

EXPOSURE CONTROL PLAN for COVID-19

Working Class Acupuncture has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with OR-OSHA's *Guidance on Preparing Workplaces for COVID-19 OSHA 3990-03 2020* recommendations, *Oregon OSHA Administrative Order 5-2022* and CDC's *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*

We are following federal and state recommendations regarding the development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, and other exposure-reducing measures.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations.
- Maintaining adequate PPE and other critical supplies in anticipation of interrupted supply chains or delayed deliveries.

Purpose

The purpose of this exposure plan is to reduce the risk of staff exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace.

Exposure determination

WCA is considered "Medium Exposure Risk." Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, staff in this category may have contact with the general public, patients, and coworkers.

For all staff, 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.
- Practice good respiratory etiquette, including covering coughs and sneezes.
- Avoid close contact with people who are sick.
- Stay home if sick.
- Recognize personal risk factors. [According to U.S. Centers for Disease Control and Prevention \(CDC\)](#), certain people, including older adults and those with underlying conditions such as heart or lung disease or diabetes, are at higher risk for developing more serious complications from COVID-19.

COMPLIANCE METHODS (Controls necessary to address those risks)

1) Universal precautions

The following policies and practices are in place to minimize exposures to respiratory pathogens including SARS-CoV-2, the virus that causes COVID-19. Measures will be implemented before patient arrival, upon arrival, throughout the duration of the patient's visit.

Universal Source Control

- Policies requiring everyone entering the facility to wear a mask or face covering while in the building, regardless of symptoms. We will adhere to current OHA mask guidance for healthcare settings.

- Patients and visitors over the age of 5 entering the facility, regardless of symptoms, are required to put on a cloth face covering or facemask before entering the building. If not wearing a mask, they will be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility. They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after.
- Patients are notified of the mask requirement via appointment reminder emails, the FAQ section on the WCA website homepage, and signs at the entrance of each clinic location.
- All employees will wear a non-cloth surgical or n95 facemask (if available) at all times while they are in the acupuncture clinic. They are instructed that if they must touch or adjust their facemask or cloth face covering they should perform hand hygiene immediately before and after.
- Clinics will ensure that hand hygiene supplies are readily available to all personnel in every care location.
- In general, fully vaccinated HCP should continue to wear source control while at work. However, fully vaccinated HCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated HCP are present, everyone should wear source control and unvaccinated HCP should physically distance from others.

2) Engineering Controls

Installing physical barriers, where feasible, to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples include clear plastic sneeze guards, and air-handling systems that are properly installed and maintained.

- HVAC systems have air scrubbers and filtration installed. These are maintained on a schedule according to manufacturers recommendation.
- Facilities without HVAC systems use free-standing HEPA air filters.

3) Administrative Controls

- Sick staff are encouraged to stay at home.
- Face masks are required on all employees and patients to contain respiratory secretions until they are able to leave the workplace.
- Requiring regular hand washing or using of alcohol-based hand rubs. Staff should always wash hands when they are visibly soiled and after removing any PPE.
- Strategies to minimize face-to-face contact, such as invisible reception and online payment.
- Providing tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for staff to clean their work surfaces.
- Posting handwashing signs in restrooms.
- Limiting visitors to the facility to only those essential for the patient's physical or emotional well-being and care (e.g., caregivers)

4) Personal Protective Equipment (PPE)

Staff with medium exposure risk may need to wear some combination of gloves, a face mask, and/or a face shield or goggles. PPE ensembles for staff in the medium exposure risk category will vary by work task and the types of exposures staff have on the job.

- Puncturing: Put on an N95 respirator or facemask (if a respirator is not available) before entry into the patient treatment room or reception area, if not already wearing one.
- Laundry & Cleaning: Put on clean, non-sterile gloves before handling any laundry. Remove and discard gloves when finished handling laundry, and immediately perform hand hygiene. Gloves may also be used when disinfecting.

5) Environmental Infection Control

Environmental cleaning and disinfection procedures are followed consistently and correctly.

- Routine cleaning and disinfection of all frequently touched surfaces or objects for appropriate contact times as indicated on the product's label.
- Chair covers are disinfected after each use.

MONITORING AND MANAGING HEALTHCARE PERSONNEL

Facilities and organizations providing healthcare should implement sick leave policies for employees that are non-punitive, flexible, and consistent with public health guidance.

As part of routine practice, employees should be asked to regularly monitor themselves for fever and symptoms of COVID-19.

- Punks should be reminded to stay home when they are ill.
- All punks should self-screen at the beginning of their shift for fever* and symptoms consistent with COVID-19. They are recommended to actively take their temperature and document the absence of symptoms consistent with COVID-19.

*Fever is either measured temperature >100°F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Respiratory symptoms consistent with COVID-19 include cough, shortness of breath, and sore throat.

- If punks develop a fever (>100°F) or symptoms consistent with COVID-19* while at work they should keep their cloth face covering or facemask on, inform their supervisor, and leave the workplace.
- HCP with suspected COVID-19 should be prioritized for testing. Information about when HCP with confirmed or suspected COVID-19 may return to work is available in the [Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#).

EXPOSURE INCIDENT AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

In the event that an employee has direct exposure to potential COVID-19 droplets (unmasked patient sneezes in unmasked face of the practitioner)

- Immediately wash your face and hands for 45 seconds and change your clothes
- Report the incident to the clinic manager, file an incident report with the date/time, patient's initials, and a description of the circumstance.
- Have a series of three viral tests for SARS-CoV-2 infection.
 - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
 - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
 - Follow all [recommended infection prevention and control practices](#), including wearing well-fitting source control, monitoring themselves for fever or [symptoms consistent with COVID-19](#), and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
 - Any HCP who develop fever or [symptoms consistent with COVID-19](#) should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
 - Work restriction is not necessary for most asymptomatic HCP following a higher-risk exposure, regardless of vaccination status.

Return to Work Criteria for HCP with SARS-CoV-2 Infection

HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP with severe to critical illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 10 days and up to 20 days have passed since symptoms first appeared, **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.

Test-based strategy

HCP who are symptomatic could return to work after the following criteria are met:

- Resolution of fever without the use of fever-reducing medications, **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

HCP who are not symptomatic could return to work after the following criteria are met:

- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

-Reviewed and updated 02/01/2023 by Whitsitt Goodson, WCA/PTI Safety Lead