard from the workplace?</th>
<th>Work Practice Controls: Employee work practices that can mitigate the hazard.</th>
<th>Use of PPE: What PPE could be used to mitigate the hazard?</th>
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<td>Example: Performing an aerosol generating procedure</td>
<td>Perform in an Airborne Infection Isolation Room Limit the number of persons in the room</td>
<td>Clean and disinfect all environmental surfaces when procedure completed</td>
<td>Employees assisting with AGPs on suspected or confirmed COVID-19 persons should wear N95 respirators, eye protection, gown and gloves</td>
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Appendix B: § 1910.504 Mini respiratory protection program

This section applies only to respirator use when not required in accordance with § 1910.502 (f)(4)

Respirators provided by employers:

- When UNC Chapel Hill departments and units provide respirators to employees not required to wear them (use as source control or as face mask) the following activities will take place:
  - Employee training:
    - How to inspect, put on and remove; the limitations and capabilities of the respirator (especially when not fit tested); procedures and schedules for storing, maintaining, and inspecting respirators; how to perform a user seal check and how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
  - Ensure employee performs a user seal check each time the respirator is put on. An employee will not be able to pass a seal check with facial hair and must be clean shaven.
  - Reuse of respirators:
    - Ensure the respirator is only used by that employee.
    - Not visibly soiled or damaged.
    - Has been stored in a breathable storage container (paper bag) for at least five calendar days between use and been kept away from moisture.
    - Employee does a visual check for signs of damage.
    - Employee successfully completes a user seal check.
    - Employee uses proper hand hygiene.
    - Respirator has not been worn more than five days total.
  - Discontinuing use
    - Employees will be required to discontinue use when either the employee or supervisor report medical signs/symptoms related to use of the respirator.

Respirators provided by employees:

- Where employees provide and use their own respirators, UNC Chapel Hill department and units will provide each employee with the following notice:

Respirators can be an effective method of protection against COVID–19 hazards when properly selected and worn. Respirator use is encouraged to provide an additional level of comfort and protection for workers even in circumstances that do not require a respirator to be used. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. If your employer allows you to provide and use your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:
1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.
2. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.
3. Do not wear your respirator where other workplace hazards (e.g., chemical exposures) require use of a respirator. In such cases, your employer must provide you with a respirator that is used in accordance with OSHA’s respiratory protection standard (29 CFR 1910.134).

For more information about using a respirator, see the University’s Respiratory Protection Program: (https://ehs.unc.edu/workplace-safety/rpp/).
Appendix C: Standard General Notification

We are notifying you because a COVID-19 positive individual was present in your workplace area within the last 24 hours. Specifically, on ____(insert date)_________ at the following specific location ___________________________________.

If you are considered a “close contact” of the COVID positive individual then you will be contacted by the University Employee Occupational Health Clinic (UEOHC) for follow-up discussion and possible quarantine and testing. Close contact is defined as being within 6 feet of another person for a cumulative total of 15 minutes (could be 3 exposures for 5 minutes each or 1 exposure for 5 minutes and a second exposure for 10 minutes, over a 24 hour period). The potential transmission period runs from 2 days before the person feels sick (or for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated.

If you are not considered a close contact then this general notification is making you aware of the potential hazard and risk to your health. You should continue monitoring for symptoms daily and seek medical advice if you believe you are experiencing symptoms.