



Occupational Health Measures in the Preparedness and Response to COVID-19 at the Workplace

March 23, 2020

CURRENT GLOBAL SITUATION ON COVID-19 PANDEMIC

as of 2:00pm CET (9:00am EDT) 3/23/20

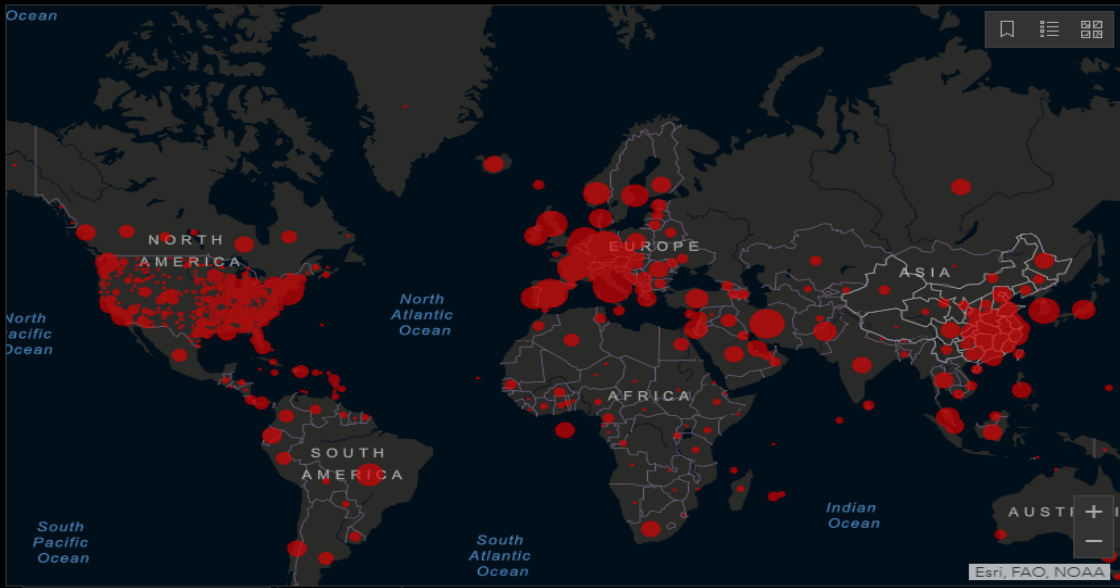
Source: <https://coronavirus.jhu.edu/map.html>

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Total Confirmed
350,536

Confirmed Cases by Country/Region/Sovereignty

81,496	China
59,138	Italy
35,225	US
33,089	Spain
26,220	Germany
23,049	Iran
16,720	France
8,961	Korea, South
8,234	Switzerland
5,748	United Kingdom
4,217	Netherlands
3,806	Austria
3,743	Belgium



Total Deaths
15,328

5,476	deaths	Italy
3,153	deaths	Hubei China
2,182	deaths	Spain
1,812	deaths	Iran
674	deaths	France
281	deaths	United Kingdom
179	deaths	Netherlands

Total Recovered
100,182

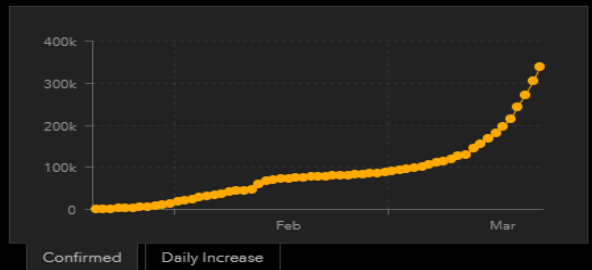
59,882	recovered	Hubei China
8,376	recovered	Iran
7,024	recovered	Italy
3,355	recovered	Spain
3,166	recovered	Korea, South
2,200	recovered	France
1,332	recovered	Guangdong China

Admin1 | Admin2 | Admin3

Last Updated at (M/D/YYYY)
3/23/2020, 7:25:39 AM


167
countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Visualization: JHU CSSE. Automation Support: [Esri Living Atlas team](#) and [JHU APL](#). Contact [US](#), [FAO](#).
Data sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#), [DXY](#), [1point3acres](#), [Worldometers.info](#), [BNO](#), state and national government health departments, and local media reports. Read more in this [blog](#).



FACULTY

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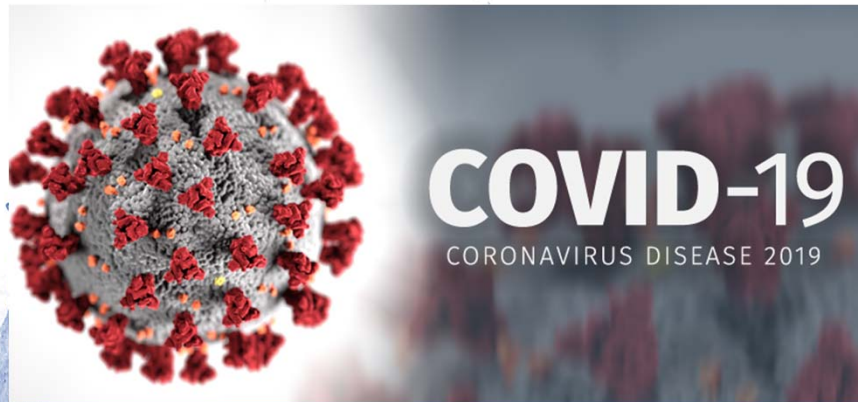
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- If you would like to ask a question, please post it in the “Q&A” box at the bottom of your screen.
 - This webinar is being recorded and will be posted on IOMSC’s website (www.iomsc.net) to share with others.



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and

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Workplaces' preparedness, response and recovery

Dr Ivan D. Ivanov and Dr Andy Ramsay

World Health Organization, Headquarters

workershealth@who.int ; EPI-WIN@who.int

EPI·WIN

WHO Information Network for Epidemics

Coronavirus disease (COVID-19)

2019 - 2020



Workplaces' preparedness, response and recovery

Dr Ivan D. Ivanov and Dr Andy Ramsay

WHO Headquarters

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Current situation (22 March 2020 18H Geneva Time)

Updates from last 24 hours

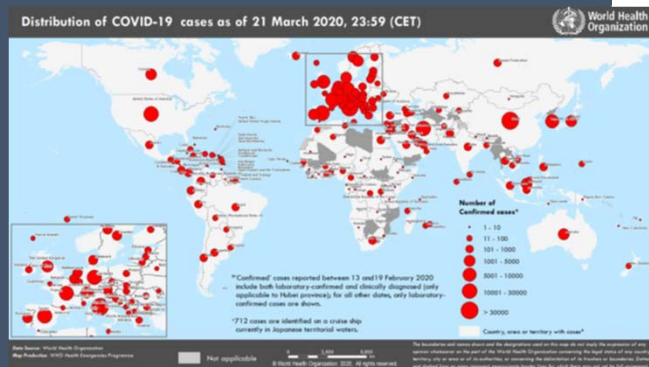
- 26,021 new confirmed cases from 107 countries/states/territories
- 1,617 new deaths from 38 countries/states/territories
- 2 countries/states/territories reporting 1st case: Eritrea and Uganda
- 6 countries/states/territories reporting 1st death: Chile, Curacao, Paraguay, Puerto Rico, Bosnia and Herzegovina, Finland
- Top 10 countries with highest number of new cases: Italy (6,557), Spain (4,946), Germany (3,140), France (1,821), Switzerland (1,237), UK (1,035), Iran (1,028), Netherlands (637), Belgium (558), Austria (375).

Globally between 31 Dec 2019 – 22 Mar 2020

- 294,110 cases from 187 countries/states/territories and 1 international conveyance
- 12,944 deaths from 78 countries/states/territories
- Top 10 countries with the highest number of cumulative cases: China (81,499), Italy (53,578), Spain (24,926), Iran (21,638), Germany (21,463), USA (15,219), France (14,296), Rep of Korea (8,897), Switzerland (6,077), UK (5,018).

Scenario	Health system priorities	Public health measures/ social distancing
1. No reported cases	<ul style="list-style-type: none"> • Do active case finding • Prepare all health facilities to screen and assess/triage (see following slides) • Prepare designated COVID facilities/wards • Set up a COVID hotline 	<ul style="list-style-type: none"> • Communicate, communicate, communicate • Quarantine and isolation of cases and contacts • Individual and family measures - clean hands and cough etiquette, protect the vulnerable • Voluntary physical distancing (>1m), staying away from crowded places • Conduct risk assessment for large events/gatherings (large sporting events, festivals, conferences, faith-based events) and implement measures to reduce risks • Protection measures for special populations/ institutions • Adapt and implement stay-at-home measures for: <ul style="list-style-type: none"> • schools & tele-study, • workplaces & tele-working, flexible leave policies, staggered shifts • public spaces, restaurants, cultural events & entertainment • places of worship • Adapt or cancel public and private events • Cordon sanitaire/movement restrictions • Cross-border travel measures <ul style="list-style-type: none"> ➢ Protect food supply and access to care ➢ Implement community resilience, mental health strategies ➢ Mitigate economic impact
2. Sporadic cases Countries with one or more cases, imported or locally acquired	<ul style="list-style-type: none"> • Do testing and contact tracing • Screen and triage at all health facilities • Isolate and treat patients in designated facilities/wards 	
3. Clusters of cases Countries experiencing cases clustered in time, geographic location or common exposure	<ul style="list-style-type: none"> • Screen, triage and treat as above • Expand designated treatment areas/hospitals • Manage mild/moderate/low risk cases in community settings or at home to avoid over-burdening the health system 	
4. Community transmission Countries experiencing larger outbreaks of local transmission	<ul style="list-style-type: none"> • In addition to the above, consider new or temporary structures for treating patients • Implement a “hub and spoke” referral strategy (next slide) • Continue testing as long as possible particularly if cases emerge in new areas. • If capacity is limited, consider not testing mild/moderate patients who can self-isolate at home 	

Current Situation



Source: WHO

Updates available from the following sources:

1. WHO situation dashboard

<https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd>

2. WHO Situation Reports

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

3. UNWFP World Travel Restrictions

<http://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/db5b5df309ac4f10bfd36145a6f8880e>

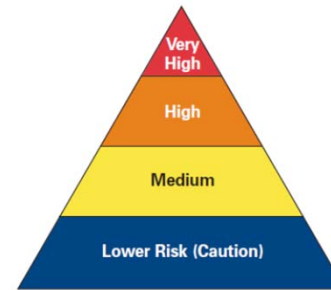
The New York Times

The Workers Who Face the Greatest Coronavirus Risk

By Lazaro Gamio March 15, 2020



Occupational Risk Pyramid for Pandemic Influenza



Very High Exposure Risk:

- Healthcare employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, some dental procedures, or invasive specimen collection).
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).

High Exposure Risk:

- Healthcare delivery and support staff exposed to known or suspected pandemic patients (for example, doctors, nurses, and other hospital staff that must enter patients' rooms).
- Medical transport of known or suspected pandemic patients in enclosed vehicles (for example, emergency medical technicians).
- Performing autopsies on known or suspected pandemic patients (for example, morgue and mortuary employees).

Medium Exposure Risk:

- Employees with high-frequency contact with the general population (such as schools, high population density work environments, and some high volume retail).

Lower Exposure Risk (Caution):

- Employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).

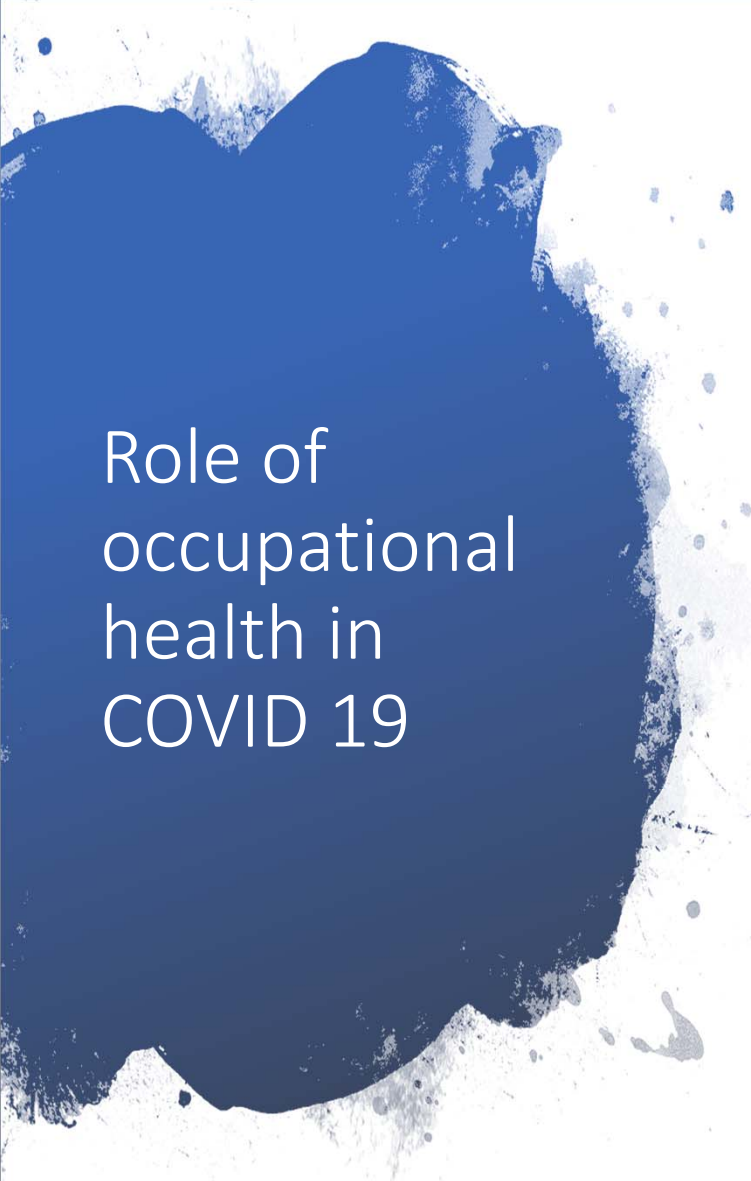
OSHA 3327-02N 2007 Guidance on Preparing Workplaces for an Influenza Pandemic
https://www.osha.gov/Publications/influenza_pandemic.html



Getting your workplace ready for COVID-19

- Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the intranet to promote hand-washing
- Display posters promoting respiratory hygiene. Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.
- Your occupational health services, local public health authority or other partners may have developed campaign materials to promote this message

CORONAVIRUS DISEASE (COVID-19) OUTBREAK: RIGHTS, ROLES AND RESPONSIBILITIES OF HEALTH WORKERS, INCLUDING KEY CONSIDERATIONS FOR OCCUPATIONAL SAFETY AND HEALTH



Role of occupational health in COVID 19

- Assess risks, develop/update plans for prevention, containment, mitigation, and recovery
- Identify high risk occupational groups, provide risk communication, advice on preventive measures, health surveillance
- Occupational health and safety in alternative work arrangements – teleworking, staged work
- Participate in business continuity plans
- Assess risk, identify, record and follow up occupational exposure
- Provide risk communication and engagement of workers, psycho-social support
- Collaborate with community/public health authorities

Challenges

- Occupational health and safety for workers in business continuity for essential public services – healthcare, food supply, utilities, communications, security, critical supply chains
- Engagement and collaboration with unorganized workers – informal economy, gig economy, domestic workers
- Infection control for high risk workers/occupations – risk assessment, management and surveillance
- Occupational health and safety in alternative work arrangements
- Use modern technologies for continuity of delivery of occupational health services - teleservices, hotlines, webinars, applications, artificial intelligence for risk assessment, drones

Resources for OH experts

- [COVID 19: Occupational Health](#)
- [Occupational health infographics](#)
- [Occupational health in emergencies](#)
- [Travel advice](#)
- [Coronavirus disease \(COVID-19\) outbreak](#)
- [EPI-WIN advice and information](#)
- EPI-WIN webinars:
 - Health workers – Tuesdays 13:00-14:00 h CET
 - Employers and workers – Thursdays 12:30 – 13:30 h CET

*Keep safe, keep working apart but
together*



Aiysha Malik, D.Phil., D.Clin.Psych.

Technical Officer, Department of Mental Health and
Substance Abuse, WHO, Geneva, Switzerland

COVID-19 & Mental Health

- **WHO Mental Health and Psychosocial Considerations during COVID-19 Outbreak:**
<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

- **Interagency Standing Committee: Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak. Version 1.5**
https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf



Claudio Colosio, MD

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WHO-IOMSC WEBINAR

March | 23 | 2020

COVID-19 pandemic:

Experiences from the International Centre for Rural Health

Prof. Claudio Colosio & ICRH TEAM



UNIVERSITÀ
DEGLI STUDI
DI MILANO

Sistema Socio Sanitario



Regione
Lombardia

ASST Santi Paolo e Carlo



WHO Collaborating
Centre
for Occupational Health

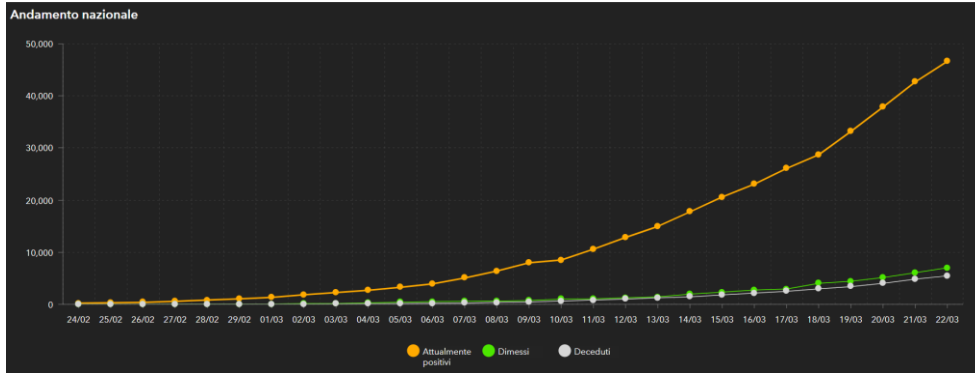
International Centre for Rural Health

International Centre for Rural Health (ICRH): created in 2007 at the San Paolo Hospital of Milan (scientific coordinator Prof. Claudio Colosio) . WHO Collaborating Centre for Occupational Health in 2010

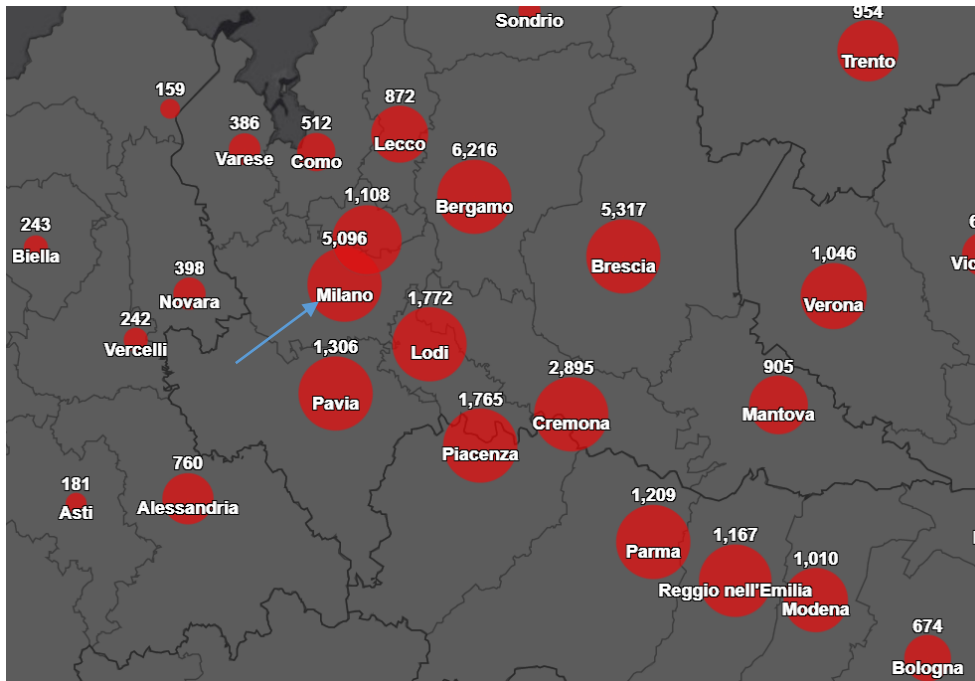
Terms of reference: ***ToR 1)*** Development of diagnostic and exposure criteria for occupational diseases; ***ToR 2)*** Coordination of the work of the WHO collaborating centres for developing methods for early detection of priority occupational diseases; ***ToR 3)*** Advocate and raise awareness on provision of occupational health services in rural areas; ***ToR 4)*** Collection of good practices on improving occupational health and safety in hospitals

- Part of the public health system of the Region of Lombardy
- Acts in agreement with the University of Milan, Department of Health Sciences
- Serves specific projects of the Region of Lombardy (health surveillance of agricultural workers, risk assessment and prevention of pesticide use in agriculture)

Situation report: Italy, Lombardy, Milan



LOMBARDIA	
Bergamo	6216
Brescia	5317
Como	512
Cremona	2895
Lecco	872
Lodi	1772
Monza Brianza	1108
Milano	5096
Mantova	905
Pavia	1306
Sondrio	205
Varese	386
altro/in fase di verifica	616
Totale	27206



Regione	AGGIORNAMENTO 22/03/2020 ORE 17.00							
	POSITIVI AL nCoV				DIMESSI/ GUARITI	DECEDUTI	CASI TOTALI	TAMPONI
	Ricoverati con sintomi	Terapia intensiva	Isolamento domiciliare	Totale attualmente positivi				
Lombardia	9439	1142	7304	17885	5865	3456	27.206	70.598
Emilia Romagna	2429	269	3692	6390	349	816	7.555	28.022
Veneto	1113	255	3276	4644	309	169	5.122	57.671
Piemonte	2118	308	1701	4127	10	283	4.420	12.701
Marche	816	138	1277	2231	6	184	2.421	6.391
Toscana	706	215	1223	2144	42	91	2.277	13.264
Liguria	736	132	483	1351	143	171	1.665	4.995
Lazio	671	79	522	1272	58	53	1.383	17.845
Campania	243	99	524	866	41	29	936	4.943
Friuli V.G.	163	47	528	738	89	47	874	6.761
Trento	235	46	604	885	34	35	954	3.050
Bolzano	146	32	470	648	7	23	678	5.718
Puglia	252	37	459	748	7	31	786	6.160
Sicilia	220	55	321	596	26	8	630	5.580
Abruzzo	218	49	272	539	15	33	587	3.375
Umbria	97	35	368	500	5	16	521	3.135
Valle d'Aosta	63	21	270	354	1	9	364	950
Sardegna	67	16	244	327	5	7	339	2.402
Calabria	77	17	166	260	5	8	273	3.666
Basilicata	13	10	58	81			81	643
Molise	24	7	21	52	7	7	66	532
TOTALE	19.846	3.009	23.783	46.638	7.024	5.476	59.138	258.402

San Paolo and San Carlo Hospitals

- A total of 4142 workers employed in two public hospitals in south ovest Milan, operated by the National Health Service. They're also both university hospitals
- 70 % woman
- Mean age ca. 46 years
- What we have done:
 - Reduction or discontinuation of some medical practices
 - Restricting access and visiting hours
 - Preventive strategies according to WHO shared procedures

Ministero della Salute
nuovo coronavirus
Istituto Nazionale di Sanità
Ministero Superiore di Sanità

Dieci comportamenti da seguire

- 1 Lavati spesso le mani
- 2 Evita il contatto ravvicinato con persone che soffrono di infezioni respiratorie acute
- 3 Non toccarti occhi, naso e bocca con le mani
- 4 Copri bocca e naso se starnutisci o tossisci
- 5 Non prendere farmaci antivirali né antibiotici, a meno che siano prescritti dal medico
- 6 Pulisci le superfici con disinfettanti a base di cloro o alcol
- 7 Usa la mascherina solo se sospetti di essere malato o assisti persone malate
- 8 I prodotti MADE IN CHINA e i pacchi ricevuti dalla Cina non sono pericolosi
- 9 Contatta il numero verde 1500 se hai febbre o tosse e sei tornato dalla Cina da meno di 14 giorni
- 10 Gli animali da compagnia non diffondono il nuovo coronavirus

Testi rielaborati dalla Task Force Comunicazione ISS su fonti di: OMS, ECDC e ISS
© Istituto Superiore di Sanità - febbraio 2020

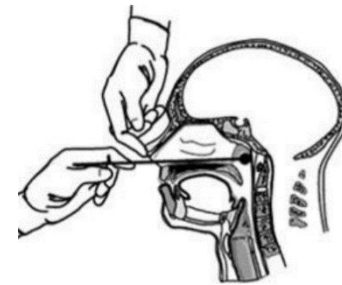
Conferenza Nazionale per l'Organizzazione e la Gestione del Servizio Sanitario Nazionale
FIMMG
Federazione Ordine Farmacisti Italiani
ANMIO
ANMDO
CARO
FADOI federfarma
FIMMG
FNOVI
SIMG
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SIMIT
SIRIOS
Fili

Surveillance protocol for healthcare professionals

- “Close contact”= healthcare professional who assisted a patient confirmed for COVID-19 without PPD or household contact with a person confirmed for COVID-19
- Workers who have recently traveled from or live in an area with ongoing spread of COVID-19, are considered at higher risk
- Protocol: Nasopharyngeal swab for real-time RT PCR (rRT-PCR) detection of 2019-Novel Coronavirus (2019-nCoV)

The worker is admitted to work only if the reported body temperature before the start of the shift is < 37.5 (temperature monitoring is managed by the ward coordinator).

A check point has been set up



Surveillance protocol for healthcare professionals

Conditions	Procedures
<p>1. Symptomatic worker already absent from work with acute respiratory infection (eg. presence of at least one of the following symptoms: fever, cough, dyspnea in particular if accompanied by anosmia, ageusia, conjunctival hyperemia and diarrhea)</p>	<p>a) contacts the Occupational Medicine Unit and inform about his/her health condition; b) remains at home quarantine which must last, unless otherwise indicated, 14 days from the disappearance of the symptoms; c) At home during this period the worker:</p> <ul style="list-style-type: none"> ▪ must also stay in the same house but separately from their family members; ▪ have at least one room and one bathroom available for exclusive use or provide frequent disinfection of the surfaces; ▪ limit the passage to the common areas to the bare minimum, which in any case must be done by washing and disinfecting the hands often, possibly wearing gloves and always a surgical mask. <p>d) In case of the disappearance of respiratory symptoms, the worker has to contact the Occupational Medicine Unit in order to undergo, 14 days after healing, two nasopharyngeal swabs on two consecutive days. If the swab is negative, he/she will be readmitted to work. e) Throughout this period, the worker has to fill in the daily symptoms collection form, available at on line platform.</p>
<p>2. Worker already absent from work without acute respiratory infection (eg without at least one of the following symptoms: fever, cough, dyspnea)</p>	<p>a) Contacts the Occupational Medicine Unit to evaluate the possibility of performing a swab; b) Swab is performed if there is an evidence of a close contact of the worker with an infected person. - If there is not such an evidence, the worker is readmitted to work. In case of performed swab: - if the swab is positive: the worker is not admitted to work and continues the quarantine; - If the swab is negative or awaiting the result: the worker is admissible to work, compatibly with clinical conditions, has to wear surgical mask protection and his/her clinical conditions has to be monitored; - During this period the worker follows the procedures indicated in condition 1c).</p>

Surveillance protocol for healthcare professionals

Conditions	Procedures
<p>3. The worker at work with acute respiratory infection (presence of at least one of the following symptoms: fever, cough, dyspnea in particular if accompanied by anosmia, ageusia, conjunctival hyperemia and diarrhea)</p>	<p>a) Mandatory wears surgical mask; b) has to make a swab by contacting Occupational Medicine Unit who will place it in quarantine at home until the outcome of the swab; c) remains in home quarantine which must last, unless otherwise indicated, 14 days from the full recovery. d) In case of positive swab: not admitted to work and quarantine continues d) If the swab is negative or awaiting the result: the worker is admissible to work, compatibly with clinical conditions, has to wear surgical mask protection and his/her clinical conditions has to be monitored for further 14 days after recovery; e) During this period the worker follows the procedures indicated in condition 1.</p>
<p>4. The asymptomatic worker with evidence of close contact with a Coronavirus positive person</p>	<p>a) In the absence of symptoms and pending the execution and outcome of the swab, is admitted to work. b) Mandatory wears surgical mask; c) Make a swab by contacting Occupational Medicine Unit; d) In case of positive swab: he /she is not admitted to work and is readmitted after 14 days from the contact and after having done two nasofaringeal swabs in two consecutive days. e) In case of negative swab: admission to work with surgical mask and monitoring of clinical conditions for 14 days from the last contact with other people. f) At home during this period the worker is asked to follow the procedures indicated in situation 1.</p>

In any case, the worker must **alert the manager and the occupational health physician and the occupational medicine unit as soon as possible in case of the onset of respiratory symptomatology** (whether it occurred during work or not) for the implementation of the specific regional indications in relation to the symptomatic picture.

Surveillance protocol for healthcare professionals

If COVID 19 infection is confirmed:

- Quarantine lock down after communication to health authority
- Legal requirement of occupational accident linked to health care work
- Return to work only after 2 negative nasopharyngeal swabs in 24 hours

Index case: San Carlo Hospital

Index case

53 SWABS

1 POSITIVE MD

134 SWABS

2 POSITIVE NURSES

20 SWABS

29 SWABS

2 POSITIVE MD

0 POSITIVE

TOTAL WABS : 349

TOTAL POSITIVE CASES: **17** (14 FROM HEALTH SURVEILLANCE UNIT, 3 FROM EMERGENCY UNIT)

TOTAL ISOLATED (AWAITING CONF.): 12

TOTAL ACCIDENT AT WORK REPORTED: 12

TOTAL SICK WORKERS (NOT OCCUPATIONAL INFECTION) : 3

TOTAL CASES MANAGED AT EMERGENCY UNIT : 2

Case **IULIANO** (from emergency unit): absence from work cause of sickness (not accident at work)

40 swab → 5 positive cases (MDs and nurses)

**INVESTIGATION
IN PROGRESS**

Index case: San Paolo Hospital

We had different index cases from health care workers and patients



TOTAL SWABS : 537

TOTAL POSITIVE CASES: 19 (14 FROM HEALTH SURVEILLANCE UNIT, 3 FROM EMERGENCY UNIT)

TOTAL CASES MANAGED AT EMERGENCY UNIT : 2

SWABS PERFORMED BUT WAITING FOR RESULTS: 110

Data collection

Questions Responses 4,017

Scheda dati salute

SCHEDA RACCOLTA QUOTIDIANA DATI SULLO STATO DI SALUTE PER POSSIBILI CONTATTI COVID-19 E SOGGETTI CON STORIA DI INFEZIONE
In caso di sintomi o TC superiore a 37.5 °C contattare appena possibile il numero 0281844363 (San Paolo) e/o 0240222440 (San Carlo).

Ospedale *

- San Paolo
- San Carlo

Data del report *

Month, day, year



Segni e/o sintomi *

	Assente	Lieve	Moderato	Grave
Tosse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispnea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malessere generale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dolori muscolari	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cefalea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mal di gola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Altre annotazioni stato di salute

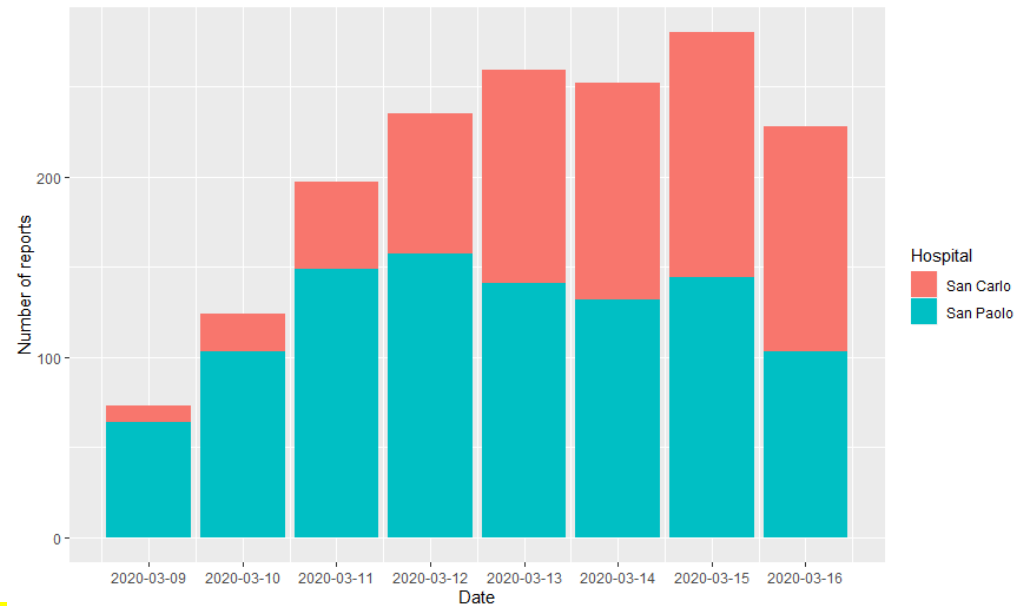
Long answer text

Temperatura h 8 *

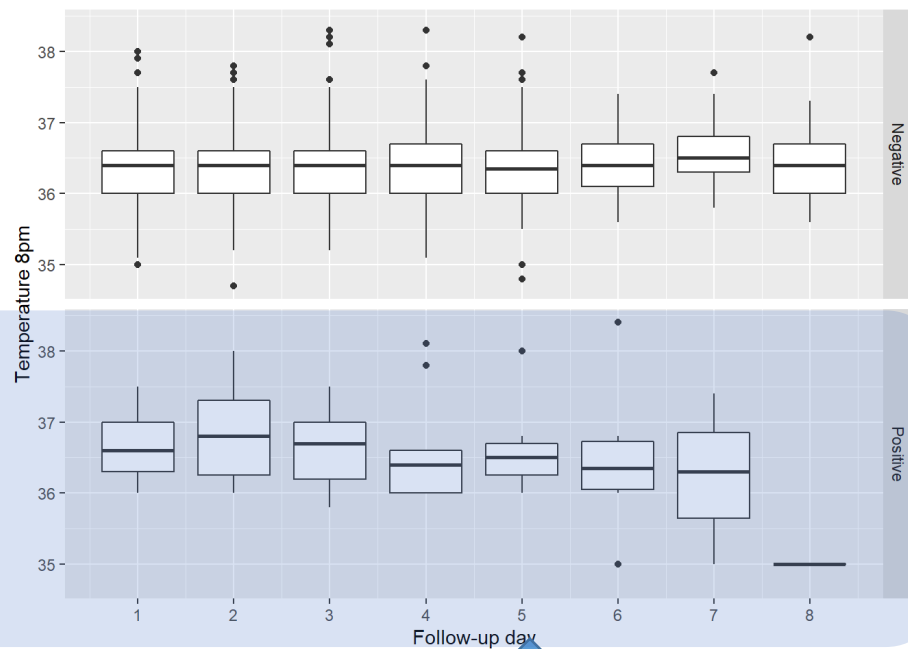
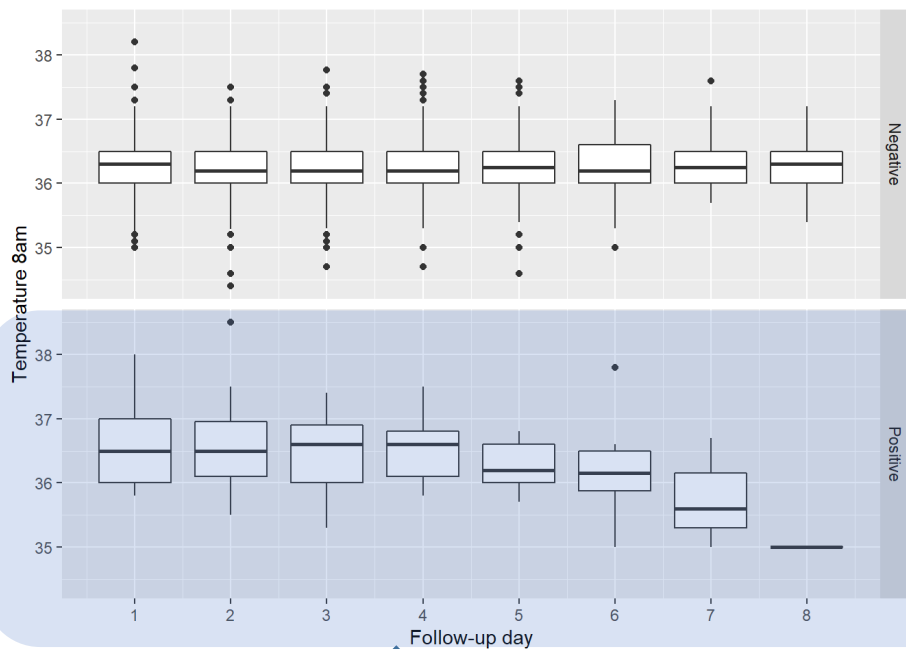
Short answer text

Temperatura h 20 *

Short answer text



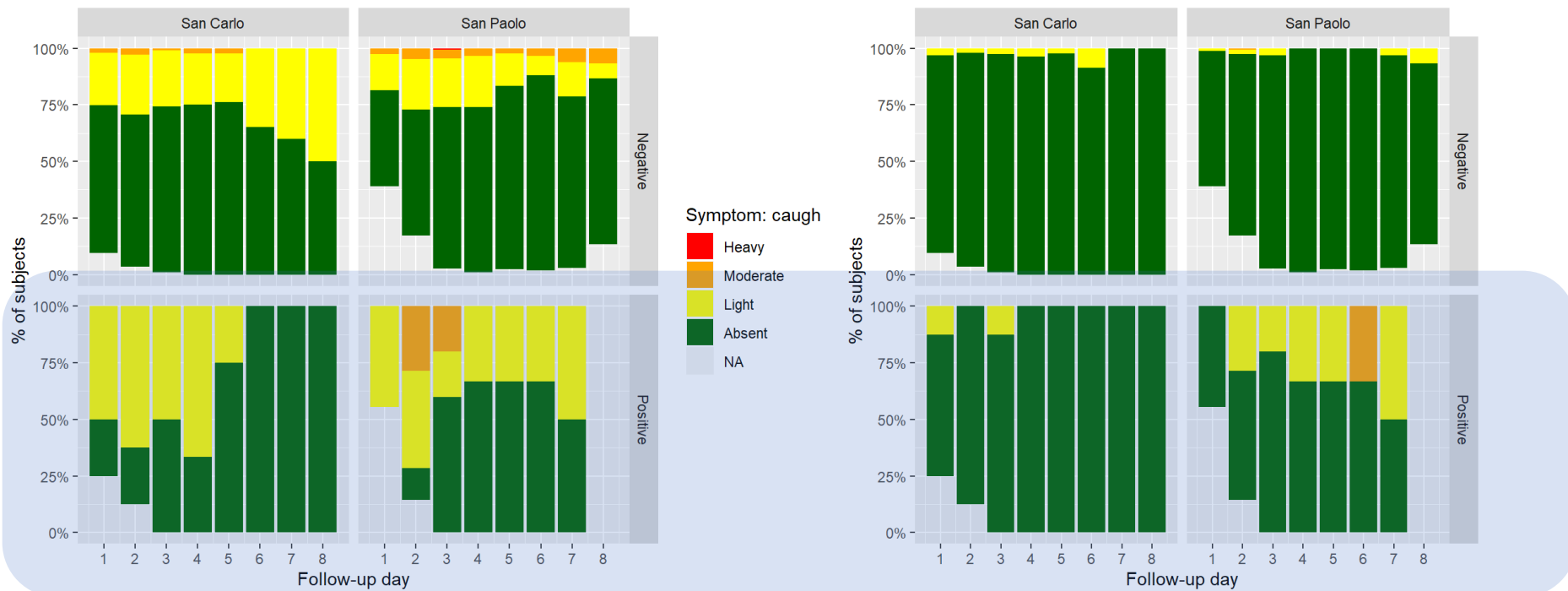
Preliminary result: temperature by covid status



Covid positive
workers

Most COVID-19 positive workers remain afebrile during the follow up-period

Preliminary results: symptoms by covid status



Cough

Covid positive workers

Dispnea

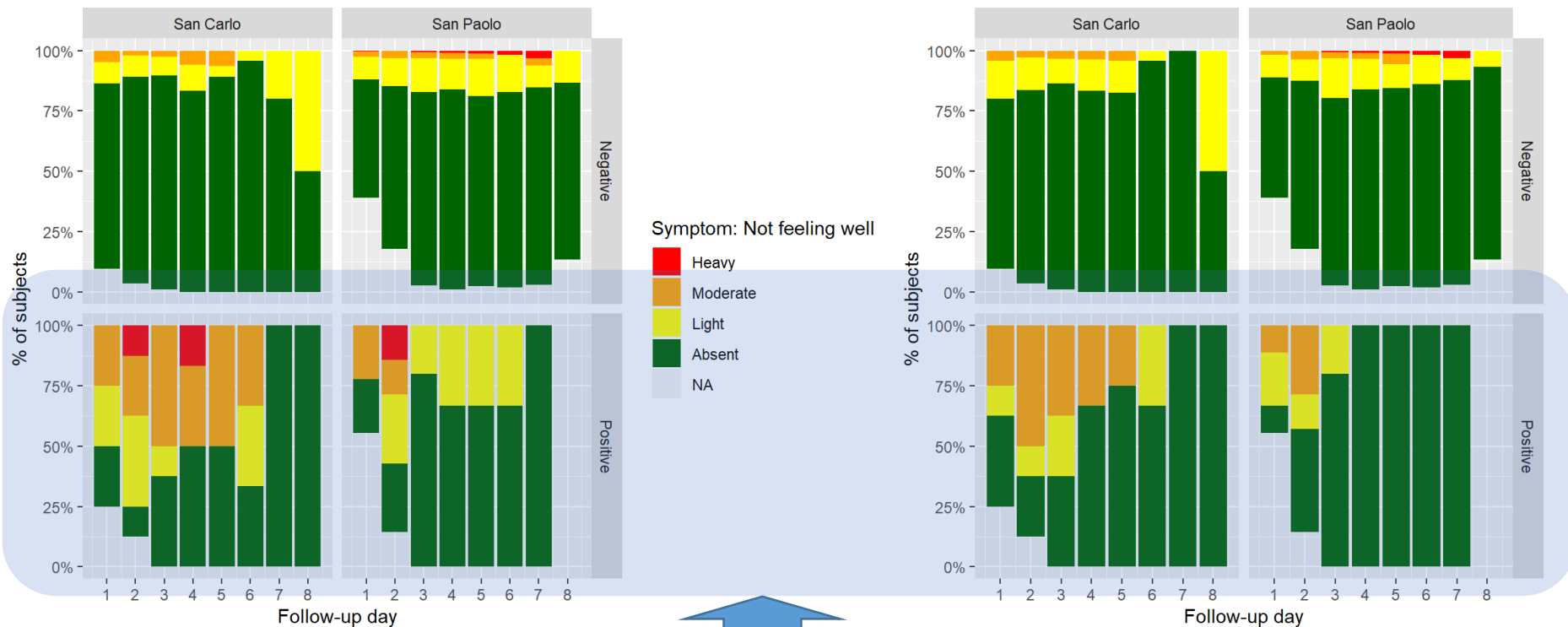
No symptoms

Light symptoms

Moderate symptoms

Heavy symptoms

Preliminary results: symptoms by covid status



Not feeling well

Covid positive workers

Muscle pain

No symptoms

Light symptoms

Moderate symptoms

Heavy symptoms

Considerations

- 90% positive cases are asymptomatic
- General symptoms: Dry cough, dyspnea, sore throat, fever, diarrhea:
BUT also: anosmia, dysgeusia, conjunctival hyperemia
- Our workers positive to COVID 19 did not need intensive therapy
→ working age patients have not fatal outcome
- **In closed populations, such as hospitals, the risk comes mostly from within the population (workers-workers)**
- To avoid virus spreading is important to identify immediately the contacts and adopt preventive measures within 5 days:
 - no meetings
 - surgical mask

FFP 2 e FFP3 → only for operator protection during maneuvers that create aerosols (e.g. bronchoscopy)
Surgical mask: stops inlet and outlet droplets

Thank you for your attention

claudio.colosio@unimi.it



UNIVERSITÀ
DEGLI STUDI
DI MILANO

Sistema Socio Sanitario



Regione
Lombardia
ASST Santi Paolo e Carlo



WHO Collaborating
Centre
for Occupational Health

U.S. PERSPECTIVES

Ron Loepke, MD, MPH, FACOEM, FACPM

Co-Chair IOMSC

and

Vice Chairman of U.S. Preventive Medicine

Nashville, Tennessee USA

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Total Confirmed

35,225

Confirmed Cases by Country/Region/Sovereignty

- 81,496 China
- 59,138 Italy
- 35,225 US
- 33,089 Spain
- 26,220 Germany
- 23,049 Iran
- 16,720 France
- 8,961 Korea, South
- 8,234 Switzerland
- 5,748 United Kingdom
- 4,217 Netherlands
- 3,806 Austria
- 3,743 Belgium

Admin1 | Admin2 | Admin3

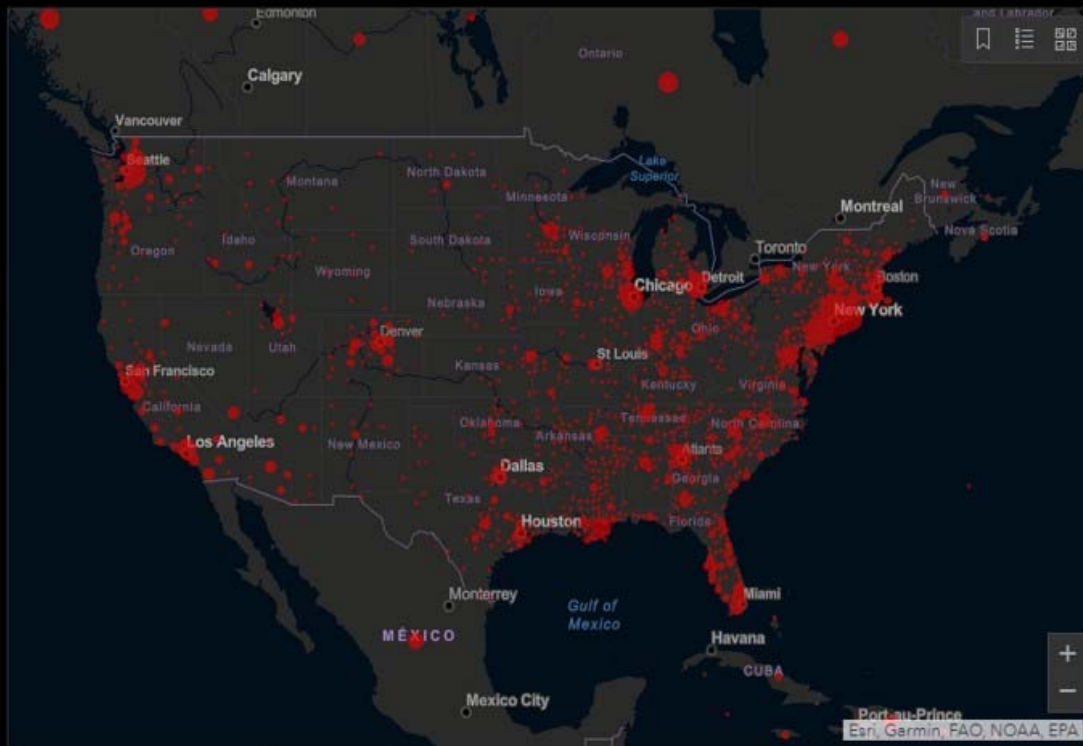
Last Updated at (M/D/YYYY)

3/23/2020, 7:25:39 AM

167

countries/regions

Lancet Inf Dis Article: Here. Mobile Version: Here. Visualization: JHU CSSE. Automation Support: Esri Living Atlas team and JHU APL. Contact US, FAQ. Data sources: WHO, CDC, ECDC, NHC, DXY, 1point3acres, Worldometers.info, BNO, state and national government health departments, and local media reports. Read more in this blog.



Cumulative Confirmed Cases | Active Cases

Total Deaths

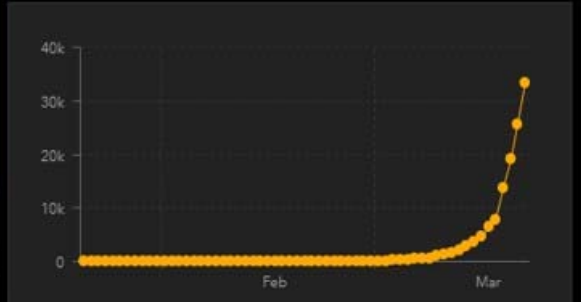
471

- 99 deaths New York City New York US
- 75 deaths King Washington US
- 34 deaths Unassigned New York US
- 15 deaths Orleans Louisiana US
- 12 deaths Suffolk New York US
- 10 deaths Santa Clara California US
- 10 deaths Unassigned Georgia US

Total Recovered

0

No Data



Confirmed | Daily Increase

U.S. ACTIONS

- 1) **Main mitigation strategies being deployed now to mitigate the spread and “flatten the curve” of COVID-19 Infections**
 - Stay at Home Lockdown/Social Distancing/Non-Essential Business Closures
- 2) **U.S. Public/Private Partnerships (Reducing Governmental Regulatory Restrictions with Private Enterprise Initiatives)**
 - Reduce FDA bureaucracy to expedite COVID-19 Drugs and Vaccine development
<http://www.cidrap.umn.edu/news-perspective/2020/03/trump-says-fda-fast-track-approve-covid-19-drugs>
 - Accessing the Industrial Supply of N-95 masks (tens of million of masks from companies) to be used for HCWs
<https://www.washingtonpost.com/business/2020/03/19/change-us-law-will-make-millions-more-masks-available-doctors-nurses-white-house-says/>
 - HHS/CMS now fully covering Telehealth for all Medicare beneficiaries and changing the licensing laws allowing physicians to provide Telemedicine consultations across all State lines, even though licensed in only one state
<https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>

U.S. ACTIONS

2) U.S. Public/Private Partnerships (cont.)

- **WalMart, Walgreens, CVS, Target and other sites as locations for mobile COVID19 testing/screening stations**
<https://fortune.com/2020/03/13/walmart-target-cvs-walgreen-covid-19-test-centers/>
- **LabCorps and Quest to mobilize more rapid and scalable COVID19 testing solutions**
<https://www.fiercebiotech.com/medtech/quest-diagnostics-to-launch-nationwide-coronavirus-testing-service-ahead-fda-review>
- **Repurposing manufacturing facilities (e.g. General Motors, Ford, Tesla) to do manufacturing of Ventilators**
<https://www.bloomberg.com/opinion/articles/2020-03-16/coronavirus-u-s-factories-must-fill-nation-s-mask-ventilator>

ACOEM ADVOCACY

3) Regulatory changes or proposed bills related to COVID19 Occupational Health and Safety that ACOEM has recently been involved in supporting/recommending

a. Letter of support for an OSHA Emergency Temporary Standard for Protection of Healthcare Workers

<https://acoem.org/Advocacy/Public-Comments/ACOEM-Expresses-Strong-Support-for-COVID%E2%80%9319-Health-Care-Worker-Protection-Act-of-2020> (March 12, 2020)



March 12, 2020

The Honorable Bobby Scott
Chairman
Education & Labor Committee
U.S. House of Representatives
Washington, DC 20515

Re: H.R. 6139

Dear Chairman Scott:

On behalf of the American College of Occupational and Environmental Medicine (ACOEM), I am writing to voice our strong support for H.R. 6139, the "COVID-19 Health Care Worker Protection Act of 2020."

ACOEM is a national medical society representing 4,000 occupational medicine physicians and other health care professionals devoted to promoting optimal health and safety of workers, workplaces, and environments. The College is dedicated to improving the care and well-being of workers through science and the sharing of knowledge.

On March 6, 2020, the Occupational Safety and Health Administration (OSHA) received two petitions calling on OSHA to issue an emergency temporary standard to protect workers from COVID-19. An emergency temporary standard is necessary to ensure the immediate protection of workers in health care workplaces and other high-risk workplaces identified by the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration from an infection related to COVID-19.

The COVID-19 Health Care Worker Protection Act of 2020 directs OSHA to issue an Emergency Temporary Standard within 30 days that sets requirements for how workplaces must safeguard health care workers against the spread of the coronavirus. A permanent standard must follow.

Thank you for your continued leadership in protecting workers from the spread of COVID-19. Please do not hesitate to contact Patrick O'Connor, ACOEM's Director of Government Affairs, at 703-351-6222 with any questions.

Sincerely,

Stephen A. Franks, MD, MPH, FACOEM
President

ACOEM ADVOCACY

- b. Temporary Suspension of the Renewal of Regulatory Commercial Driver Medical Exam (CDME) Medical Certificates**
ACOEM has asked the Federal Motor Carrier Safety Administration to grant relief to those drivers whose medical certificates expire over the next 30 days, with that relief to be reviewed and extended as necessary. Currently, large numbers of physicians regularly perform periodic medical certification of drivers of trucks and motor coaches according to schedules prescribed under the Federal Motor Carrier Safety Regulations. These required exams are rarely of an urgent nature and performing these exams pose avoidable COVID infection risks to both drivers and physicians. In addition, examiners may be more urgently needed to address more significant health care needs as a result of COVID-19. [ACOEM Letter to Federal Motor Carrier Safety Administration \(FMCSA\) Urging the Department of Transportation \(DOT\) to Relax Commercial Driver Exam License Requirements in Wake of Federal Emergency Declaration \(March 18, 2020\)](#)
- c. Advising Delay of the Requirements to Provide Medical Surveillance Examinations**
To minimize unnecessary interpersonal contact and adhere to recommended social distancing practices, ACOEM has urged OSHA to issue additional temporary guidance regarding required medical surveillance exams under OSHA standards. We recommended that the guidance allow employers to delay medical surveillance exams as necessary during this pandemic as these required exams are rarely of an urgent nature. [ACOEM Letter to OSHA to Urge the Issue of Additional Temporary Guidance Regarding Required Medical Surveillance Exams \(March 18, 2020\)](#)
- d. Advising Suspension of Routine Spirometry Testing**
ACOEM issued an Advisory recommending the suspension of routine occupational spirometry testing. [ACOEM Advises Suspension of Routine Occupational Spirometry Testing During COVID-19 Pandemic \(March 16, 2020\)](#)
- e. Recommending Sick-leave Benefits to Workers**
[ACOEM sent a letter to Leadership of the House Education and Labor Committee asking Congress to extend two weeks of sick-leave benefits to all American workers during the COVID-19 epidemic. \(March 11, 2020\) --Legislation pending final as of 3-23-20](#)

IOMSC ADVOCACY TOOL KIT

IOMSC Occupational Medical Society Advocacy Toolkit

<https://static1.squarespace.com/static/5b92888aee175944bdd937ed/t/5cd59804724496000137bcb4/1557501956769/IOMSC+to+olkit+-+Advocating+for+occupational+and+environmental+medicine+FINAL.pdf>

U.S. WEBSITES/RESOURCES

- American College of Occupational and Environmental Medicine (ACOEM): <https://acoem.org/>
- CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- NIOSH: https://www.cdc.gov/niosh/emres/2019_ncov.html
- OSHA: <https://www.osha.gov/Publications/OSHA3990.pdf>

PRIVATE CORPORATE PERSPECTIVES

Richard Heron, MB CHB, FRCP, FFOM, FACOEM

Co-Chair IOMSC

and

**Vice-President Health and Chief Medical Officer, BP,
London, England**

RESPONSES AND CHALLENGES FOR BUSINESS, PEOPLE AND PLANET

For your organisation, ask only three things, is every action you take:

- **Slowing the spread and lowering peak of a global pandemic (COVID-19)?**
- **Improving health outcomes for people who becomes infected by enhancing their access to treatment (particularly the vulnerable)?**
- **Maintaining critical infrastructure?**

How can we communicate our advice with:

Consistency?

Constancy?

Simplicity?

And if not why not?



Q&A Session

WORLD HEALTH ORGANIZATION INFORMATION LINKS

<https://www.who.int/news-room/detail/09-03-2020-covid-19-for-health-workers>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>



THANK YOU

For more information and a recording of this webinar, go to:

IOMSC.net