Interim Health and Safety Guidelines Related to COVID-19 for Conducting Superfund Site Work – 4/21/2020

The EPA Response Health and Safety Workgroup is composed of safety trained, interested, and experienced responders from across the agency: On-Scene Coordinators (OSC); Special Teams (Environmental Response Team (ERT), Consequence Management Advisory Team (CMAT) , Radiological Emergency Response Team; National Criminal Enforcement Response Team (NCERT)); Safety, Health and Environmental Program (SHEMP) managers; and members of the Safety and Sustainability Division (SSD). The Mission of the Workgroup is to provide advice, support, and products that ensure a healthy and safe nationally consistent approach to response and removal actions for EPA emergency responders and site workers. The Workgroup was convened by the Office of Land and Emergency Management (OLEM), to develop a consolidated list of safety and health practices to implement during the COVID-19 public health emergency for OSCs, Special Teams, Remedial Project Managers (RPM), Community Involvement Coordinators (CIC), and other EPA site staff and emergency response personnel. EPA recommends that its field contractor personnel follow these practices when conducting site work. These COVID-19 Safety and Health (S&H) Guidelines are not official agency policy, it is a consolidated list of safety and health best practices developed by the OLEM workgroup members in order to provide accurate, timely and consistent safety and health information on topics that may not be adequately addressed in other guidance but could substantially adversely affect agency operations and employees, while responding to incidents and conducting work on Superfund sites or responding to incidents.

These Interim S&H Guidelines are offered as a supplement to the national COVID-19 official guidance provided by the Centers for Disease Control and Prevention (CDC), including the National Institute for Occupational Safety and Health (NIOSH), the Agency for Toxic Substance and Disease Registry (ATSDR), Occupational Safety and Health Administration (OSHA) and Federal Emergency Management Agency (FEMA). This guidance is not intended to conflict with any guidance from those lead agencies. If a CDC, OSHA, and/or local public health COVID-19 recommendation, requirement, or protocol contradicts any of the recommendations below, follow the CDC, OSHA, or local public health direction. *This document was developed based on the current guidance from CDC (*https://www.cdc.gov/coronavirus/2019-ncov/index.html*),NIOSH (*https://www.cdc.gov/niosh/index.htm*), OSHA (*https://www.osha.gov/coronavirus/*), and ATSDR's COVID-19 risk reduction recommendations (*https://www.atsdr.cdc.gov/emergencyresponse/*), as of April 21, 2020.* While these guidelines are intended for use by EPA, others may consider them as they conduct field operations.

Medical/Safety Clearance for Field Work

All site work personnel must be properly cleared for field work. This should include:

1. Current medical and respiratory protection clearance - one year medical and respiratory protection clearances are temporarily extended from 12 months to 18 months due to the COVID-19 public health emergency, as determined by SSD, in consultation with the Office of Federal Occupational Health (FOH).
2. Current field safety/ 40 Hour HAZWOPER and/or 8 Hour HAZWOPER refresher training (refresher training is sufficient only for personnel who have received 40 Hour training) - within past 18 months. (In situations where Annual field safety/ HAZWOPER refresher certifications could not be completed due to the COVID-19 Public Health Emergency, they are temporarily extended from 12 months to 18 months, as determined by SSD and in consultation with OSHA.)
3. Current on required vaccinations (Note: There is no current vaccine or medical prophylaxis for Coronavirus including COVID-19). Check with local SHEMP manager for any other vaccine requirements.
4. Not currently sick, ill, presumptive positive for COVID-19 or experiencing symptoms (e.g., fever, cough, shortness of breath, etc.)
5. Have not been diagnosed positive or being tested for COVID-19.
6. Recent Exposure to COVID-19. If potential exposed follow CDC Interim Guidance.

   CDC Interim Guidance: Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html); provides guidance for critical workers, including hazardous material responders from government and the private sector, who may have been potentially exposed to COVID-19.

   To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

   A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

   Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

   1. Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility (follow the medical record

requirements listed under the Site Safety Program section for temperature measurements if they are taken).

2. <u>Regular Monitoring</u>: As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
3. <u>Wear a Mask</u>: The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks, respirators or can approve employees' supplied cloth face coverings in the event of shortages.
4. <u>Social Distance</u>: The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
5. <u>Disinfect and Clean workspaces</u>**:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

Deployment Considerations

COVID-19 is a new disease and there is limited information regarding the risk factors. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. The following safety practices should be followed by EPA field personnel:

1. Prior to deployment, assess the prevalence for COVID-19 cases in the area(s) you are deploying to or performing site work. State COVID-19 information can be found on state/territorial government and health department websites.
2. Consider both occupational and non-occupational risks in the community.
3. Evaluate employees' individual risk factors (e.g., age >65, chronic medical conditions, such as diabetes, heart disease, lung disease, and immunocompromising conditions, pregnancy, etc.).
4. Work practice controls necessary to address those risks (limit personnel, practice social distancing, use of barriers, etc.).
5. Since many areas now have sustained community spread; take precautions to maximize personal safety. Even in areas without sustained community spread, taking these precautions is recommended. It is strongly advised to have readily available hand sanitizer, soap and water to practice good hygiene, including by regularly washing hands, using hand sanitizer, practicing social distancing, and appropriately wearing Personal Protective Equipment (PPE). PPE should also be made available, such as gloves, Tyvek suits, eye protection, and, if necessary, respiratory protection (e.g., N95 filtering facepiece respirators or better). Cloth face masks can be worn when in public areas where upgraded respiratory protection is not warranted to address site hazards.
6. PPE should be selected to address all hazards including COVID-19**.**
7. Follow CDC, NIOSH, and OSHA guidance for protection related to COVID-19 for any consideration of use of PPE if needed during travel, meetings, entering homes, etc.

(https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html; https://www.cdc.gov/niosh/index.htm; https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus).

8. Nitrile or similar disposable gloves may afford protection when hand sanitizer is not available, or when hand washing is not feasible.

9. Take extra care not to touch your face, especially any time you may have touched a contaminated surface.

10. Employees should check themselves for symptoms of illness (fever, cough, shortness of breath, etc.) before starting travel and daily while on travel. They should notify their supervisor immediately if they are feeling ill and stay home if sick and haven't deployed.

11. Upon returning from deployment, all personnel should follow the recent CDC Interim Guidance: Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19. (https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html). These are precautions to take, as there is no current accurate method to assess who may have come in contact with someone positive for COVID-19. CDC currently states that up to 25% of the population in areas with sustained community spread may be infected and asymptomatic. The World Health Organization (WHO) estimates this number may be higher.

Site Safety Program

Monitor for Illness and Enforce Safety Measures

When conducting site work, an effort should be made to have a Site Safety Officer (SSO) present who has Emergency Medical Technician (EMT) training or access to an EMT on site. Possible sources of personnel with EMT training include response contractors, the U.S. Coast Guard (USCG) Strike Team, and local fire departments. The Site Safety Officer should make daily observations of all staff, including taking body temperatures and monitoring for symptoms. (These measurements may be considered a medical record under OSHA standard 29 CFR 1910.1020 and must be maintained in accordance with that standard). If an EMT trained Safety Officer is not available, an effort should be made for an EMT to be contracted locally. For a large response operation conducted during the COVID-19 public health emergency, a paramedic support unit should be requested from local emergency services (if possible). It is critical that all response personnel are continuously monitored daily and strictly follow the site's Health and Safety Plan (HASP).

Illness and Injuries

The following procedures should be followed for occupational illness or injuries:

1. If a contractor or employee becomes ill or is injured while deployed, he or she must follow the site's HASP. If he or she is experiencing symptoms related to COVID-19 (e.g., fever, cough), they should self-isolate and monitor their symptoms.
2. If symptoms become severe, such as shortness of breath or respiratory distress, the individual should contact the nearest hospital for local guidance on COVID-19 testing and treatment.
3. All contractors and employees should contact their supervisors and SHEMP managers to report their illness status.
4. All contractors and employees should call 911 immediately if breathing is difficult or their other symptoms become severe.
5. All contractors and employees should self-isolate at home or in their hotel room until given medical instructions to do otherwise. **Do not return to work if ill.** Follow agency, FOH, and CDC guidance as required.
6. EPA personnel who require medical treatment from a workplace exposure are generally covered by the Federal Employee Compensation Act which is administered by DOL's Office of Workers' Compensation Programs. Coverage includes while on official travel, even if an illness or injury occurs after hours. A suspected Illness that is contracted while on work travel and needs medical treatment can be covered for an initial emergency room (ER) visit. The form CA-16 may be used to cover the initial ER visit. Typically, a form CA-16 would be completed (signed by supervisor or site supervisor) and submitted to the medical facility to initiate payment for work-related injury or illness. Most hospitals now have these forms electronically, online, or your supervisor or the agency can provide a hard copy. (https://intranet.epa.gov/ohr/benefits/workerscomp/index.htm). Do not provide private health insurance. This should be addressed as part of the site's HASP.
7. If an individual has returned home prior to feeling ill, he or she should contact his or her primary care physician for instructions. It is recommended to self-isolate at home (avoiding close contact with family members) and not to report to an FOH clinic (who would likely refer the individual to his or her personal physician or local health department in accordance with CDC guidance.

Recording workplace exposures to COVID-19 (provided by OSHA)

OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log.

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all the following are met:

1. The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
2. The case is work-related, as defined by 29 CFR 1904.5; and

3. The case involves one or more of the general recording criteria set forth in [29 CFR 1904.7](...) (e.g. medical treatment beyond first-aid, days away from work).

DOL Information on FECA Coverage for Coronavirus Disease – 2019/COVID-19

The Federal Employees' Compensation Act provides workers' compensation coverage to approximately 2.6 million federal and postal workers around the world for employment-related injuries and occupational diseases. A federal employee who contracts the Coronavirus Disease – 2019, known as COVID-19, while in the performance of their job duties would have the full coverage of the FECA for related medical treatment and for wage loss or disability related to that condition or associated complications.

However, under [20 C.F.R. § 10.303](...), exposure to COVID-19 alone does not constitute a work-related injury entitling an employee to medical treatment under the FECA. The employee must be diagnosed with COVID-19 to potentially be afforded coverage. To establish coverage, the employee must submit a medical report from a qualified physician as defined in [5 U.S.C. § 8101(2)](...) reflecting a positive test result for COVID-19 based on established employment-related exposure to COVID-19. The Centers for Disease Control and Prevention (CDC) website contains [information about the testing and diagnosis of COVID-19.](...)

The FECA does not authorize payment for the provision of preventive measures such as quarantines. In general, preventive treatment is a responsibility of the employing agency under the provisions of 5 U.S.C. § 7901.

Travel Related Recommendations

1. Prior to departing, obtain EPA registered disinfectants and hand sanitizers (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
2. Encourage all EPA, ERRS, START, SERAS, RACS, and RAF personnel to drive as opposed to taking a flight, if feasible. Consider staffing activities with personnel that can get to the site by vehicle as it increases flexibility for personnel to adjust plans based on changing conditions in the local area or work site. Attempt to maintain one person per vehicle.
3. Disinfect vehicles (wipe down the steering wheel, door handles, touchpoints, etc.) using an EPA COVID-19 registered cleaner (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) prior to checking out or renting a vehicle. Implement this for all vehicles.
4. Source hotel accommodations that have in-room kitchens.
5. While at hotels, disinfect your own room with an EPA COVID-19 registered cleaner (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2). Use the "No Housekeeping" sign to limit access to hotel room.

6. Avoid hotel breakfast buffets and only consume unopened food items (wash any fresh fruit prior to eating).
7. Purchase groceries once a week and cook meals in the hotel room if in-room kitchen (or in-room microwave/refrigerator is available). If in-room facilities are not available, consider a meal delivery service, takeout, or curbside pickup. Eating inside of restaurants should be avoided.

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General Response Recommendations

1. Avoid crowds or groups over 10 people.
2. Increase social distancing – use the "6-feet rule".
3. Increase the frequency of handwashing. Make sure all personnel wash their hands upon arrival at the site, after exiting the exclusion zone, prior to taking a break, prior to eating lunch, after use of the bathroom, upon leaving the site for the day, etc. (See the CDC handwashing guide).
4. Suspend recreational activities involving gathering of others (no cookouts, sports, etc.).
5. Do not shake hands. Use other forms of non-contact greeting.
6. Try not to touch your face.
7. Avoid sharing items with others as much as possible.
8. Conduct initial check-in/screening for any and all personnel entering the site. Use one person to log in personnel or do it electronically.
9. Do not pass around a clipboard and pen.
10. Question the reporting personnel as to their previous travel/health and activities**.**
11. Conduct daily health status screening of all site workers. Document the lack of symptoms, conduct a non-contact temperature check (see Safety Program requirements for medical record retention). Seek public health guidance/healthcare professional on how to implement a health status screening and temperature screening program. Follow HIPAA requirements to safeguard medical and other personal identifiable information (PII).
12. Augment site handwashing equipment. Make sure you have readily available soap and water handwashing facilities at the site, do not rely on hand sanitizer alone. Encourage adherence to prescribed handwashing guidelines.
13. Keep site meetings to a minimum; update State, Tribal and local personnel via conference calls/emails rather than site (face-to-face) visits.
14. Do not hold in-person public meetings. Cancel, postpone or reschedule face-to-face meetings, or consider the use of virtual meeting tools if meetings are necessary. (https://workplace.epa.gov/covid19/docs/March%2028%202020%20-%20CERCLA%20Interim%20Guidance%20on%20Public%20Engagement%20During%20COVID-19.pdf)
15. Secure a large place or area to facilitate social distancing (maintaining the "6-feet rule") during briefings. Use Skype or other virtual communications tools for Unified Command.
16. For incidents involving a large number of response personnel, consider assigning a special safety team who focuses on health status screening, social distancing,

handwashing protocol compliance, and other COVID-19 risk reduction protocols. Consider staffing a healthcare professional on this designated special safety team.

17. If a response involves assessments at multiple different locations, doff PPE and disinfect all respirators, respirator cartridges, and any equipment used with an EPA COVID-19 registered disinfectant wipe prior to leaving the property and/or conducting the next assessment. Respirator cartridges may be used for multiple assessments but must be disposed of at the end of the shift.

18. If trailers are needed, use multiple office trailers/command posts to aid in social distancing as needed; if 10 or more personnel need trailers, consider individual trailers for EPA and contractors to separate workers.

19. Disinfect site trailers, command post, porta johns, handwash stations, etc. with an EPA COVID-19 registered cleaner (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) daily, and pay close attention to all touchpoints.

20. Disinfect vehicles (wipe down the steering wheel, door handles, touchpoints, etc.) daily with an EPA-registered disinfectant from List N or with label claims against SARS-CoV-2 (the virus that causes COVID-19) (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2), including when checking the vehicle out and when returning. Implement this for all vehicles.

21. Increase site decontamination protocols. Respiratory aerosols, secretions, perspiration, and other potentially SARs-CoV-2 infected body fluids accumulate in personal protective equipment (PPE). Coach crews to pay closer attention to disinfecting respirators. Emphasize social distancing while doffing PPE and a thorough hand, arm, and face wash after each entry. Attempt to don PPE without an attendant. If an attendant is necessary, the attendant should don an APR with P100 cartridges and nitrile exam gloves.

22. Do not share respirators (PAPRs, SCBAs, SARs). Issue the PAPRs, SCBAs, SARs to personnel for the duration of the response. All site workers must be fit tested on the specific respirator they are issued.

23. Conduct thorough decontamination and disinfection, following manufacturer recommendations, and inspect respirator components for cracked, damaged and missing parts prior to returning equipment.

24. CMAD has developed additional information on precautions, PPE, decontamination, cleanup and waste management: SARS-CoV-2 Information for On-Scene-Coordinators. This document is located on CMAT's 2019 Novel Coronavirus Information for OSCs web page, on Response.epa.gov; https://response.epa.gov/site/site_profile.aspx?site_id=14650.

25. CDC has developed coronavirus waste management information that is listed on their website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Waste-Management

If you have any safety & health questions, contact your organization's Health and Safety Program Contact (HSPC), SHEMP Manager or the OLEM Designated Safety, Health and Environmental Management Official (DSHEMO), at Kovak.brian@epa.gov, 732-321-6609.