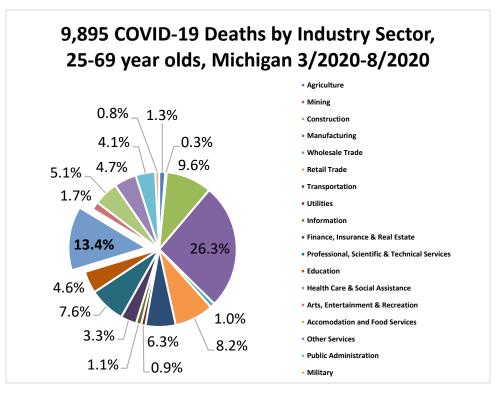


MICHIGAN STATE UNIVERSITY: Prevention of work-related injuries & illnesses through research & investigation

COVID-19 Prevention in the Health Care & Social Assistance

COVID-19 Deaths:

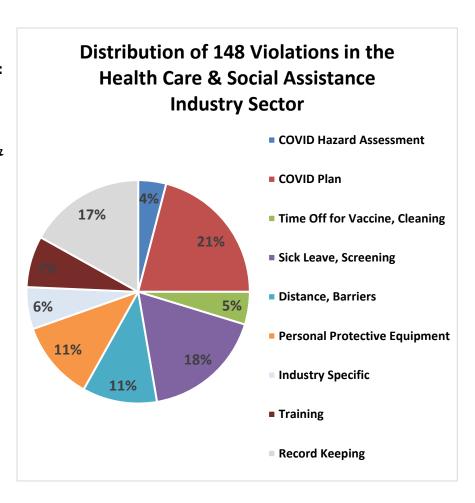
In Michigan from March 2020 through August 2022, 1,091 individuals 25-69 years of age died from COVID-19, whose usual job was in the **Health Care & Social Assistance** industry sector. The deathrate for COVID-19 was 55/100,000 which was significantly greater than the COVID-19 death rate among all individuals 25-69. The death rate among health care practitioners and technical personnel was significantly decreased so the increase in the death rate in health care was secondary to increased deaths



among support services such as maintenance, housekeeping and aides.

MIOSHA VIOLATIONS for COVID-19:

In Michigan, from 2/14/20 to 3/16/22, 56 employers (23.6% of the 234 inspections) in the **Health Care & Social Assistance** industry sector were cited for a COVID-19 violation. An employer had 30% probability of receiving a violation after controlling for size, year of inspection and union status. Employers in this sector had a statically increase chance of being cited for a personal protection equipment violation and record keeping.



PREVENTING COVID-19 IN HEALTH CARE & SOCIAL ASSISTANCE INDUSTRY

- Encourage/mandate employees remain up to date with all COVID-19 vaccine doses.
 - Virtually all health care facilities that are Medicare or Medicaid providers are required to ensure staff are fully vaccinated. These facilities are also required to have policies and procedures in place documenting exemptions and tracking of staff vaccination status.
- Implement and enforce policies related to the use of personal protective equipment including respiratory protection, gloves, protective clothing, and eye protection.
 - An employer should conduct specific hazard assessments to identify workplace hazards related to COVID-19. These hazard assessments can be used to determine the types of personal protective equipment required to protect staff from COVID-19 exposure.
 - When staff are required to wear respiratory protection by their employer, staff must have documented training on use, handling, and limitations, a medical evaluation to ensure that the staff is fit to wear a respirator and qualitative or quantitative fit testing.
 - o Based on hazard assessments, staff may also be required to wear gloves, gowns or protective clothing, and eye protection such as safety glasses or face shields.
- Use engineering controls such as physical barriers and explore ways to improve ventilation in shared spaces to reduce potential exposure.
 - When physical distancing is not feasible, a physical barrier to block the face-to-face pathway can reduce potential exposures.
 - Health care facilities that control their own HVAC system can reduce potential exposures by maximizing the number of air changes per hour, increasing outdoor air intake, and the use and maintenance of proper filtration according to the HVAC manufacturers recommendations.
- Follow the CDC's recommendations for cleaning and disinfecting surfaces and equipment.
 - When using cleaners and disinfectants, use products approved by the EPA for COVID-19
 (https://cfpub.epa.gov/wizards/disinfectants/) and in accordance with the manufacturer's instructions. Do not overuse, mix different products, or mix in concentrations beyond those recommended by the manufacturer.
 - Staff performing cleaning and disinfecting tasks should have proper training on the hazards
 of working with these chemicals and follow the manufacturers recommendations on the use
 of personal protective equipment such as gloves, eye/face protection, and respiratory
 protection. These chemicals can cause or aggravate asthma.
- Develop a process to identify and manage individuals with suspected or confirmed COVID-19.
 - Place signage in strategic locations to provide instruction on infection prevention and control procedures and establish a process to identify and manage to individuals coming into the facility.
- Provide and document COVID-19 protection training to employees.

DID YOU KNOW?

- Respiratory protection is given what is called an assigned protection factor (APF). The APF relates to the level of protection the respiratory protection provides when used properly. A cloth mask provides a 2 fold protection, a cloth mask on top of a procedure mask provides 7-fold, a N-95 and half mask respirator both provide 10 fold, PAPR 25 fold, full facepiece 50 fold, and a full facepiece supplied air or air tank 1,000 to 10,000 fold protection.
- COVID-19 infection occurs: 1) when you breathe in air from an infected person; 2) after an infected person coughs or sneezes and these droplets land on your eyes, nose, or mouth; and 3) touching your eyes, nose, and mouth with your hands that have the virus on them.
- Individuals who have been infected by COVID-19 are less likely to get sick from a future COVID-19 infection if they get vaccinated.

Resources

MIOSHA:

COVID-19 Workplace Safety
Part 505. COVID-19 for Healthcare
Part 451. Respiratory Protection

NIOSH:

COVID-19 Information for the Workplace

OSHA:

Coronavirus Disease (COVID-19)

CDC:

<u>Coronavirus Disease 2019 (COVID-19)</u> <u>Healthcare Workers: Information on</u> <u>COVID-19</u>

Hazard Alert: COVID-19 Prevention in Health Care & Social Assistance, 9/23/2022