# Policy: NY HERO Act Airborne Infectious Disease Exposure Prevention Plan

|  |  |
| --- | --- |
| **Governed by:** Administration |  |
| **Approval Date: September 1, 2021** | **Last Updated:** July 13, 2021 |
| **Purpose: To protect employees against exposure and disease during an airborne infectious disease outbreak.** |

# Plan:

**I RESPONSIBILITIES**

This plan applies to all employees of CEO and at CEO work sites.

This plan requires commitment to ensure compliance with all plan elements aimed at preventing the spread of infectious disease. The following supervisory employees are designated to enforce compliance with the plan. Additionally, these supervisory employees will act as the designated contacts unless otherwise noted in this plan.

* Vice President
* Human Resource Manager
* Quality Assurance Coordinator

**II EXPOSURE CONTROLS DURING A DESIGNATED OUTBREAK**

**A: Minimum Controls During an Outbreak**

During an airborne infectious disease outbreak, the following minimum controls will be used in all areas of the worksite:

1. **General Awareness:** Individuals may not be aware that they have the infectious disease and can spread it to others. Employees should remember to:
	* Maintain physical distancing;
	* Exercise coughing/sneezing etiquette;
	* Wear face coverings, gloves and personal protective equipment (PPE), required and deemed appropriate;
	* Limit what they touch;
	* Stop social etiquette behaviors such as hugging and hand shaking, and
	* Wash hands properly and often.
2. **Stay at Home Policy:** If an employee develops symptoms of the infectious disease, the employee should not be in the workplace. Any employee with infectious disease symptoms should notify their supervisor, email Human Resources at Covid@ceoempowers.org and follow New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC) guidance regarding obtaining medical care and isolating, unless an alternative diagnosis is obtained.
3. **Health Screening:** Employees must self-screen themselves for symptoms of the infectious disease prior to beginning of their shift. Employees are to self-monitor throughout their shift and report any new or emerging signs or symptoms of the infectious disease to the designated contact. An employee showing signs or symptoms of the infectious disease is required to notify their supervisor of the need to leave the workplace and contact a healthcare professional for instructions. The health screening criteria will follow guidance from NYSDOH and CED guidance, if available. Human Resource notification via email is also required.
4. **Face Coverings:** To protect coworkers, employees will wear face coverings throughout the workday. Face coverings and physical distancing should be used together. The face covering must cover the nose and mouth, and fit snugly, but comfortably, against the face. The face covering itself must not create a hazard, e.g. have features that could get caught in machinery or cause severe fogging of eyewear. The face coverings must be kept clean and sanitary and changed when soiled, contaminated or damaged.
5. **Physical Distancing:** Physical distancing will be followed. Avoid unnecessary gatherings and maintain a distance of at least six feet (or as recommended by the NYSDOH/CDC for the infectious agent) from each other whenever possible. This may not be possible in all buildings or program settings.

Use a face covering. In situations where prolonged close contact with other individuals is likely, use the following control methods:

* + Restricting or limiting customer or visitor entry;
	+ Limiting occupancy;
	+ Allowing only one person at a time inside small enclosed spaces with poor ventilation;
	+ Reconfiguring workspaces (as allowed);
	+ Signage;
	+ Remote meetings;
	+ Restricted travel;
	+ Contactless service delivery;
	+ Restricted use of agency vehicles.
1. **Hand Hygiene:** To prevent the spread of infection, employees should wash hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:
	* Touching your eyes, nose, or mouth;
	* Touching your mask;
	* Entering and leaving a public place; and
	* Touching an item or surface that may be frequently touched by other people, such as door handles, light switches, tables, gas pumps.
2. **Cleaning and Disinfection:** See Section V of this plan.
3. **“Respiratory Etiquette”:** Because infectious diseases can be spread by droplets expelled from the mouth and nose, employees should exercise appropriate respiratory etiquette by covering nose and mouth when sneezing, coughing or yawning.
4. Special Accommodations for Individuals with Added Risk Factors: Some employees, due to age, underlying health condition, or other factors, may be at increased risk of severe illness of infected. Please inform your supervisor or the HR department if you fall within this group and need an accommodation.

**B: Advanced Controls During an Outbreak**

For activities where the Minimum Controls alone will not provide sufficient protection for employees, additional controls from the following may be necessary such as:

1. Elimination: The temporary elimination or suspension of risky activities, to be determined at the time of outbreak, may be necessary if adequate controls to keep staff safe cannot be enforced.
2. Engineering Controls: If necessary, CEO will consider increased ventilation measures to protect employees which may include increasing fresh air introduced into air handling systems, using higher-efficiency air filters, installation of fans and/or opening outside windows and doors to create natural ventilation. Other controls that may be used to help stop the spread of an airborne infectious disease might be installation of cleanable barriers or clear plastic guards, or modifications to office layouts to avoid points or areas where employees may congregate.
3. Administrative Controls: In the event of an airborne infectious disease outbreak, CEO may consider the following:
	* Increasing the space between employees;
	* Disinfecting procedures for specific operations;
	* Employee training;
	* Identifying and prioritizing job functions that are essential for continuous operations;
	* Cross-training employees to ensure critical operations can continue during employees’ absences;
	* Limiting the use of shared workstations;
	* Posting signs reminding employees of respiratory etiquette, face coverings and handwashing;
	* Provide clearly designated entrance and exits;
4. Personal Protective Equipment (PPE): Are devices like face shields, face coverings and gloves that protect the wearer from infection. PPE will be provided, used and maintained in a sanitary and reliable condition at no cost to the employee. The PPE provided to an employee will be based on hazard assessment for the workplace and will include:
	* Face coverings;
	* Gloves, particularly for Facilities and Food Pantry workers and employees accepting deliveries.

**C: Exposure Control Readiness, Maintenance and Storage**

The disinfecting materials we have selected will be obtained, properly stored and maintained so that they are ready for immediate use in the event of an infectious disease outbreak and any applicable expiration dates will be properly considered.

**III HOUSEKEEPING DURING A DESIGNATED OUTBREAK**

**A: Disinfection Methods and Schedules**

Objects that are touched repeatedly by multiple individuals such as door handles, light switches, water faucet handles, phones or handrails must be cleaned frequently with an appropriate disinfectant. Surfaces that are handled less often, or by fewer individuals, may require less frequent disinfection.

**B: Adjustments to Normal Housekeeping Procedures**

Normal housekeeping duties and schedules will continue to be followed during an infectious disease outbreak, to the extent practicable and appropriate consistent with NYSDOH and/or CDC guidance in effect at the time.

Alternative methods and/or increased levels of protection may be needed for any staff who are at an increased risk of touching contaminated surfaces. For example, facilities staff may fog areas with approved disinfectant rather than dust.

**IV INFECTION RESPONSE DURING A DESIGNATED OUTBREAK**

**A: Employee Develops Symptoms at Work:**

If an actual or suspected infectious disease case occurs at work, the following actions will be taken:

1. Employees will be Instructed to wear a face covering and leave the worksite immediately. They must contact a medical provider for possible testing or alternative diagnosis, email Covid@ceoempowers.org and follow NYSDOH guidance.
2. The Building and Energy Services Team (BEST) Director must be notified to implement any required cleaning/fogging protocols.
3. CEO will follow local and state authority guidance to inform impacted individuals.

**V TRAINING AND INFORMATION DURING A DESIGNATED OUTBREAK**

**A:**  The Vice President (or designee) will verbally inform all employees of the existence and location of this Plan, the circumstance it can be activated, the infectious disease standard, employer policies and employee rights under the HERO Act.

**B:**  When this plan is activated, all staff will receive training which will cover all elements of this plan and the following topics:

* The infectious agent and the disease(s) it can cause;
* The signs and symptoms of the disease;
* How the disease can be spread;
* An explanation of this Exposure Prevention Plan;
* The activities and locations at all CEO worksites that may involve exposure to the infectious agent;
* The use and limitations of exposure controls;
* A review of the standard, including employee rights provided under the Labor Law, Section 218-B.

**C:** All staff will be compensated for their participation in this mandatory training. Training may occur in any approved format to include, in-person, telephone, virtual or electronic.

**VI PLAN EVALUATIONS DURING A DESIGNATED OUTBREAK**

CEO will review and revise this plan periodically, upon activation of the plan, and as often as needed to keep up-to-date with current requirements.

**VII RETALIATION PROTECTIONS AND REPORTING OF ANY VIOLATIONS**

No employer, or his or her agent, or person, acting as or on behalf of a hiring entity, or the officer or agent of any entity, business, corporation, partnership, or limited liability company, shall discriminate, threaten, retaliate against, or take adverse action against any employee for exercising their rights under this plan, including reporting conduct the employee reasonably believes in good faith violates the plan or airborne infectious disease concerns to their employer, government agencies or officials or for refusing to work where an employee reasonably believes in good faith that such work exposes him or her, other workers, or the public to an unreasonable risk of exposure, provided the employee, another employee, or representative has notified the employer verbally or in writing, including electronic communication, of the inconsistent working conditions and the employer’s failure to cure or if the employer knew or should have known of the consistent working conditions.

Notification of a violation by an employee may be made verbally or in writing, and without limitation to format including electronic communications. To the extent that communications between the employer and employee regarding a potential risk of exposure are in writing, they shall be maintained by the employer for two years after the conclusion of the designation of a high risk disease from the Commissioner of Health, or two years after the conclusion of the Governor’s emergency declaration of a high risk disease. Employer should include contact information to report violations of this plan and retaliation during regular business hours and for weekends/other non-regular business hours when employees may be working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Participants** | **Major Changes** | **Approved By** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |
|  |  |  |  |