

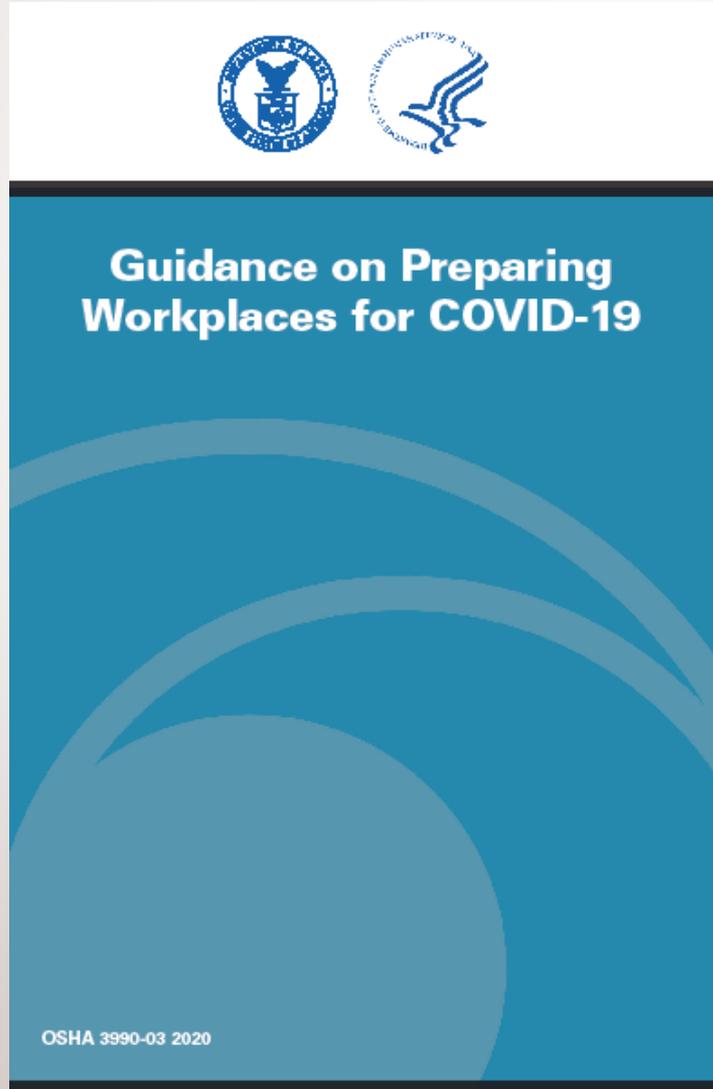


**Steel Founders'
Society of America**

What Metalcasters Need to Know About COVID-19 and OSHA Compliance

March 31, 2020

OSHA Guidance on COVID-19



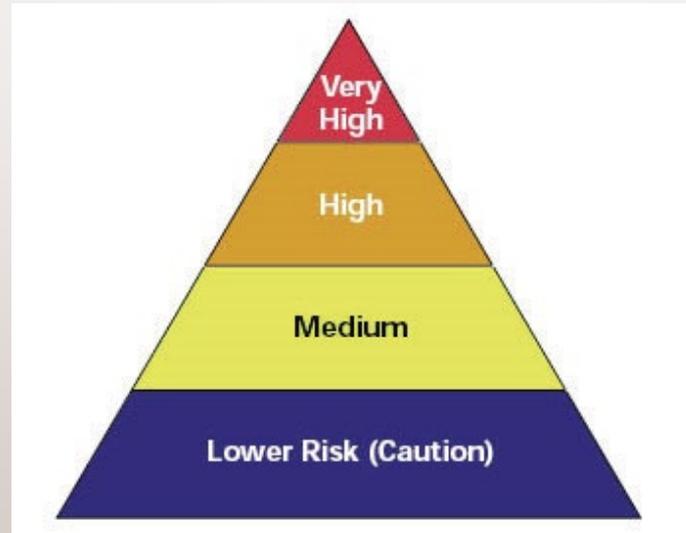
This guidance is advisory in nature and informational in content

It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the *Occupational Safety and Health Act* (OSH Act). Pursuant to the OSH Act, **employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved State Plan. In addition, the OSH Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.** OSHA-approved State Plans may have standards, regulations and enforcement policies that are different from, but at least as effective as, OSHA's. Check with your State Plan, as applicable, for more information.

Foundries are LOW RISK Workplaces

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 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.



Companies should have a plan in place!

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#)” on page 7 of the OSHA booklet and implement control measures described in this section.

What to Do to Protect Workers

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls

Monitor public health communications about COVID-19 recommendations **and ensure that workers have access to that information.** Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov. Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment

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.

Do you have a PLAN?

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- **Where, how, and to what sources of SARS-CoV-2 might workers be exposed**, including: The general public, customers, and coworkers; and
- **Sick individuals or those at particularly high risk of infection** (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).
- **Non-occupational risk factors at home and in community** settings.
- **Workers' individual risk factors** (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
- **Controls necessary to address those risks.**

Where, how, and to what sources of SARS-CoV-2 might workers be exposed?

- This could include: the general public, customers, and coworkers.
- We assume you will NOT allow the general public to enter – but be sure to post this and include in your program.
- Determine if customers may enter and if allowed, under what conditions.
- Limit the movement of coworkers between departments (for larger facilities).
- Limit the number of workers in lunchrooms (or other areas) at any one time if possible.

Sick individuals or those at particularly high risk of infection

- Be certain your workers are aware of the symptoms of COVID-19.
- Have a PLAN in place if an employee becomes ill or appears to be symptomatic.
- You have the RIGHT to send them home.
- Determine if there are employees who may have been exposed and should be sent home as well.
- Have a plan to disinfect the area(s) where the suspected worker ate, worked, etc.
- Begin decision making on whether the exposure may be work related.

Non-occupational risk factors at home and in community settings

- If a worker reports a family member may be ill, have a plan in place as to whether the employee needs to remain at home.
- Certain geographic areas may have special restrictions based upon the number of cases reported for that area. Be aware of state and local directives.

Controls necessary to address those risks

A written program or set of work rules may be necessary to establish and enforce these rules.

Workers' individual risk factors

- E.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy.
- Determine, **if possible**, company policy on leave, pay, benefits, etc., for the above if the employee does not chose to come to work.
- Be aware that NEW employees will need to be trained, fit tested, and have necessary medical surveillance to work in areas where there are potential air contaminant exposures above regulatory limits.

From the CDC...

Watch for symptoms:

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER



COUGH



*Symptoms may appear 2-14 days after exposure.

SHORTNESS OF BREATH



Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.



[cdc.gov/COVID19-symptoms](https://www.cdc.gov/COVID19-symptoms)

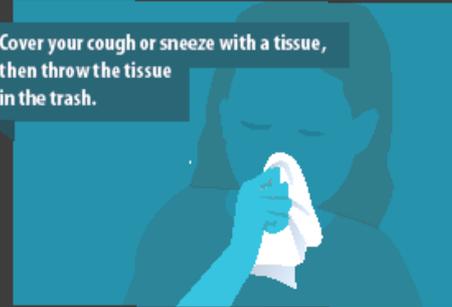
STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

Employers should implement good hygiene and infection control practices, including...

- Wash your hands often and before eating, smoking
- STAY HOME if you are sick
- Follow respiratory etiquette: COVER COUGHS AND SNEEZES and USE TISSUES.
- Use trash receptacles.
- Do NOT use other workers' phones, desks, offices, or other work tools and equipment, when possible. Try to keep distance between yourself and others.
- Keep your workplace clean!

Can a disposable N95 face filtering mask be used more than one shift?

If allowed by the manufacturer, YES, and if...

- the interior is clean,
- the fit remains acceptable,
- the filtering area is not damaged or blocked,
- the respirator is used by one person, and
- it is properly stored.

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People if Appropriate

- **Prompt identification and isolation of potentially infectious individuals** is critical.
- **Encourage employees to self-monitor** for signs and symptoms of COVID-19 if they suspect possible exposure.
- **Develop policies/procedures for employees to report when they are sick or experiencing symptoms** of COVID-19.
- Where appropriate, develop policies and **procedures for immediately isolating people** who have signs and/or symptoms of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers/customers/ visitors. Although most worksites do not have specific isolation rooms, **designated areas with closable doors may serve as isolation rooms** until potentially sick people can be removed from the worksite.

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, continued

- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient 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).
- **Restrict the number of personnel entering isolation areas.**
- Send person home or to health care facility.
- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.

Question: Do employers have the right to send workers home based upon the above? What if he/she refuses to leave the workplace?

Answer: Yes, you are permitted to ask them to seek medical attention and get tested for COVID-19. The CDC has stated that employees who exhibit symptoms of influenza-like illness at work during a pandemic should leave the workplace. The Equal Employment Opportunity Commission (EEOC) confirmed that advising workers to go home is permissible and not considered disability-related if the symptoms present are those of the COVID-19 coronavirus or the flu.

What if the employee REFUSES to leave?

If after explaining to the worker why his/her leaving the workplace is necessary to maintain the health and safety of the entire workplace (and any benefits available such as paid sick leave, use of accrued vacation, etc.) the employee still refuses to leave the workplace, you can consider:

- 1) explaining that the employee is now trespassing on private property and if they do not leave you will be forced to call local law enforcement to escort them off the premises;
- 2) or terminating the employee for insubordination. Termination of the employee, however, should be considered a last resort.

What about the employees who may have worked close to the sick person?

CDC recommends that:

- You should send home all employees who worked closely with that employee for a 14-day period of time to ensure the infection does not spread.
- Before the employee departs, ask him/her to identify all individuals who worked in close proximity (three to six feet) with them in the previous 14 days to ensure you have a full list of those who should be sent home.
- When sending the employees home, **do not identify by name the infected employee or you could risk a violation of confidentiality laws.**

The CDC also recommends for most non healthcare businesses that have suspected or confirmed COVID-19 cases:

- **Close off areas used by the ill persons.** Wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection. **(Foundries generally have rapid air changes that should greatly assist in clearing the area.)**
- Cleaning staff should **clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons,** focusing especially on frequently touched surfaces.
- To clean and disinfect:
 - **If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection** (Note: “Cleaning” will remove some germs, but “disinfection” is also necessary.)
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

The CDC also recommends for most non healthcare businesses that have suspected or confirmed COVID-19 cases, cont'd.

- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation.. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Cleaning staff should wear disposable gloves and gowns compatible with the disinfectant products being used for all tasks in the cleaning process, including handling trash. Additional PPE might be required based on the products used and risk of splash. Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Employers should provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include:
 - When to use PPE, what PPE is necessary, how to properly don (put on), use, and take off PPE, and how to properly dispose of PPE.
 - If you require gloves or masks or other PPE, prepare a simple half-page Job Safety Analysis (JSA): list the hazards and the PPE (gloves, masks, etc., as needed), and the person who drafts the JSA should sign and date it.

Can an employee refuse to come to work because of fear of infection?

Employees are only entitled to refuse to work if they believe they are in **imminent danger**. Section 13(a) of the Occupational Safety and Health Act (OSH Act) defines “imminent danger” to include **“any conditions or practices in any place of employment which are such that a danger exists which can reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated.”**

OSHA has interpretations that further discuss imminent dangers as where there is “threat of death or serious physical harm,” or “a reasonable expectation that toxic substances or other health hazards are present, and exposure to them will shorten life or cause substantial reduction in physical or mental efficiency.”

How does this apply to the current pandemic? A complex issue. Requiring travel to a reported “hot spot” like China or to work with patients in a medical setting without personal protective equipment at this time may meet the definition of imminent danger.

Most work conditions in the United States, however, **MAY** not meet the elements required. Determine how this current pandemic affects your workplace before determining whether it is permissible for employees to refuse to work.

When may an employee return to work after home isolation?

Per the CDC, **there are three options for determining when a person may end home isolation.** Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least three days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least seven days have passed since symptoms first appeared.
- Test-based strategy. A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that only one swab is needed at every sampling. Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - Resolution of fever without the use of fever-reducing medications;
 - Improvement in respiratory symptoms (e.g. cough, shortness of breath); and
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.
- Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least seven days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

The EEOC confirmed that you may require a doctor's note stating the employee is fit for duty before permitting them to return to work.

What about Reporting to the CDC or on the OSHA 300?

The healthcare provider that receives the confirmation of a positive test result has the mandatory responsibility to make the report to the CDC or Health Department, NOT the employer.

However, the employer **MAY** have to log the illness on the OSHA 300 report under certain conditions.

Is a COVID-19 Case RECORDABLE on the 300 report?

OSHA has stated that: “COVID-19 can be a recordable illness if a worker is **infected as a result of performing their work-related duties**.

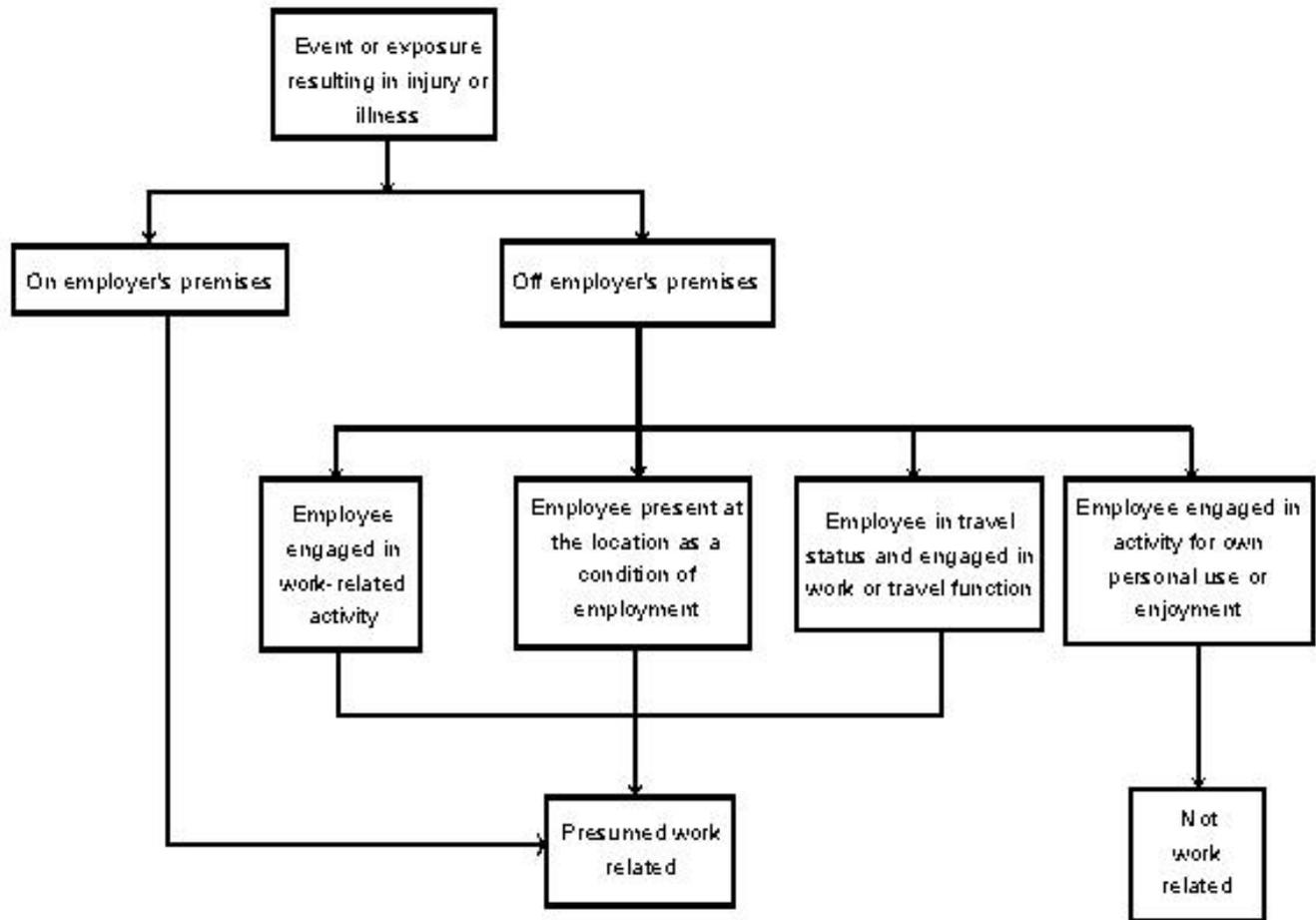
However, employers are only responsible for recording cases of COVID-19 **if all of the following are met:**

- 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).”

1904.5(a) *Basic requirement*

- 1904.5(a) *Basic requirement. Basic requirement.* Each employer required by this part to keep records of fatalities, injuries, and illnesses must record each fatality, injury and illness that:
 - [1904.4\(a\)\(1\)](#) Is work-related; and
 - [1904.4\(a\)\(2\)](#) Is a new case; and
 - [1904.4\(a\)\(3\)](#) Meets one or more of the general recording criteria of §1904.7 or the application to specific cases of §§1904.8 through 1904.12.

Chart 2. Guidelines for establishing work relationship



Recordable?

If an employee is symptomatic, but not yet a confirmed case, then it is not recordable, and there is no need to evaluate work-relatedness.

For any confirmed case, there will very likely be treatment that meets the general recording criteria (such as days away from work--expected based on need for isolation), and likely medical treatment beyond first aid).

Work Related?

Once the illness is a confirmed case, there needs to be an evaluation if it is work related to be recordable.

Was the employee was exposed in the work environment (which includes anywhere the employee is performing work-related duties), or could the employee have been exposed to the virus exposed outside the work place and signs or symptoms appeared later when the employee is present in the workplace?

If it is determined that the exposure was NOT in the workplace, the illness is not work-related and therefore is not recordable.

How can an employer make this determination?

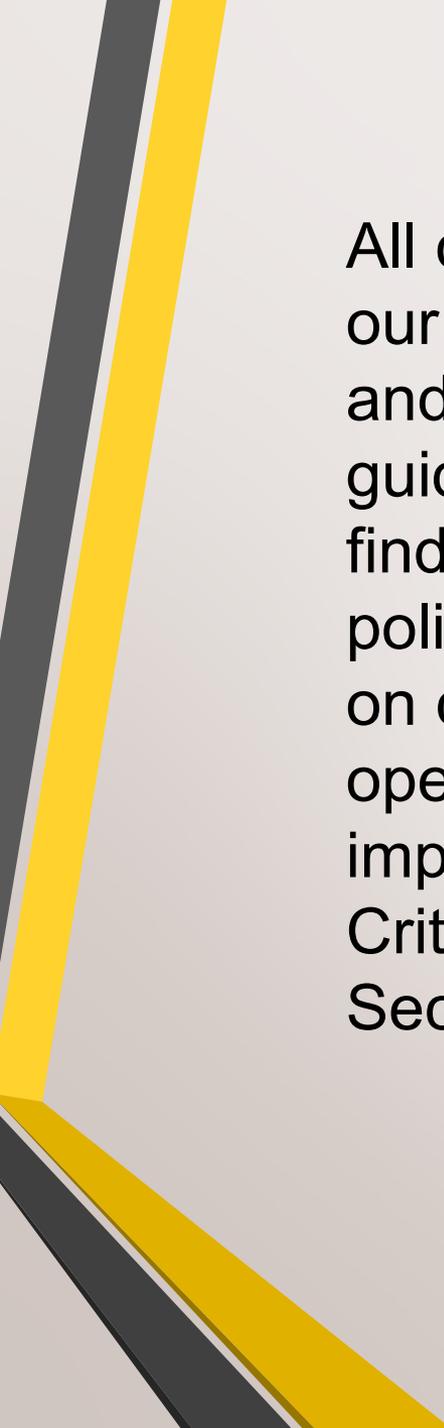
It may not be possible to pinpoint the precise time and location of an employee's exposure to the virus, but employers should do an evaluation of each case to decide based on the facts available if he/she believes that the of exposure is/is not work related. The factors may include (but may not be limited to):

1. The nature of the work environment and the type of work performed (no outside visitors). *Foundry employees work in PPE that often is head to toe protection and wear gloves and safety glasses that may limit ability to touch parts of the face. PPE is dedicated to one employee. Consider efforts to maintain a clean lunch room, rest rooms, showers, staggered breaks, etc.)*
2. The extent of personal interaction in the workplace and risk of person-to-person spread. *Most foundry workers do not work in close proximity to others. Often there are physical barriers for safety/air contaminant control in place. Also most foundries have many air changes per hour in the workplace.*
3. Whether there are known cases in the community. *This should be readily available through your state health departments.*

Recordable? Continued

4. Whether there are other known cases within your company.
5. Whether the employee has recently traveled to other communities or countries at times where there may be exposures.
6. Whether the employee lives with an infected individual.
7. Whether the employee has engaged in any other known activity outside of work that presents an exposure risk. (*second jobs, volunteer work, family visits, etc.*)

If the decision is “YES” the exposure was work related and the criteria for reporting is met, you must log this illness on to the OSHA 300 report. If there is a hospitalization or death, you MAY need to REPORT it to the OSHA office if the fatality occurred within 30 days or the hospitalization within 24 hours of the incident (exposure).



All of the guidance in this webinar is based upon our current understanding of conditions, issues and application of regulations and directives. This guidance is subject to change based upon new findings or federal, state, and/or local government policies. Each State currently has its own policy on control of foundry operations (permission to operate or be closed) based upon their importance to the community and/or inclusion as Critical Sector industries under Homeland Security.



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