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COVID-19 Control Plan

I. Description

Describes the policies for reducing the risk of exposure of SARS-CoV2 (the virus that causes COVID-19) to healthcare personnel (HCP) in the workplace (UNC Medical Center).

II. Rationale

OSHA (US Occupational Safety and Health Administration) has determined that COVID-19 presents a grave danger to healthcare personnel (HCP) in healthcare settings and has issued an OSHA Emergency Temporary Standard (www.osha.gov). This ETS requires the facility to develop a COVID-19 Safety Plan. The risk of exposure to COVID-19 can be greatly reduced through the strict adherence to the administrative, engineering, and work practice controls included in this plan. This plan will be made available on PolicyStat.

III. Policy

A. Responsibility

1. Infection Prevention/ Environmental Health and Safety (EHS)

    a. Review the COVID-19 Control Plan and revise as needed.

    b. Develop and coordinate educational programs.

    c. Assist with evaluation when non-compliance is reported.

    d. Conduct a hazard assessment of the workplace in conjunction with COVID-19 safety coordinators.

e. Conduct COVID-19 occupational exposure evaluations in conjunction with Occupational Health Service (OHS)

2. UNC Medical Center Occupational Health Service

   a. Review the COVID-19 Plan.

   b. Review and maintain COVID-19 vaccination records as appropriate.

   c. Conduct COVID-19 occupational exposure contact tracing and manage return to work dates for employees with COVID-19.

   d. Maintain protocols for HCP exposed to COVID-19.

   e. Maintain a log of HCP who have tested positive for COVID-19.

   f. Facilitate symptomatic employees in getting COVID-19 PCR tests.

3. Department Managers, Supervisors, and Employees

   a. Department Managers and Supervisors must ensure and document HCP orientation and annual training via the online Learning Management System (LMS).

   b. Department Managers and Supervisors ensure and enforce compliance with this plan in conjunction with the area COVID-19 safety officer.

   c. Employees are required to follow all appropriate policies and procedures.

   d. Employees are required to notify OHS of possible exposure as soon as it is known.

4. Oversight Committee

   a. Hospital Infection Control Committee (HICC) will serve as the oversite committee for the review and revisions of this plan.

5. Healthcare Personnel

   a. Know what tasks they perform that may cause an occupational exposure to COVID-19.

   b. Participate in the COVID-19 training module via Learning Made Simple (LMS).

   c. Always self-monitor for symptoms and stay home when sick. HCP are required to notify OHS when they are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected of having COVID-19. HCP are required to notify OSH if they are experiencing COVID like symptoms.

6. Human Resources

a. All HCP will be provided reasonable time to receive their COVID-19 vaccine as a condition of employment, and time should be coded as administrative time. They will also be provided paid leave for any serious side effects experienced following the vaccination that prevents them from working which should be coded as paid administrative time. HCP who need to be out of work for vaccine side effects have to call Occupational Health to be vetted. Any time away from work will be classified as a post-vaccine CRA. Employees can have up to 48 hours of paid administrative time for post-vaccine side effects

b. COVID-19 related absences, whether acquired in the workplace or community, will not result in an occurrence.

B. Hazard Assessment and HCP Protection

1. A workplace hazard assessment will be completed to determine potential workplace hazards related to COVID-19. The assessment will be conducted initially and as needed with area managers in conjunction with COVID-19 safety coordinators.

2. The University of North Carolina Medical Center (UNCMC) requires that all HCP wear a mask when inside any facility (Hillsborough and Chapel Hill hospitals/clinics and UNC Faculty Physicians Clinics), regardless of vaccination status. Additional areas include off-site Shared Services locations.

    a. Certain exceptions may apply:

        i. Masks may be removed if you are outside and able to keep 6 feet of physical distance. Masks are still required if interacting outside with any patients or visitors, and a mask should be donned immediately upon entering any building.

        ii. A mask is not necessary if you are working alone in a private office.

C. HCP Wellness Screening

1. All HCP reporting to the workplace will self-screen for signs and symptoms of COVID-19:

    a. Fever or chills

    b. New loss of taste or smell

    c. Cough

    d. Sore throat

    e. Shortness of breath or difficulty breathing

    f.   Vomiting

    g.   Diarrhea

2.   If HCP have these signs or symptoms of COVID-19 they must not report to work, or if they are in the workplace must leave immediately and call the OHS COVID Hotline (984-974-5568) to report symptoms. HCP of other entities will contact their respective OHS Department or Campus Health per their entity COVID-19 Plan.

   a.   HCP who test positive for COVID-19 will be removed from the workplace immediately.

   b.   HCP who have been told they are suspected to have COVID-19 will be removed from the workplace immediately.

   c.   HCP will work with OHS to determine a return to work date.

3.   If HCP have a close exposure to COVID-19, they will call the OHS COVID Hotline to report the exposure and receive instructions for returning to work.

D. Employer Notification to HCP of COVID-19 Exposure in the Workplace

1.   If a HCP has a concern regarding a breech in PPE when caring for a COVID-19 patient, they should contact their OHS to discuss this breech in PPE and any concerns for exposure to COVID-19. HCP with a breech in PPE should enter a SAFE report.

E. Return to Work Criteria

1.   Asymptomatic, unvaccinated employees who were removed from the workplace due to an exposure to COVID-19 can return to work after 10 days (or longer in case of household contact) and a negative COVID-19 PCR test.

2.   Asymptomatic, fully vaccinated employees who were removed from the workplace due to a COVID-19 positive household member can return to work after a negative baseline COVID-19 PCR test. Two more COVID-19 PCR tests are recommended around day 6 and day 12 of exposure but the employee is permitted to work as long as they remain asymptomatic.

3.   Symptomatic employees without an exposure can return to work as soon as they fulfill three criteria: 1) negative COVID-19 PCR test and 2) at least 24 hours fever-free without antipyretics and 3) at least 48 hours without vomiting and diarrhea. The last two criteria are not COVID-19 specific but rather reflect other UNCMC Infection Prevention policies.

4.   Symptomatic, unvaccinated employees with an exposure are required to obtain a COVID-19 PCR test when symptoms appear. A negative COVID-19 PCR test at that

time does not shorten their quarantine, however.

5. COVID-19 positive employees, regardless of symptoms or vaccination status, are kept out of work for a minimal of 10 days from onset of symptoms or, if asymptomatic, from date of first positive test. A COVID-19 positive employee may return to work when all four criteria are fulfilled: 1) 10 days have passed from onset of symptoms or, if asymptomatic, from date of first positive test. 2) Fever-free without antipyretics for at least 24 hours. 3) Symptoms overall improving. 4) Employee is not known to be immunocompromised.

6. OHS and Infection Prevention in conjunction with hospital leadership may elect to move to contingency or crisis staffing return to work plans if needed based on the number of HCP absent from work. This is based on CDC criteria for return to work.

F. Recordkeeping

1. Occupational Health tracks all required information about COVID-19 positive employees and any known workplace exposures on a COVID-19 log. Occupational Health works with Infection Prevention when any potential occupational clusters begin to appear in order to mitigate the risk of further COVID-19 spread.

G. Patient Screening and Management

1. In settings where direct patient care is provided:

    a. Key entry points have been identified and have limited patient access into the facility.

    b. At UNCMC patients and visitors will access the hospital via the N.C. Cancer Hospital entrance and screened for signs/symptoms of COVID-19 and if they have had a recent diagnosis of COVID-19.

    c. At off-site locations patients/visitors will be screened at the point of contact.

H. Isolation Guidelines

1. All patients will be managed using Standard Precautions as laid out in the Infection Prevention policy: Isolation Precautions in PolicyStat. In addition, Transmission-Based Precautions may be used as recommended by CDC and per Isolation Precautions policy.

2. All patients with known or suspected COVID-19 will be managed on Special Airborne Contact Precautions. PPE for Special Airborne Contact Precautions is as follows:

    a. N95 plus eye protection or PAPR

    b. Gown

    c. Gloves

3. HCP are trained in the process for donning and doffing PPE in the correct order. Videos demonstrating donning and doffing are located on the UNCMC Intranet, PPE Monitor training is available in LMS to assist HCP in monitoring others to don and doff PPE.

I. Personal Protective Equipment

PPE will be provided to each HCP during their shift.

1. **Masks**

   a. HCP are required to don a UNCMC provided medical mask upon entry to UNCMC. Facemasks are to cover the nose and mouth and will be discarded when soiled or damaged. Exceptions to use:

      i. When alone in a room (e.g., personal office).

      ii. While eating and drinking, but must still physically distance from other HCP by at least 6 feet.

2. **Eye Protection**

   a. Eye protection should be worn in compliance with the Universal Pandemic Precautions workflow. Additionally, HCP may choose to wear eye protection at any other time as they deem appropriate. Eye protection is to be worn when caring for any patient with known or suspected COVID-19 and when performing AGPs.

   b. Clean eye protection will be available to HCP in the form of face shields, goggles or safety glasses through the Lawson ordering system.

   c. Eye protection must be cleaned daily and when visibly soiled.

3. **Gowns and Gloves**

   a. Gowns and gloves will be worn as outlined in the Infection Prevention policy: Isolation Precautions. In addition to a respirator and eye protection, gowns and gloves must be worn when caring for any patient with known or suspected COVID-19.

4. **Respirators**

   a. For HCP with exposure to patients with known or suspected COVID-19 a respirator will be provided, in addition to other required PPE (eye protection, gown and gloves). Respirators are defined as N95s or Powered Air Purifying Respirators (PAPR). UNCMC will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134) and the Mini Respiratory Program required by 29 CFR 1910.504.

J. Aerosol Generating Procedures (AGP)

1. List for aerosol generating procedures is located here. This list includes CDC/OSHA stated AGPs and UNCMC additions for AGP.

2. HCP that perform or assist in performing an AGP on a patient with suspected or confirmed COVID-19 will wear a NIOSH approved respirator, eye protection, gown and gloves. In addition, HCP may also wear a respirator when performing an AGP on other patients not known or suspected to have COVID-19.

3. Number of HCP in the room should be limited during an AGP. After the AGP the environmental surfaces and equipment will be disinfected using an EPA-registered disinfectant (List N).

K. Physical Distancing

1. When feasible, HCP will maintain a distance of 6 feet from others. Where distancing is not possible, UNCMC will ensure HCP are as far apart from other people as possible. Physical distancing is a part of a multi-layered approach for infection control against COVID-19 transmission in the workplace.

2. Consistent with CDC recommendations, measures that have been implemented are included:

   a. Staggering mealtime and breaks.

   b. Spacing of chairs and tables to be at least 6 feet apart.

   c. Use of signage to promote physical distancing.

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

4. COVID-19 safety coordinators will work with area managers and non-managerial HPC to assess physical distancing in the workplace.

L. Physical Barriers

1. In clinics and other areas where patients/visitors will be required to check in, floor markings and signage are used to indicate flow of people in and out of the area. Signage is also used to encourage physical distancing of at least 6 feet in the check in lines and waiting areas.

M. Cleaning and Disinfection

1. UNCMC has developed and implemented cleaning and disinfection policies and procedures consistent with CDC's "*COVID-19 Infection Prevention and Control*

Recommendations". General cleaning and disinfection practices are laid out in the Infection prevention policy: Environmental Services. Protocols specific to cleaning and disinfection of areas with known or confirmed COVID-19 are in the COVID-19 Workflow: Infection Prevention Guiding Principles for the Care of the COVID-19 Patient. UNCMC and the area COVID-19 Safety Coordinators will work with HCP to implement cleaning, disinfection and hand hygiene in the workplace.

2. In non-patient care areas, high touch surfaces should be cleaned and disinfected at least once a day with an EPA-registered disinfectant. All non-dedicated, non-disposable medical equipment should be cleaned and disinfected after each use.

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

    a. https://www.epa.gov/coronavirus/about-list-n-disinfecatnts-coronavirus-covid-19-0

N. Hand Hygiene

1. Hand Hygiene and Use of Antiseptics for Skin Preparation is the policy for UNCMC and developed by the infection prevention program. It is implemented as a key measure in reducing the risk of transmission of infectious organisms, including COVID-19.

2. UNCMC will provide an alcohol-based hand rub that is at least 60% alcohol. HCP will also have access to sinks, soap and water. Hand washing is recommended over ABHR when the hands are visibly soiled, eating/drinking or after using the restroom.

3. Hand hygiene should be performed at a minimum:

    a. When hands are visibly soiled.

    b. Before direct contact with patients, even if gloves are worn.

    c. Before donning sterile or clean gloves and before inserting devices.

    d. After contact with patient intact or non-intact skin.

    e. If moving from a contaminated body side to a clean body site during patient care.

    f. After contact with inanimate objects (including medical equipment) within the patient's environment.

    g. After removing gloves.

O. Ventilation

1. UNC Hospitals (101 Manning Drive, Chapel Hill, NC) and Hillsborough Hospital (460 Waterstone Drive, Hillsborough, NC) operate and maintain heating, ventilation, and air

conditioning (HVAC) systems to ensure that:

    a. HVAC systems are operated in manners compatible with their design specifications and are maintained in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance program based on accepted standards of practice.

    b. HVAC systems provide outside air ventilation rates and air change rates which meet or exceed state building code and applicable hospital licensure codes. Note: Introducing higher outside air ventilation rates incompatible with the HVAC system design specifications would not be appropriate as it would introduce risks associated with exceeding HVAC system heating/ cooling capacities and reducing control of temperature and humidity in the occupied space.

    c. HVAC systems provide air filtration efficiencies which meet or exceed state building code and applicable hospital licensure codes, with minimum MERV 13 filtration throughout the hospital except in limited locations where small HVAC systems serving non-clinical administrative areas were designed for MERV 8 filtration. Note: Introducing higher filtration efficiencies incompatible with the HVAC system design specifications would not be appropriate as it would introduce risks associated with reducing air change rates and reducing control of temperature and humidity in the occupied space.

    d. Air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC systems.

    e. Airflow from outside air intakes is pre-filtered to ensure that the airflow entering the coils and fans of HVAC systems is cleared of any debris that may affect the function and performance of the HVAC systems.

    f. Airborne Infectious Isolation Rooms (AIIR) are maintained and operated to provide proper negative pressure and exhaust air-change rates.

IV. References

Occupational Health and Safety Administration. COVID-19 Healthcare Emergency Temporary Standard (86 FR 32560). 06/21/2021. https://www.osha.gov/coronavirus/ets

CDC's COVID-19 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (2021), downloaded from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html on 6/25/2021.

V. Related Policies

COVID-19 Workflow – Infection Prevention Guiding Principles for Care of the Patient with COVID-19

COVID-19 Workflow – Isolation Precautions for COVID Positive and COVID PUI Patients

Infection Prevention Policy: Highly Communicable Diseases: Preparedness and Response Plan

Infection Prevention Policy: Environmental Services

Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation

Infection Prevention Policy: Isolation Precautions

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	02/2022
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