

# CAROLINA FAMILY HEALTH CENTERS, INC.

## PROCEDURE

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**TITLE:** OSHA-200.01 Respiratory Disease Infection Control Measures

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**EFFECTIVE DATE:** July 24, 2021

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**SECTION:** OSHA

**REFERENCE POLICY:** OSHA-200 Respiratory Protections

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**RESPONSIBLE CHIEF OF STAFF:** Chief Compliance Officer

**RESPONSIBLE COMMITTEE:** Central Compliance

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**REVIEWED:** 02/22/2022, 10/25/2022, 09/24/2024, 1/12/2026

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### I. PURPOSE

Carolina Family Health Centers, Inc. (CFHC, Inc.) is committed to providing a safe and healthy workplace for all our employees. CFHC, Inc. has developed the following respiratory disease infection control plan, in accordance with Occupational Safety and Health Administration (OSHA) and the Center for Disease Control and Prevention (CDC).

### II. PROCEDURE

This procedure serves as a CFHC, Inc.'s ongoing plan to prevent the transmission of respiratory illness in the workplace(s). CFHC, Inc. updates this plan as needed to respond to such an emergency as advised by OSHA, CDC, or the Healthcare Infection Control Practices Advisory Committee (HICPAC). Employees are responsible for supporting, complying with, and providing recommendations to further improve the response to respiratory illnesses.

#### A. Patient Screening and Management

CFHC, Inc. encourages respiratory hygiene among its staff, patients, and visitors. This includes:

- Providing signage about respiratory hygiene practices.
- Providing tissues and no-touch receptacles for used tissue disposal.
- Providing conveniently located dispensers of alcohol-based hand rub or where sinks are available, ensuring that supplies for hand washing (i.e. soap, disposable towels) are consistently available.
- Performing hand hygiene (e.g. hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Providing facemasks to individuals observed or reporting experiencing signs or symptoms of a respiratory illness.

#### B. Standard and Transmission-Based Precautions

CFHC, Inc. use Standard Precautions as a mean of preventing infection. Standard Precautions includes:

- Hand Hygiene;
- Use of gloves, gown, mask, eye protection or face shields depending on the anticipated exposure;

- Safe injection practices; and
- Respiratory hygiene/cough etiquette.

Transmission-based precautions are used to prevent the transmission of infectious agents that remain infection over long distances when suspended in the air, i.e. SARs-CoV or tuberculosis. CFHC, Inc. ensures patients wear masks. Clinical staff that care for individuals with suspected or known Covid or tuberculosis are provided N95 respirators (or masks if respirators are not available) and other personal protective equipment (PPE) that is donned prior to entering the room. Refer to *OSHA-100.01 Personal Protective Equipment*, and *OSHA-200.02 Respiratory Protection Program*.

### **C. Personal Protective Equipment (PPE)**

Staff are encouraged to wear facemasks when respiratory disease transmission rates are high. Refer to *OSHA-100.01 Personal Protective Equipment*.

If COVID-19 infection rates are high, staff will be required to wear masks. The following are exceptions to CFHC, Inc.'s requirements for facemasks when risk level is high and masks are mandated:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier
3. When employees are wearing respirators in accordance with 29 CFR 1910.134.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, CFHC, Inc. ensures that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Refer to *HR-103 Americans with Disabilities Act*.
6. When CFHC, Inc. has demonstrated that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., heat stress or interfering with the safe operation of equipment). When this is the case, CFHC, Inc. ensures that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.
7. Facemasks are not required in non-patient care areas (e.g. conference rooms, break rooms, administrative floor, Carolina Family Patient Support Services Building, Carolina Family Ancillary Services Building, etc.) while the county in which the facility is located is categorized as a low or moderate risk county per the CDC.

In situations where masks are not required, as listed above, CFHC, Inc. does not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

Cloth face coverings for staff are prohibited.

For employees with exposure to people with suspected or confirmed COVID-19, CFHC, Inc. provides respirators (or face masks when respirators are not available) and other PPE, including gloves, gown, face shield and eye protection. CFHC, Inc. ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I). Refer to *OSHA-200 Respiratory Protection Program*.

CFHC, Inc.'s medical facilities do not perform aerosol-generating procedures (AGPs).

Carolina Family Dental Center performs aerosol-generating procedures; however, these procedures are not performed on individuals with suspected or confirmed COVID-19.

#### **D. Cleaning and Disinfection**

In patient care areas and for medical devices and equipment, CFHC, Inc. follows standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control" daily.

In all other areas, CFHC, Inc. requires the cleaning of surfaces and equipment at least once a day, following manufacturers' instructions for the application of cleaners by the staff that work in the area. Staff uses Pinequat cleaner, Caviwipes, or Lysol Spray, Sani-Cloth with bleach wipes to clean and disinfect exam rooms and other areas.

CFHC, Inc. provides alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. Hand washing facilities are available throughout the centers (bathrooms, exam rooms, laboratories and breakrooms/kitchens). Hand sanitizer is available to staff in clinical areas and in the lobbies. The clinical staff and front office supervisors are responsible for stocking hand sanitizer in their respective areas. Staff can also request hand sanitizer from the clinical site managers or pharmacy.

#### Cleaning after Working with Suspected or Known COVID-19 Patients

Dedicated or disposable medical equipment should be used when caring for patients with known or suspected COVID-19 if at all possible. Dedicated and all non-dedicated, non-disposable medical equipment and surfaces used for patient care should be cleaned and disinfected in between patient use to prevent cross contamination. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized.

After the patient's departure from the room, all personnel should refrain from entering the vacated room for one hour. A "Stop" sign with the reentry time is placed on the door. After this

time has elapsed, staff dons full PPE (gloves, gown, mask, and face shield) following the CDC PPE Donning Sequence and cleans and disinfects medical equipment and surfaces.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. PPE should be removed following the CDC PPE doffing sequence upon leaving the room, immediately followed by performance of hand hygiene.

## **E. Ventilation**

CFHC, Inc. ensures that for each facility's heating, ventilation, and air conditioning (HVAC) system:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s);
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria; and
- Each dental treatment room is equipped with two features to reduce the spread of air spray. The first is an extraoral suction unit to provide an additional level of evacuation and elimination of aerosols produced during routine dental procedures. Secondly, an air purification system with HEPA filtration, carbon filtration, and germicidal UV-C light.

## **F. Health Screening and Medical Management**

Employees who are experiencing symptoms of COVID-19 or other respiratory illnesses are encouraged to stay home.

Any supervisor is allowed to ask employees who report feeling ill at work, or who call in sick, questions about their symptoms. Employees who appear ill upon arrival to work or who become sick during the day are sent home immediately.

### Medical Removal from the Workplace for COVID-19

CFHC, Inc. immediately removes an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);

- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19; or
- The employee is experiencing symptoms of COVID-19 including but limited to:
  - loss of taste and/or smell with no other explanation; or
  - both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath.

CFHC follows the CDC's "Isolation Guidance," "Return to Work Healthcare Guidance," Healthcare Infection Control Practices Advisory Committee (HICPAC), and "Strategies to Mitigate Healthcare Personnel Staffing Shortages" as applicable to determine return to work guidelines for staff.

At the writing of this policy, North Carolina Department of Health and Human Services regulations for returning to work for healthcare workers is four days from the onset of symptoms with the first day of symptom being day zero with improvement of symptoms and 24-hours without fever. The employee is required to wear a mask upon release to work for an additional three day when at work.

If staff need testing, the employee calls the Director of Clinical Services or a clinical site manager to arrange curb-side testing. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria are met.

Staff may be allowed to work remotely if suitable work is available and the employee is well enough to work. This is determined by the direct supervisor and approved by the Chief of Staff. When allowing an employee to work remotely, CFHC, Inc. continues to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

CFHC, Inc. will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

### III. DEFINITIONS

**Aerosol-generating procedure** means a medical procedure that generates aerosols that can be infectious and are of respirable size. For the purposes of this Plan, only the following medical procedures are considered aerosol-generating procedures: open suctioning of airways; sputum induction; cardiopulmonary resuscitation; endotracheal intubation and extubation; non-invasive ventilation (e.g., BiPAP, CPAP); bronchoscopy; manual ventilation; medical/surgical/postmortem procedures using oscillating bone saws; and dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion.

**COVID-19 (Coronavirus Disease 2019)** means the respiratory disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). For clarity and ease of reference, this section refers to "COVID-19" when describing exposures or potential exposures to SARS-CoV-2.

**Facemask** means a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as “medical procedure masks.”

**Face shield** means a device, typically made of clear plastic, that: (i) is certified to ANSI/ISEA Z87.1 (incorporated by reference, § 1910.509); or (ii) covers the wearer’s eyes, nose, and mouth to protect from splashes, sprays, and spatter of body fluids, wraps around the sides of the wearer’s face (i.e., temple-to-temple), and extends below the wearer’s chin.

**Respirator** means a type of personal protective equipment (PPE) that is certified by NIOSH under 42 CFR part 84 or is authorized under an EUA by the FDA. Respirators protect against airborne hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Common types of respirators include filtering facepiece respirators, elastomeric respirators, and PAPRs. Face coverings, facemasks, and face shields are not respirators.