VIRGINIA’S NEW COVID-19 WORKPLACE SAFETY STANDARDS

Virginia Credit Union League
August 5, 2020

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Charlottesville | Lynchburg | Richmond | Roanoke
AGENDA

1. Compliance & Risk
2. Determining Exposure Risk
3. Requirements for All Employers
4. Risk Level Guidance
5. Workplace Exposure Events
6. Returning to Work After a Positive Test
7. Summary

HOUSEKEEPING

- Please remember to mute your mic.
- We welcome questions! Use the chat box to make comments or ask questions. We’ll have a Q&A at the end of the session.
- Helpful materials can be downloaded from the Resource box.
- These slides and your SHRM code will be emailed to you after this session.
COVID-19 EMERGENCY TEMPORARY STANDARD (ETS)
STANDARDS ARE EFFECTIVE NOW!

• Formally adopted by Virginia Safety and Health Codes Board
• ERs w/ medium, high and very high risk workplaces MUST provide training to EEs by August 26, 2020
• Expire at end of year unless repealed earlier or extended
• Virginia Occupational Safety and Health (VOSH) will conduct compliance inspections
IS YOUR WORKPLACE FOLLOWING THE CDC?

- Designed to supplement and enhance VOSH guidance and regs.
- New rules do not override Gov.’s orders
- If ER is complying with CDC guidelines, then it is considered “in compliance” with new Va. standards
DO THESE STANDARDS APPLY TO YOU?

• YES! Applies to all ERs and EEs under jurisdiction of VOSH
• Specific standards depend on the exposure risk of job tasks your EEs perform:
  • VERY HIGH
  • HIGH
  • MEDIUM
  • LOW
 REQUIREMENTS: CLASSIFICATIONS

• Classify ALL **job tasks** according to risk levels
  • Classify according to hazards EEs are potentially exposed to
  • Tasks similar in nature and expose EEs to same hazard may be grouped together
DETERMINING EXPOSURE RISK

HR and management must review all EE job functions to rate properly

- What matters is tasks—not positions, products, services, or number of EEs
- Job tasks at same workplace could have different exposure risks

<table>
<thead>
<tr>
<th>VERY HIGH</th>
<th>HIGH</th>
<th>MEDIUM</th>
<th>LOW</th>
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<tbody>
<tr>
<td>High potential for exposure from known sources of COVID-19</td>
<td>High potential for exposure</td>
<td>More than minimal contact w/in 6 ft. of other EEs or general public</td>
<td>Limited contact with other EEs or general public</td>
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Virginia’s New COVID-19 Workplace Safety Standards
WHAT CATEGORY FOR CREDIT UNIONS?

- Some job tasks in **MEDIUM** category
  - Tasks that require more than minimal contact w/in 6 ft. of other EEs or general public
- Some job tasks could be in **LOW** category
  - Limited occupational contact with other EEs or general public
    - Telecommuting
    - Services performed in staggered shifts
    - Locations with mandatory physical distancing
IDENTIFY EXPOSURE RISK FACTORS

• Presence of person with known or suspected exposure
• Number of EEs in relation to physical size of working area
• Working distance between EEs
• Duration and frequency of exposure through contact w/in 6 ft.
• Contact with airborne transmission, contaminated surfaces, workstations, break rooms, other shared spaces
• Flow through entrances and exits in and around facility
• Use of shared work vehicles/transportation
REQUIREMENTS: INFECTIONS

• Don’t use antibody testing in return to work decisions or to classify EEs
• Encourage EEs to self-monitor for symptoms
• Don’t permit persons known or suspected to be infected to return to work or remain at work site
• Ensure sick leave policies are flexible and known to EEs
• Ensure subcontractors, temp EEs, independent contractors follow protocols for preventing exposures
REQUIREMENTS: POLICIES & PROCEDURES

- Develop policies/procedures for EEs to report symptoms, potential exposure, testing positive

Create protocols for:
- Posting signs for physical distancing
- Limiting non-EE access
- Limiting or closing access to common areas
- Requiring face coverings and other PPE
- Frequent sanitization and disinfection processes
REQUIREMENTS: PROTECTION

• Disinfect all common spaces including bathrooms, frequently touched surfaces, and doors
  • Must be cleaned/disinfected at end of each shift at minimum
  • All shared tools, equipment, workspaces, vehicles must be cleaned/disinfected before transfer from one EE to another
• Provide PPE
RISK-LEVEL SPECIFIC GUIDANCE
PREPAREDNESS & RESPONSE PLAN

Required for:

- Develop and implement written Infectious Disease Preparedness and Response Plan
- Designate person responsible for implementation
- Involve EEs in development and implementation
- DOLI has a plan template (link at end of presentation)
TRAINING

Required for:

- Provide training on hazards and characteristics of COVID-19 to all EEs (regardless of risk classification)
- Keep written certification for each EE
- Re-train when necessary
- DOLI has sample training materials (link at end of presentation)
ADDITIONAL PRECAUTIONS

Very High Risk

• Screen EEs for symptoms before each shift
• Limit non-EE access to the workplace
• Provide job-specific training on preventing transmission and routine refresher training
• Ensure no-cost psychological and behavioral support available for stress
• Certify in writing you performed workplace hazard assessment
• Provide face masks
• Implement flexible work hours and sites (if feasible)

High Risk

Medium Risk
WORKPLACE EXPOSURE EVENT
WORKPLACE EXPOSURE: NOTIFICATIONS

Required w/in 24 hours of discovery of potential worksite exposure:

• Notify EEs (remember to keep person’s name confidential!)

• Notify landlord

• Notify other ERs with EEs at your worksite

• Notify Va. Department of Health
  • In this case, HIPAA permits PHI disclosure to DOH in order to prevent or control spread of the virus

• Notify Va. Department of Labor and Industry
  • If 3+ EEs at worksite test positive w/in 14 day period
WORKPLACE EXPOSURE: CLEANING

Required w/in 24 hours of discovery of potential worksite exposure:

• Disinfect any areas where person with known exposure or suspected infection worked or used equipment

• Observe 24-hour shut-down of those areas before disinfecting (if possible)
RETURNING TO WORK AFTER A POSITIVE TEST
IF EMPLOYEE TESTS POSITIVE

• ERs required to use 1 of 3 strategies before EE may return to work

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<tr>
<th>Symptom-Based</th>
<th>Test-Based</th>
<th>Time-Based</th>
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<tbody>
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<td>Symptomatic EEs</td>
<td>Asymptomatic or Symptomatic EEs</td>
<td>Asymptomatic EEs</td>
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• Always consult with VDH first
SYMPTOM-BASED STRATEGY

For symptomatic EEs

• EE can’t return to work until at least 3 days (72 hours) have passed since recovery
  • Defined as resolution of fever w/out using fever-reducing medications
  • Improvement in respiratory symptoms (e.g., cough, shortness of breath)
  • At least 10 days have passed since symptoms first appeared
TEST-BASED STRATEGY

For asymptomatic or symptomatic EEs

- EE can’t return to work until
  - Resolution of fever without using fever-reducing medications
  - Improvement in respiratory symptoms
  - Production of 2 negative test results from at least 2 specimens collected 24+ hours apart
TIME-BASED STRATEGY

For asymptomatic EEs

- EE can’t return to work until at least 10 days have passed since date of EE’s first positive COVID-19 diagnostic test
- Assuming EE hasn’t developed symptoms since the positive test
- If EE develops symptoms, then must use symptom-based or test-based strategy
TIME-BASED STRATEGY

For asymptomatic “close contact” EEs

• EEs who come into close contact with, or who may live with, a person with a confirmed diagnosis or symptoms may return to work after either 14 days have passed since the last close contact

• Includes diagnosed/symptomatic individual testing negative for COVID-19
“CLOSE CONTACT”

CDC’s definition:

- Someone who was w/in 6 ft. of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days before test)
9 STEPS TO COMPLIANCE
SUMMARY: 9 STEPS TO COMPLIANCE

1. Assess workplace for hazards and job tasks
2. Implement system for COVID-19 screening and EE self-assessment
3. Provide flexible sick leave, telework, staggered shifts when feasible
4. Implement procedures to prevent workplace exposures
5. Implement procedures for EEs known/suspected to have COVID-19, including return to work policy
SUMMARY: 9 STEPS TO COMPLIANCE

6. Create system for notifications of possible workplace exposures
7. Understand anti-discrimination/anti-retaliation provisions
8. ERs with 11+ EEs and VERY HIGH, HIGH, and MEDIUM* risk tasks must prepare an Infectious Disease Preparedness and Response Plan and training by September 25
9. All ERs with VERY HIGH, HIGH, and MEDIUM* risk tasks must provide COVID-19 training to EEs by August 26

!!! Most CUs considered MEDIUM* Risk Level !!!
FINAL THOUGHTS

• ERs cannot discharge or discipline EEs for raising reasonable concerns about COVID-19 in workplace
  • Transparency and communication about workplace safety efforts is critically important

• ERs cannot ignore potential hazards
  • Standards include general “reasonableness” assumption
  • If ER could have known with reasonable diligence, then the ER may be deemed to have known
RESOURCE LINKS

Final version of the standards:

DOLI training and planning resources:
• Ensure these materials apply to your workplace and specific needs
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Q & A

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