



Airborne Infectious Disease Exposure Prevention Plan

1. Purpose and Scope

Montefiore is committed to providing a safe and healthy workplace for all our employees. Montefiore has developed the following plan, which includes policies and procedures to minimize the risk of transmission of airborne infectious disease outbreaks, in accordance with the New York State HERO Act.

The purpose of this plan is to protect employees against exposure and disease during an airborne infectious disease outbreak. This plan goes into effect when an airborne infectious disease is designated by the New York State Commissioner of Health as a highly contagious communicable disease that presents a serious risk of harm to the public health. This plan is subject to any additional or greater requirements arising from a declaration of a state of emergency due to an airborne infectious disease, as well as any applicable federal standards.

Employees should report any questions or concerns with the implementation of this plan to the Environmental Health and Safety Department (EH&S). This plan applies to all “employees” as defined by the New York State HERO Act, which means any person providing labor or services for remuneration for a private entity or business within the state, without regard to an individual’s immigration status, and shall include part-time workers, independent contractors, domestic workers, home care and personal care workers, day laborers, farmworkers and other temporary and seasonal workers. The term also includes individuals working for digital applications or platforms, staffing agencies, contractors or subcontractors on behalf of the employer at any individual work site, as well as any individual delivering goods or transporting people at, to or from the work site on behalf of the employer, regardless of whether delivery or transport is conducted by an individual or entity that would otherwise be deemed an employer under this chapter. The term does not include employees or independent contractors of the state, any political subdivision of the state, a public authority, or any other governmental agency or instrumentality.

As of the date of the publication of this document, while the State continues to deal with COVID-19 and a risk still exists, no designation is in effect at this time. Please check the websites of Departments of Health and Labor for up to date information on whether a designation has been put into effect, as any such designation will be prominently displayed. No employer is required to put a plan into effect absent such a designation by the Commissioner of Health. Additionally, this plan would not be in effect when employees fall within the coverage of a temporary or permanent standard adopted by the Occupational Safety and Health Administration setting forth applicable standards regarding COVID-19 and/or airborne infectious agents and diseases.

2. Roles and Responsibilities

This plan requires commitment to ensure compliance with all plan elements aimed at preventing the spread of infectious disease. The following supervisory employee(s) are designated to enforce compliance with the plan. Additionally, these supervisory employees will act as the designated contacts unless otherwise noted in this plan:

COVID-19 Safety Coordinator(s)		
Name	Title/Facility Location	Contact Information
Jared Shapiro	Sr. Director EH&S	jashapir@montefiore.org

3. Exposure Controls During a Designated Outbreak

A. MINIMUM CONTROLS DURING AN OUTBREAK

During an airborne infectious disease outbreak, the following minimum controls will be used in all areas of the worksite:

1. General Awareness: Individuals may not be aware that they have the infectious disease and can spread it to others. Employees should remember to:

- Maintain physical distancing;
- Exercise coughing/sneezing etiquette;
- Wear face coverings, gloves, and personal protective equipment (PPE), as appropriate;
- Individuals limit what they touch;
- Stop social etiquette behaviors such as hugging and hand shaking, and
- Wash hands properly and often.

2. “Stay at Home Policy”: If an employee develops symptoms of the infectious disease, the employee should not be in the workplace. The employee should inform Occupational Health Services (OHS) and follow New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC) guidance regarding obtaining medical care and isolating.

3. Health Screening: Employees will be screened for symptoms of the infectious disease at the beginning of their shift. Employees are to self-monitor throughout their shift and report any new or emerging signs or symptoms of the infectious disease to OHS. An employee showing signs or symptoms of the infectious disease should be removed from the workplace and should contact OHS or a healthcare professional for instructions. The health screening elements will follow guidance from NYSDOH and CDC guidance, if available.

4. Face Coverings: To protect your coworkers, employees will wear face coverings throughout the workday to the greatest extent possible. Face coverings and physical distancing should be used together whenever possible. The face covering must cover the nose and mouth, and fit snugly, but comfortably, against the face. The face covering itself must not create a hazard, e.g. have features could get caught in machinery or cause severe fogging of eyewear. The face coverings must be kept clean and sanitary and changed when soiled, contaminated, or damaged.

5. Physical Distancing: Physical distancing will be followed as much as feasible. Avoid unnecessary gatherings and maintain a distance of at least six feet (or as recommended by the NYSDOH/CDC for the infectious agent) from each other. Use a face covering when physical distance cannot be maintained.

In situations where prolonged close contact with other individuals is likely, use the following control methods:

- restricting or limiting customer or visitor entry;
- limiting occupancy;
- allowing only one person at a time inside small enclosed spaces with poor ventilation;
- reconfiguring workspaces;
- physical barriers;

- signage;
- floor markings;
- telecommuting;
- remote meetings;
- preventing gatherings;
- restricting travel;
- creating new work shifts and/or staggering work hours.

6. Hand Hygiene: To prevent the spread of infection, employees should wash hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- Touching your eyes, nose, or mouth;
- Touching your mask;
- Entering and leaving a public place; and
- Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens.

Because hand sanitizers are less effective on soiled hands, wash hands rather than using hand sanitizer when your hands are soiled.

7. Cleaning and Disinfection: See pages 6-7 of this plan.

8. “Respiratory Etiquette”: Because infectious diseases can be spread by droplets expelled from the mouth and nose, employees should exercise appropriate respiratory etiquette by covering nose and mouth when sneezing, coughing or yawning.

9. Special Accommodations for Individuals with Added Risk Factors: Some employees due to underlying medical condition, age, or other factors may be at increased risk of severe illness if infected. Please inform OHS or HR department if you fall within this group and need an accommodation.

B. ADVANCED CONTROLS DURING AN OUTBREAK

For activities where the Minimum Controls alone will not provide sufficient protection for employees, additional controls from the following hierarchy may be necessary. Employers should determine if the following are necessary:

1. Elimination: Employers should consider the temporary suspension or elimination of risky activities where adequate controls could not provide sufficient protection for employees. Examples include:

1. Limiting or eliminating in-person events;
2. Limiting gatherings by location (outdoors) and scale;
3. Limiting or eliminating in-person recreational events.

2. Engineering Controls: Employers should consider appropriate controls to contain and/or remove the infectious agent, prevent the agent from being spread, or isolate the worker from the infectious agent. Examples of engineering controls include:

- i. Mechanical Ventilation such as local exhaust ventilation, for example:

- Local duct.

ii. General Ventilation, for example:

- Increasing the percentage of fresh air introduced into air handling systems;
- Avoiding air recirculation;
- Utilize air filters with rating of Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s). If MERV-13 or higher filters are not compatible with the HVAC system(s), use filters with the highest compatible filtering efficiency for the HVAC system(s);
- If fans are used in the facility, arrange them so that air does not blow directly from one worker to another. Remove personal fans as necessary but keep heat hazards in mind and address in other methods if appropriate; and
- Air purifiers.

iii. Natural Ventilation, for example:

- Opening outside windows and doors.
- Opening windows on one side of the room to let fresh air in and installing window exhaust fans on the opposite side of the room so that they exhaust air outdoors.
- Automatic disinfection systems such as ultraviolet light disinfection systems.
- Install cleanable barriers such as partitions and clear plastic sneeze/cough guards.
- Establish entry to building protocols that are contactless.
- Install hand washing or sanitizing stations throughout facility.

3. “Administrative Controls” are policies and work rules used to prevent exposure. Examples include:

- Increasing the space between employees;
- Disinfecting procedures for specific operations;
- Employee training;
- Identify and prioritize job functions that are essential for continuous operations;
- Cross-train employees to ensure critical operations can continue during worker absence;
- Limit the use of shared workstations;
- Close break rooms;
- Prohibiting eating and drinking in the work area;
- Do not utilize drinking fountains;
- Post signs reminding of respiratory etiquette, masks, hand hygiene;
- Rearrange traffic flow to allow for one-way walking paths;
- Provide clearly designated entrance and exits;
- Provide additional short breaks for handwashing and cleaning;
- Establishing pods or cohorts of staff working on same shift to limit exposure;

- Minimize elevator use, post signage of limitations;
- Require health screening of employees upon entry to facilities; and
- Limit attendance of in-person meetings. Host the meetings outdoors or electronically.

4. Personal Protective Equipment (PPE) are devices like eye protection, face shields, respirators, and gloves that protect the wearer from infection. PPE will be provided, used and maintained in a sanitary and reliable condition at no cost to the employee. The PPE provided to an employee will be based on a hazard assessment for the workplace. The following PPE that are anticipated to be used are in the following table:

Standard and Transmission-Based Precautions

Montefiore will develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC’s “Guidelines for Isolation Precautions.”

Personal Protective Equipment (PPE)

Montefiore will provide and ensure that employees wear facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks are implemented, along with the other provisions, as part of a multi-layered infection control approach.

Facemasks provided by Montefiore are FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. Montefiore will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary.

PPE GUIDELINES

- **Face masks** are the primary tool to prevent transmission and must fully cover the mouth and nose at all times (with the exception of individuals who are alone in a private office with the door closed).
- **Medical-grade masks, filtering facepiece respirators or approved N95 equivalents** must be used by Montefiore employees (see below for clinical areas).
- A mask is not required:
 - When an individual is alone in a private office.
 - During breaks or mealtimes; however, employees who are not fully vaccinated should maintain social distancing by not sitting closer than 6 feet from anyone else during these times.

For clinical locations:

- **A medical face mask** is required for patient care
- **Face shields**, safety glasses or goggles are required for:
 - Providing direct patient care

- Individuals at any location where a patient or member of the public may present without a face mask, or if maintaining 6 feet of separation from patients is not possible
- All individuals in clinical locations are required to wear a face mask regardless of vaccination status.
- For clinical care activities such as direct patient care, clinical rounds, and documenting in the medical record, there is no requirement for social distancing.
- For meetings or gatherings in clinical locations that are not clinical care activities, 6 feet of separation should be maintained between participants. All participants should wear a mask regardless of vaccination status.
- Visitors and patients may use clean, intact cloth masks that fully cover the mouth and nose to enter the facility but should be given a medical mask to wear upon arrival.
- **Hospital supplied filtering facepiece respirators** or approved N95 equivalents:
 - Must be used when providing direct patient care of suspected and confirmed patients within the infectious period
 - Must be used when performing Aerosol Generating Procedures or surgical procedures, regardless of the patient’s infectious status
 - May be used during procedures/events when a patient is breathing heavily and not consistently wearing a face mask (e.g., stress test)

C. EXPOSURE CONTROL READINESS, MAINTENANCE AND STORAGE:

The controls Montefiore has selected will be obtained, properly stored, and maintained so that they are ready for immediate use in the event of an infectious disease outbreak and any applicable expiration dates will be properly considered.

Cleaning and Disinfection

Montefiore has implemented policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions, as part of a multi-layered infection control approach.

A. Disinfection Methods and Schedules

Objects that are touched repeatedly by multiple individuals, such as door handles, light switches, control buttons/levers, dials, levers, water faucet handles, computers, phones, or handrails must be cleaned frequently with an appropriate disinfectant. Surfaces that are handled less often, or by fewer individuals, may require less frequent disinfection. The disinfection methods and schedules selected are based on specific workplace conditions.

The New York State Department of Environmental Conservation (NYSDEC) and the Environmental Protection Agency (EPA) have compiled lists of approved disinfectants that are effective against many infectious agents (see dec.ny.gov and epa.gov/pesticide-registration/selected-epa-registered-disinfectants). Select disinfectants based on NYSDOH and CDC guidance and follow manufacturer guidance for methods, dilution, use, and contact time.

B. Adjustments to Normal Housekeeping Procedures

Normal housekeeping duties and schedules should continue to be followed during an infectious disease outbreak, to the extent practicable and appropriate consistent with NYSDOH and/or CDC guidance in effect at the time. However, routine procedures may need to be adjusted and additional cleaning and disinfecting may be required.

Housekeeping staff may be at increased risk because they may be cleaning many potentially contaminated surfaces. Some housekeeping activities, like dry sweeping, vacuuming, and dusting, can resuspend into the air particles that are contaminated with the infectious agent. For that reason, alternative methods and/or increased levels of protection may be needed.

Rather than dusting, for example, the CDC recommends cleaning surfaces with soap and water before disinfecting them. Conducting housekeeping during “off” hours may also reduce other workers’ exposures to the infectious agent. Best practice dictates that housekeepers should wear respiratory protection. See cdc.gov for more guidance.

C. If an employee develops symptoms of the infectious disease at work, it is ideal to isolate the area in accordance with guidance issued by NYSDOH or the CDC, before cleaning and disinfecting the sick employee’s work area. This delay will allow contaminated droplets to settle out of the air and the space to be ventilated.

D. As feasible, liners should be used in trash containers. Empty the containers often enough to prevent overfilling. Do not forcefully squeeze the air out of the trash bags before tying them closed. Trash containers may contain soiled tissue or face coverings.

4. Training

Montefiore will implement policies and procedures for employee training, along with the other provisions required as part of a multi-layered infection control approach.

Montefiore’s training program will be accessible on the intranet and will be provided at no cost to employees and take place during working hours. The training will be provided through electronic means.

When this plan is activated, employees will receive training which will cover all elements of this plan and the following topics:

- How infectious agent is transmitted (including pre-symptomatic and asymptomatic transmission);
- The importance of hand hygiene to reduce the risk of spreading infections;
- Ways to reduce the risk of spreading through proper covering of the nose and mouth;
- The signs and symptoms ;
- Risk factors for severe illness;
- When to seek medical attention;
- Tasks and situations in the workplace that could result in infection;
- Workplace-specific policies and procedures to prevent the spread that are applicable to the employee’s duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Montefiore policies and procedures for PPE; and
- An explanation of this Exposure Prevention Plan;

5. Plan Evaluations During a Designated Outbreak

Montefiore will review and revise the plan periodically, upon activation of the plan, and as often as needed to keep up-to-date with current requirements.

6. Anti-Retaliation and Reporting of Any Violations

No employer, or his or her agent, or person, acting as or on behalf of a hiring entity, or the officer or agent of any entity, business, corporation, partnership, or limited liability company, shall discriminate, threaten, retaliate against, or take adverse action against any employee for exercising their rights under this plan, including reporting conduct the employee reasonably believes in good faith violates the plan or airborne infectious disease concerns to their employer, government agencies or officials or for refusing to work where an employee reasonably believes in good faith that such work exposes him or her, other workers, or the public to an unreasonable risk of exposure, provided the employee, another employee, or representative has notified the employer verbally or in writing, including electronic communication, of the inconsistent working conditions and the employer's failure to cure or if the employer knew or should have known of the consistent working conditions.

Notification of a violation by an employee may be made verbally or in writing, and without limitation to format including electronic communications.

Employees are encouraged to report violations of this plan and any concerns about retaliation to Montefiore to any of the following people/entities: Environmental Health and Safety; Corporate Compliance; Compliance Hotline; a Human Resources Business Partner; or Employee and Labor Relations.

To the extent that communications between the employer and employee regarding a potential risk of exposure are in writing, they shall be maintained by the employer for two years after the conclusion of the designation of a high-risk disease from the Commissioner of Health, or two years after the conclusion of the Governor's emergency declaration of a high-risk disease.

7. Signature and Plan Availability

Montefiore has prepared and issued this COVID-19 plan on August 4, 2021.

This COVID-19 plan is available on the intranet.