

Oakland University

COVID-19 Preparedness and Response Plan

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Introduction

COVID-19 is a respiratory disease caused by the novel coronavirus SARS-CoV-2. This is a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease. *This document summarizes preparedness and response actions implemented at Oakland University and is consistent with recommendations in Guidance on Preparing Workplaces for COVID-19, developed by Occupational Health and Safety Administration, available at <https://www.osha.gov/Publications/OSHA3990.pdf>.*

About COVID-19

Transmission

The virus is thought to spread mainly from person-to-person via respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. This transmission occurs primarily between people who are in close contact with one another (within about 6 feet). COVID-19 may be spread by people who are not showing symptoms. The virus that causes COVID-19 is spreading very easily and sustainably between people.

COVID-19 is a new disease and we are still learning how it spreads. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. But, this is not thought to be the main way the virus spreads.

The CDC website provides the latest information about COVID-19 transmission:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

Symptoms

Anyone can have very mild to severe symptoms. Individuals at higher risk for developing more serious complications include older adults (aged 65+) and those who are immunocompromised, as well as those with severe underlying medical conditions including heart or lung disease, diabetes, kidney or liver disease, or severe obesity.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: fever – A temperature of 100.4 °F or greater, cough (or change in a chronic cough), shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and/or the loss of taste or smell.

Emergency symptoms of COVID-19 include difficulty breathing, persistent pain/pressure in the chest, new confusion/inability to arouse, and/or bluish lips/face. **Anyone experiencing these emergency symptoms should seek emergency medical care immediately.**

The CDC website provides the latest information about symptoms:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

How a COVID-19 Outbreak Could Affect the Workplace

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

Absenteeism. Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.

Change in patterns of commerce. Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive through service, to reduce person-to-person contact.

Interrupted supply/delivery. Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.

Steps to Reduce Employee's Risk of Exposure to SARS CoV-2

Remote Work

- Visit the Oakland University COVID-19 web section at <https://www.oakland.edu/coronavirus>, for information about remote work options and support.

Limit In-Person Work

- Comply with executive orders limiting in-person work to critical infrastructure workers, workers necessary to conduct minimum basic operations and resumed activities, subject to specific safeguards

Implement Basic Infection Prevention Measures:

- Promote frequent and thorough hand washing
- Encourage respiratory etiquette, including covering coughs and sneezes
- Encourage workers to stay home if they are sick.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. Use Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens which are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Require the use of washable cloth face coverings when working in enclosed public spaces

Develop Protocols for Prompt Identification and Isolation of Sick People

- Employees must complete the confidential daily health screening questionnaire. Reference the Oakland University *Daily Health Screening Process*.
- Employees who develop COVID-19 related symptoms such as fever, cough and shortness of breath, while at work, must leave work, notify their supervisor, and contact the Graham Health Center at 248.370.2341 to report these symptoms.
- Employees must notify the Graham Health Center of any confirmed COVID-19 illness.
- In order to return to work following a COVID-19 related illness, you must meet criteria as defined by CDC, *How to Discontinue Home Isolation* available here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/when-its-safe.html>. Reference the *Return to Work Following Illness or Exclusion Process*. Contact the Graham Health Center at 248.370.2341 to coordinate these criteria and your return to work.

The CDC website provides the latest information about Colleges, Universities and Higher Learning here: <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

- Visit <https://www.oakland.edu/coronavirus>, for information on workplace flexible leave policies and worker protections.

Implement Workplace Controls

OSHA employee infection prevention recommendations are based on an approach known as the [hierarchy of controls](#) to select ways of controlling workplace hazards. This approach groups actions by their effectiveness in reducing or removing hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

Engineering Controls

Isolate people from the hazard and require a physical change to the workplace. Engineering controls for SARS-CoV-2 include:

- Air filtration
- Increased ventilation rates in workplace(s)
- Installation of physical barriers
- Increased physical distance between workspaces

Administrative Controls

Require changes in work-related policy and/or procedure and require both the employer and employee to do something. Administrative Controls for SARS-CoV-2 include:

- Encourage sick to stay home
- Practice social distancing (i.e. maintain a 6' distance when other persons are present)
- Minimize contact among workers, clients and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time.
- Increasing cleaning and disinfection practices
- Discontinue non-essential travel (COVID-19 “hotspots”)
- Training

Safe Work Practices

Types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or use of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.
- Wear a washable cloth face covering when in indoor public spaces or when outdoors and unable to maintain 6' social distancing.

Personal Protective Equipment

Requires an employee to wear something. While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies. Most employees are unlikely to need PPE beyond what they use to protect themselves during routine job tasks.

Examples of PPE that may be indicated for SARS-CoV-2 include gloves, goggles, face shields, face masks, and, for those employees trained, medically cleared and fit-tested, respiratory protection. For information about the Oakland University Respiratory Protection visit <https://www.oakland.edu/ehs/occupational-safety-and-health/respiratory-protection/>.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working, and job tasks that may lead to exposure.

Follow OSHA Guidelines

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2. While there is no specific OSHA standard covering SARSCoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: <https://www.osha.gov/laws-regulations/standardnumber/1910/1910.132>
- Respiratory Protection standard (29 CFR 1910.134) See: www.osha.gov/lawsregs/regulations/standardnumber/1910/1910.134. When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program. See: <https://oakland.edu/ehs/occupational-safety-and-health/respiratory-protection/>
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." See: www.osha.gov/laws-regulations/oshact/completeoshact.
- OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: <https://www.osha.gov/laws-regulations/standardnumber/1910/1910.1030> and Oakland University Exposure Control Plan <https://oakland.edu/ehs/occupational-safety-and-health/bloodborne-pathogens/>

Unit Specific Information

1. The University and all employees follow "Basic Infection Prevention Measures" found on Page 3 of this document, and monitor and report any health concerns promptly.
2. The University and all employees must comply with the Oakland University Master Compliance Directives (OU Directives) for Compliance with Governor Whitmer's Executive Orders, available here: (<https://www.oakland.edu/Assets/Oakland/ehs/files-and-documents/COVID-Response/OU%20Master%20Compliance%20OU%20Directives%20as%20of%2007-13-20%20--OLA%20Issued.pdf>).

Classifying Worker Exposure Risk to SARS CoV-2: Very High, High, Medium, and Low

The level of risk depends in part on:

- the industry type
- need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or
- Requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2.

<i>Very High Risk of Exposure</i>	
Those employees with high potential for exposure to KNOWN or SUSPECTED sources of COVID-19 during specific medical, postmortem, or laboratory procedures.	
Examples Include:	
<ul style="list-style-type: none"> Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients. Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients). Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death. 	
Examples at Oakland University Include:	
NONE (known at this time)	
<i>High Risk of Exposure</i>	
Those employees with high potential for exposure to known or suspected sources of COVID-19.	
Examples include:	
<ul style="list-style-type: none"> Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients * or clinic staff treating known or suspected COVID-19 patients). Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles. Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death. 	
Examples at Oakland University Include:	
Graham Health Center – Healthcare Workers (*treating COVID-19 patients)	

<p><i>Medium Risk of Exposure</i></p> <p>Those employees that require frequent and/or close contact with (i.e. within 6 feet of) people who may be infected with SARS-CoV2, but who are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, workers in this category may have contact with the general public.</p> <p>Examples Include:</p> <ul style="list-style-type: none">• Those who may have frequent contact with travelers who return from international locations with widespread COVID-19 transmission.• Those who may have contact with the general public (e.g., high population density work environments, and some high-volume retail settings) <p>Examples at Oakland University include:</p> <ul style="list-style-type: none">• OUPD – First Responders/Collateral First Aide• Custodians – Disinfection Crew• Graham Health Center – Healthcare Workers• Shipping/Receiving Personnel• Shipping/Receiving Delivery Personnel• Mail Services Delivery Personnel <p>WHAT TO DO TO PROTECT WORKERS:</p> <p>Employees with medium exposure risk follow “Basic Infection Prevention Measures” on Page 3 of this document, in addition to considering the following:</p> <p>Engineering Controls</p> <ul style="list-style-type: none">• Consider the use of physical barriers and/or visual cues (tape markers, tables) where face to face interaction with the public is required and to encourage social distancing. <p>Administrative Controls</p> <ul style="list-style-type: none">• Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.• Consider strategies to minimize face-to-face contact (e.g., drive through windows, phone-based communication, and telework). <p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none">• Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles.• PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

<p><i>Low Risk of Exposure</i></p> <p>Those employees that do not require contact with people known to be, or suspected of being, infected with SARS-CoV2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers. Examples Include:</p> <ul style="list-style-type: none">▪ Remote workers (i.e., those working from home during the pandemic).▪ Office workers who do not have frequent close contact with coworkers, customers, or the public.▪ Manufacturing and industrial facility workers who do not have frequent close contact with coworkers, customers, or the public.▪ Healthcare workers providing only telemedicine services.
<p>Examples at Oakland University include:</p> <ul style="list-style-type: none">• Remote workers (i.e., those working from home during the pandemic)• Grounds and Golf Course Personnel• Office workers who do not have frequent close contact with coworkers, customers, or the public.• Central Heat Plant Personnel• Maintenance Personnel• Custodians – General• Researchers• Print Services Staff
<p>WHAT TO DO TO PROTECT WORKERS</p> <p>Employees with low exposure risk follow “Basic Infection Prevention Measures” on Page 3 of this document, in addition to considering the following:</p>
<p>Engineering Controls</p> <ul style="list-style-type: none">• Additional engineering controls are not recommended for workers in the lower exposure risk group.
<p>Administrative Controls</p> <ul style="list-style-type: none">• Monitor public health communications about COVID-19 recommendations by visiting: https://www.cdc.gov/coronavirus/2019-ncov/
<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none">• Additional PPE is not recommended for workers in the lower exposure risk group.• Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

Travel

For the most current information related to University travel, visit the Oakland University COVID-19 web section at <https://www.oakland.edu/coronavirus/>.

Appendix A: Oakland University Resources

Oakland University, Coronavirus Response <https://www.oakland.edu/coronavirus/>

[Oakland University, Reopening Campus https://www.oakland.edu/reopening-campus/](https://www.oakland.edu/reopening-campus/)

Guide for Campus Operation Reopening Plans <https://www.oakland.edu/Assets/Oakland/ehs/files-and-documents/COVID-Response/Guide%20for%20Reopening%20Plans.pdf>

Reopening Plan Request Form https://www.oakland.edu/Assets/Oakland/ehs/files-and-documents/COVID-Response/Reopening%20Plan%20Form_FINAL.docx

Returning to Work Guidance <https://www.oakland.edu/Assets/Oakland/ucm/files-and-documents/covid-19/Return%20To%20Work%20Guidance%20-%20FINAL.pdf>

Daily Screening Process <https://www.oakland.edu/Assets/Oakland/ucm/files-and-documents/covid-19/Daily%20Screening%20Process%20-%20FINAL.pdf>

Returning to Work Following Illness or Exclusion <https://www.oakland.edu/Assets/Oakland/ucm/files-and-documents/covid-19/Daily%20Screening%20Process%20-%20FINAL.pdf>

Employee Training: COVID-19 Return to Work Guidelines and Protocol

https://www.oakland.edu/Assets/Oakland/uhr/files-and-documents/ReturnToWork_TrainingForEmployees.pdf

Oakland University Graham Health Center <https://oakland.edu/ghc/>

Oakland University Environmental Health and Safety <https://www.oakland.edu/ehs/>

Appendix B: Additional Resources

Centers for Disease Control and Prevention, Coronavirus (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/>

Occupational Safety and Health Administration, Coronavirus Resources

<https://www.osha.gov/SLTC/covid-19/>

Oakland County Health Division, COVID-19 Response

<https://www.oakgov.com/covid/Pages/default.aspx>

Michigan Department of Health and Human Services, Coronavirus Disease (COVID-19)

<https://www.michigan.gov/coronavirus>