

## **Personal Protective Equipment – Appendix C: Infectious Disease Hazard Identification and Protection**

This document is intended to provide guidance for infectious disease hazard identification and protections. As of the date of publication of this document, the guidance included is based on traditional infection prevention as well as recommendations from OR-OSHA and the Center for Disease Control (CDC). Additional information on PCC's infectious disease plans and resources can be found on Risk Services website in the Risk Manual.

### **I. Purpose**

Infectious disease outbreaks greatly impact how PCC conducts work as well as how employees, students, and visitors interact while at PCC. It is important that all employees become familiar with the symptoms and mode of transmission specific to the disease of concern. Many diseases can be transmitted through direct person to person contact, contact with a surface that the infectious disease is on, or through exposure to bodily fluids from an infected person (such as respiratory droplets produced when someone coughs or sneezes). Some infectious diseases may be transmittable before symptoms are shown and can stay viable on surfaces for different time periods. These different traits are necessary information when determining protections against an infectious disease outbreak.

### **II. Hazard Identification**

In the event of an infectious disease outbreak or increased infection rate in and around the PCC community, supervisors and managers shall perform a hazard assessment to determine the impact of the outbreak on their department. The hazard assessment should pay particular attention to the specific mode of transmission for the particular disease as well as the length of time a person can be contagious while not symptomatic.

The hazard assessment should follow the general procedures outlined in *Chapter 1: General Safety Program & Responsibilities* and be documented using *Form 2: Hazard Assessment*. For some severe outbreaks, PCC will develop a disease specific assessment to aid in the hazard assessment process. Information on those specific assessments can be found at the end of this document in Resources.

Employees must be informed of all policy, procedure, and/or PPE changes as a result of the assessment. Supervisor and managers will provide any training necessary due to new PPE requirements. Communication on these updates will be provided in accordance with any updated policies (physical distancing, meeting attendance caps, etc.). Supervisors and managers should also communicate information on PCC's sick leave policy and provide any clarification needed on procedures regarding sick leave.

As part of the hazard assessment, supervisors and managers need to consider the level of risk employees will be exposed to based upon specific work tasks and the disease mode of transmission.

Risk Exposure Level		Examples
Low Exposure	Work tasks that do not require contact with potentially infected people nor frequent, close contact with the general public. Employees in this category have minimal occupational contact with the public and other coworkers.	Office workers  Work tasks where physical distance can be maintained between employees
Medium Exposure	Work tasks that require close contact with people who may be infected but are not confirmed to be infected. In areas with ongoing community transmission, employees in this category may have contact with the general public or work in high population areas of the college.	Dining services Receptionist Bus drivers Custodians
High Exposure	Work tasks with a high potential for exposure to known or suspected sources of the disease. Employees in this category general work in healthcare fields as support staff.	Public Safety  Health services receptionist
Very High Exposure	Work tasks with high potential for exposure to known or suspected sources during specific medical procedures.	Doctors and nurses treating patients confirmed to be infected.

### III. Protections and Control Measures

Though there is not a specific standard for infectious disease, there are some existing OR-OSHA standards which could apply during an outbreak. Along with the PPE standard and the general duty clause, supervisors and manager should become familiar with the bloodborne pathogens standard. It was developed for a very specific mode of transmission, but the provisions of the standard offer a framework that could help control some sources of infectious diseases. For more information on PCC bloodborne pathogen controls, please see *H&SM Chapter 4: Bloodborne Pathogens Exposure Control Plan*.

There are some basic steps supervisors and managers should take to reduce the risk of employee exposure no mater what risk level the employee falls in. This includes:

- Identifying common touch points specific to the department (equipment, furniture, etc.) and developing a disinfecting plan that utilizes EPA approved disinfectants
- Identifying and communicating the closest hand washing locations to promote frequent hand washing
- Identifying and communicating the closest hand sanitizer locations
- Directing employees to stay home when they are sick
- Encouraging employees to cover their coughs and sneezes
- Providing tissues and increasing the number of trash receptacles available
- Discouraging employees from using other employee’s workstations, phones, and equipment when possible

Supervisors and managers should also consider implementing policies for flexible worksites and work hours, such as telecommuting or staggered shifts, to increase the physical distance between employees.

Along with the basic steps outlined above, supervisors and manager should be prepared to implement engineering controls, administrative controls, as well as PPE as protection measures.

### **A. Engineering Controls**

Engineering controls are used to isolate employees from hazards. For infectious disease, applicable engineering controls include:

- Installing physical barriers between employees and the public such as clear plastic shields or rope and stanchions
- Visual cues as reminders of social distance requirement and proper hygiene practices
- Installing high-efficiency air filters
- Increased ventilation rates in the work area

### **B. Administrative Controls**

Administrative controls require an action by management or the employee and typically includes a change in policy or procedure. For infectious disease, applicable administrative controls include:

- Staggering work shifts or increasing distance between employees and/or workstations
- Minimize contact between employees as well as with the public by implementing virtual communication options
- Discontinue non-essential travel
- Suspend non-essential work tasks that require close interaction between employees and/or the public
- Implementing physical distance standards for employees as well as visitors to the work area
- Informing employees of any and all policy changes
- Provide training on any PPE the employees will be required to wear

### **C. PPE**

PPE provides a barrier between the employee and the hazard but relies on the employee to properly wear and maintain the equipment. All PPE must be selected based on the hazard and route of exposure. PPE must be properly fitted and maintained, and employees must be trained on its use. For infectious disease, PPE could include:

- Gloves
- Face masks
- Eye protection like goggles or face shields
- Body coverings like gowns

#### IV. Implementation

The controls implemented for each department should be based on the risk level the infectious disease poses to the employees.

<b>Risk Level</b>	<b>Recommended Engineering Controls</b>	<b>Recommended Administrative Controls</b>	<b>Recommended PPE</b>
Low Exposure	Signage promoting proper hygiene practices	Limit employee interactions with other PCC employees, suspend non-essential work tasks and travel	Gloves for use with common equipment
Medium Exposure	Physical barriers between people, visual cues for social distance requirements	Limit employee interactions with the public, implement single file movement for entrances, stagger work shifts	Gloves, surgical masks for specific tasks where physical distance cannot be maintained
High or Very High Exposure	Physical barriers, high efficiency air filters, increased ventilation rates for the work area	Separate employees into cohorts to further limit interactions	Gloves, surgical masks, body coverings, goggles or face-shields

Additional protections beyond the above recommendations might be needed depending on the individual department and work tasks. Supervisors and manager should stay up to date on recommendations from OR-OSHA and the CDC that are specific to the outbreak of concern.

#### V. Resources

During an infectious disease outbreak, resources and information will be available from the CDC as well as the Oregon Health Authority (OHA). Supervisor and managers should stay updated on guidance provided by the CDC, OHA, and OR-OSHA so accurate hazard assessments can be performed.

Supervisors and managers should ensure employees know where to find resources and guidance from the CDC, OHA, OR-OSHA, and PCC administration. Resources and guidance should include methods for protection while in public as well as information on symptoms and what steps to take to access treatment.