POCA TECH EXPOSURE CONTROL PLAN for COVID-19

POCA Technical Institute has made a commitment to the prevention of incidents or accidents that can result in employe 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 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 staff and student 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 staff 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 and student exposure to SARS-CoV-2, the virus that causes COVID-19, in the classroom and student clinic.

Exposure determination

POCA Technical Institute 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 and students, 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 during PTI student clinic shifts 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: Fever and symptom screening for staff, students and patients.
- Policies requiring everyone entering the facility to wear a cloth face covering (if tolerated) while in the building, regardless of symptoms.
- Patients and visitors entering the facility, regardless of symptoms, are required to put on a cloth face covering or facemask before entering the building and await screening for fever and symptoms of COVID-19 before entering the treatment room. 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 (if tolerated). 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.
- All staff and student interns 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.

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, curtains between patients in shared areas, and air-handling systems that are properly installed and maintained.

3) **Administrative Controls**

- Sick staff and students are encouraged to stay at home.
- Face masks are required on all staff, students, 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 and students 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 and students 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 and students 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.

- While treating patients: 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.

- All linens used by patients will be laundered after each use. Clean and dirty laundry will be stored in separate, designated areas.

MONITORING AND MANAGING HEALTHCARE PERSONNEL

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

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

- Staff and students should be reminded to stay home when they are ill.
- All staff and students 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℉ 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 staff or students develop a fever (>100℉) 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 supervisor or manager, file an incident report with the date/time, patient's initials, and a description of the circumstance.
- Follow the [CDC recommendation](#) of 14 day self-quarantine. You may report back to work after 14 days if asymptomatic.
- If you become symptomatic, then follow CDC isolation guidelines and return to work
  - At least 3 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 10 days have passed since symptoms first appeared
  - OR Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)