

Luminary Employee Safety

COVID-19 Supplement

Control and Prevention

Due to the practice of providing health and wellness services to our clients, considering potential for interaction with infectious clients that could come to our offices, measures must be in place for protecting our employees from exposure to, and infection with, the novel coronavirus, COVID-19. Luminary has developed this supplement to our employee safety manual based on guidelines provided by the Center for Disease Control (CDC). While adhering to proper hygiene practices is a normal practice for all employees based on the nature of the business we are in, this supplement is designed to enhance and provide greater detail to address specific concerns related to COVID-19.

The CDC provides the most updated infection prevention and control recommendations for employees managing suspected or confirmed cases of COVID-19 at the underlined link.

General Guidance for all Employees

For all employees, regardless of specific exposure risks, it is always a good practice to:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious materials.
- Properly handle and clean (disinfect) equipment, instruments, and devices used with clients.
- Clean and disinfect the environment as applicable.
- Handle textiles and laundry carefully.

Identify and Isolate Suspected Cases

In all workplaces where exposure to the COVID-19 may occur, prompt identification and isolation of potentially infectious individuals is a critical first step in protecting employees, workers, visitors, and others at the worksite.

- Immediately isolate people suspected of having COVID-19. For example, move potentially infectious people to isolation rooms and close the doors. On an aircraft,

move potentially infectious people to seats away from passengers and crew, if possible and without compromising aviation safety. In other worksites, move potentially infectious people to a location away from employees, workers, customers, and other visitors.

- Take steps to limit spread of the person’s infectious respiratory secretions, including by providing them a facemask and asking them to wear it, if they can tolerate doing so. Note: A surgical mask on a person or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person’s nose and mouth).
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission, including in screening, triage, or clinic facilities.
- Restrict the number of personnel entering isolation areas, including the room of a person with suspected/confirmed COVID-19.
- Protect workers in close contact* with the sick person by using additional engineering and administrative control, safe work practices and PPE.

**CDC defines "close contact" as being about six (6) feet (approximately two (2) meters) from an infected person or within the room or care area of an infected person for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person.*

Environmental Decontamination

When someone touches a surface or object contaminated with the virus that causes COVID-19, and then touches their own eyes, nose, or mouth, they may expose themselves to the virus.

Because the transmissibility of COVID-19 from contaminated environmental surfaces and objects is not fully understood, employers should carefully evaluate whether or not work areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response.

There is typically no need to perform special cleaning or decontamination of work environments when a person suspected of having the virus has been present, unless those environments are visibly contaminated with blood or other body fluids. In limited cases where further cleaning and decontamination may be necessary, consult U.S. Centers for Disease Control and Prevention (CDC) guidance for [cleaning and disinfecting environments](#), including those [contaminated with other coronavirus](#).

Workers who conduct cleaning tasks must be protected from exposure to blood, certain body fluids, and other potentially infectious materials covered by OSHA’s Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) and from hazardous chemicals used in these tasks. In these cases, the PPE ([29 CFR 1910 Subpart I](#)) and Hazard Communication

([29 CFR 1910.1200](#)) standards may also apply. Do not use compressed air or water sprays to clean potentially contaminated surfaces, as these techniques may aerosolize infectious material.

Employee Training

All employees, with reasonably anticipated occupational exposure to COVID-19 (as described in this document), will receive training about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure. Training will include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases. Training is mandatory and will be offered during scheduled work times and at no cost to the employee.

Workers required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and maintain PPE; and the limitations of PPE. Applicable standards include the PPE ([29 CFR 1910.132](#)), Eye and Face Protection ([29 CFR 1910.133](#)), Hand Protection ([29 CFR 1910.138](#)), and Respiratory Protection ([29 CFR 1910.134](#)) standards. The OSHA website offers a variety of [training videos](#) on respiratory protection.

When the potential exists for exposure to [human blood, certain body fluids, or other potentially infectious materials](#), employees must receive training required by the Bloodborne Pathogens (BBP) standard ([29 CFR 1910.1030](#)), including information about how to recognize tasks that may involve exposure and the methods, such as engineering controls, work practices, and PPE, to reduce exposure. Further information on OSHA's BBP training regulations and policies is available for employers and workers on the OSHA [Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics](#) page.

OSHA's [Training and Reference Materials Library](#) contains training and reference materials developed by the OSHA Directorate of Training and Education as well as links to other related sites. The materials listed for Bloodborne Pathogens, PPE, Respiratory Protection, and SARS may provide additional material for employers to use in preparing training for their workers.

OSHA's [Personal Protective Equipment Safety and Health Topics](#) page also provides information on training in the use of PPE.

CDC provides the most updated [infection prevention and control recommendations](#) for people managing suspected or confirmed cases of COVID-19.

Engineering Controls

Engineering controls are the first line of defense in clinic facilities to shield employees, clients, and visitors from individuals with suspected/confirmed COVID-19. This includes physical barriers or partitions in triage areas to guide clients, curtains separating people

in semi-private areas, and airborne infection isolation rooms (AIIRs) with proper ventilation.

Place people with suspected or confirmed COVID-19 in an AIIR if available at the clinic facility. AIIRs are single-client rooms with negative pressure that provide a minimum of 6 air exchanges (existing structures) or 12 [air exchanges](#) (new construction or renovation) per hour. Ensure that the room air exhausts directly to the outside, or passes through a HEPA filter, if recirculated.

If an AIIR is not available, isolate the person in a private room. Keep the door closed.

Isolation tents or other portable containment structures may serve as alternative infected person-placement facilities when AIIRs are not available and/or examination room space is limited. Ensure that the room air exhausts directly to the outside, or passes through a HEPA filter, if recirculated.

Administrative Controls

Consistent with the general interim guidance described above, isolate persons with suspected or confirmed COVID-19 to prevent transmission of the disease to other individuals. If possible, isolating suspected cases separately from confirmed cases might also help prevent transmission.

Restrict the number of personnel entering the room of a person with suspected/confirmed COVID-19. This may involve training employees in appropriate use of PPE so they can perform tasks such as housekeeping and meal service to reduce the need for environmental and food service workers to enter areas where suspected or confirmed COVID-19 persons are isolated.

Follow CDC guidelines for [signs](#) for and labeling of room doors when transmission-based precautions (i.e., contact and airborne precautions) are in place.

Minimize aerosol-generating procedures (AGPs), performing only those that are necessary for clinical diagnosis and care of the client. Minimize the number of staff present when performing AGPs.

Safe Work Practices

Perform as many tasks as possible in areas away from a person with suspected/confirmed COVID-19 (e.g., do not remain in an isolation area to perform charting; use closed-circuit television systems to communicate with persons in an isolation area when a worker does not need to be physically present).

Work from clean to dirty (i.e., touching clean body sites or surfaces before touching dirty or heavily contaminated areas) and limit opportunities for touch contamination (e.g., adjusting glasses, rubbing nose, or touching face with gloves that have been in contact with suspected/confirmed COVID-19 persons or contaminated/potentially contaminated surfaces). Also, prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.

Ensure that there are systems in place to: differentiate clean areas (e.g., where PPE is put on) from potentially contaminated areas (e.g., where PPE is removed); handle waste and other potentially infectious materials; and clean, disinfect, and maintain reusable equipment and PPE.

Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.

Train and retrain workers on how to follow the established protocols.

Personal Protective Equipment

Employees must use proper PPE when exposed to a person with confirmed/suspected COVID-19 or other sources of COVID-19 (See OSHA's PPE standards at [29 CFR 1910 Subpart I](#)).

CDC and OSHA recommend that persons in contact with possible infected persons should wear:

- Gowns
- Gloves
- National Institute for Occupational Safety and Health (NIOSH)-certified, disposable N95 or better respirators
- Eye/face protection (e.g., goggles, face shield)

Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)) and includes medical exams, fit testing, and training.

When doffing potentially contaminated PPE such as a N95 respirator, do not touch the outside of the respirator without wearing gloves.

After removing PPE, always wash hands with soap and water, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).