



COVID-19 Plan

Purpose and Scope:

Pennybyrn is committed to providing a safe and healthy workplace for all our employees. Pennybyrn has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).

Occupational Safety and Health Administration (OSHA) shall issue an Emergency Temporary Standard (ETS) if the agency determines that employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards, and an ETS is necessary to protect employees from such danger.

OSHA has determined that employee exposure to SARS-CoV-2 (virus causing COVID-19) presents a grave danger to workers in all healthcare settings in the U.S. and its territories where people with COVID-19 are reasonably expected to be present and has issued "Occupational Exposure to COVID-19; Emergency Temporary Standard."

<https://www.federalregister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary-standard>

In response to the COVID-19 pandemic and to fulfill OSHA ETS requirements Pennybyrn has developed a COVID-19 Safety Plan to be used in addition to previous implemented policies, training, recordkeeping, and reporting.

Scope and Application:

With some exceptions, **all** employers in settings where employees provide healthcare services or healthcare support services are required to establish and implement an effective written COVID-19 plan pursuant to an ***OSHA Occupational Exposure to COVID-19: Emergency Temporary Standard (ETS)***.

Effective and Compliance Dates:

Effective: June 21, 2021

Compliance: July 6, 2021 - *All sections other than physical barrier, ventilation, and training:*

Compliance: July 21, 2021 - *Sections on Physical Barriers, Ventilation and Training:*

Compliance: December 21, 2021 - ETS formally withdrew all but recordkeeping requirements.

Roles and Responsibility:

Pennybyrn's goal is to prevent the transmission of COVID-19 in the workplace. Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

Pennybyrn has designated COVID-19 safety coordinator, Vonda Hollingsworth, Vice President, to implement, monitor, and report on the COVID-19 control strategies developed in this plan. The COVID-19 safety coordinator is knowledgeable in infection control principles and practices for the facility and employees and has the authority to ensure compliance with elements included in the COVID-19 plan. Mrs. Hollingsworth can be contacted at 1315 Greensboro Rd, High Point, NC 27260, 336-821-6504, or vhollingsworth@pennybyrn.org.

In collaboration with facility leadership, Vonda Hollingsworth, will conduct a hazard assessment of the workplace (***Appendix A***) to identify potential hazards related to COVID-19. In addition, input will be solicited from front line employees responsible for providing healthcare and healthcare support services. Our frontline staff may be more knowledgeable of day-to-day hazards employees may be exposed to, related to COVID-19. They can also contribute valuable ideas about how the hazard might be eliminated, or potential risk of exposure decreased.

The plan will be made readily available to our employees and their representatives. The plan will be made available via website, hard copy, and other means.

Hazard Assessment and Worker Protections

Pennybyrn will conduct a workplace-specific hazard assessment of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace).

As of February 22, 2022, Pennybyrn has identified the following well-defined areas of the workplace where fully vaccinated employees are exempt from the personal protective equipment (PPE), physical distancing, and physical barrier requirements of the ETS because there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present: Staff members working in the Independent Living Building.

Pennybyrn has developed the following policies and procedures to determine employees' vaccination status: All staff (except for those who have pending requests for, who have been granted exemptions, or vaccines are temporarily delayed as recommended by the CDC) must have received at a minimum, a single-dose of Covid-19 vaccine, or the first dose of the primary vaccine series for a multi-dose Covid-19 vaccines prior to providing any care, treatment, or other services for the facility or its residents and patients. Pennybyrn will ensure the tracking and secure documentation of all staff Covid-19 vaccination status and any additional booster doses as recommended by the CDC.

Pennybyrn and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. All completed hazard assessment forms and results will be attached to this plan and will be accessible to all employees and their representatives.

Pennybyrn will address the hazards identified by the assessment, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

Patient Management and Screening:

Pennybyrn will screen each employee before each work day and each shift. In settings where patient care is provided:

- Key entry points into the facility will be identified and limited to the number needed to respond to needed healthcare services. Entry points include **the front entrance to Healthcare, Taylor Village, and Independent Living; the back employee entrance to Independent Living, and the basement entrance to McEwen House and Classroom.**
- All persons (including patients, residents, delivery people, volunteers, visitors, and any other non-employee) entering the facility will be screened for:
 - Signs and or symptoms of COVID-19
 - Diagnosis of COVID-19
 - Exposure to COVID-19

Standard and Transmission-Based Precautions:

Pennybyrn has developed and implemented policies and procedures addressing standard and transmission-based precautions as outlined in the CDC's "*Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*" (2007).

These policies and procedures are documented and integrated in the facility wide infection prevention program.

Personal Protective Equipment (PPE):

Pennybyrn provides clean, undamaged PPE for all healthcare personnel providing healthcare services or healthcare support services, and as needed to any other personnel in non-healthcare settings. PPE use is consistent with CDC recommendations under standard and transmission-based precautions and OSHA's Bloodborne Pathogen regulations. Included below are additional requirements specific to the ETS.

Facemask (surgical, medical procedure, dental or isolation mask that is FDA cleared and/or authorized):

- Use (required):
 - Worn over the nose and mouth by each employee while in the facility and if occupying a vehicle with another employee for work related activities.
 - Changed when soiled, damaged, and no less than daily.
- Exceptions to use:
 - When employee is alone in a room
 - While eating and drinking (must physically distance from others or separate by barrier)

- In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated
- When important to see the employees' mouth (communicate with deaf/hard of hearing). Alternatives such as face shields may be considered on a case-by-case basis.
- Medical contraindication
- Religious belief
- When/if facemask presents a hazard to employee

Face shields:

- Use:
 - Covers the eyes, nose, and mouth.
 - Wraps around the sides of the face (temple to temple) and extends below the chin.
 - Cleaned at least daily and when visibly soiled.
 - May be used when employee not able to wear a facemask due to medical condition or another hazard or reason.

Gowns and gloves:

- Use:
 - Protects skin and clothing from contamination.
 - Worn for care of all suspected and/or confirmed persons with COVID-19.
 - Worn as outlined in the standard and transmission-based precautions policies and procedures and the OSHA bloodborne pathogen exposure control plan.

Respirator(s): Filtering Facepiece Respirators (FFR-N95s), Elastomeric, Powered Air-Purifying (PAPR):

- Use (required):
 - Worn for encounter with all suspected and/or confirmed persons with COVID-19.
 - Used for aerosol-generating procedures performed on persons suspected or confirmed to have COVID-19.
 - Used in accordance with OSHA respiratory protection standard (1910.134).
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>
- Use (not required):
 - May be provided by the employer to use as facemask.
 - Training on how to perform a user seal check, medical signs and symptoms that may limit or prevent use, and instructions on limited re-use.
 - Employee will be permitted to wear their own respirator instead of facemask.
 - Be provided with information outlined in Mini Respiratory Protection Standard.

§ 1910.504 Mini respiratory protection program-**Appendix B:**

Aerosol-generating Procedures:

Pursuant to the ETS AGPs are defined as, *open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, manual ventilation, medical/surgical/postmortem procedures using*

oscillating bone saws, and dental procedures involving ultrasonic scalers, high-speed dental handpieces, air/water syringes, air polishing, and air abrasion.

- Employees that perform or assist in performing any of these procedures on a patient/resident with suspected/confirmed COVID-19 shall wear a NIOSH approved respirator, eye protection, gown, and gloves.
- Limit the number of employees present during procedure to only those essential for patient care and procedure support
- After the procedure is completed, clean and disinfect all surfaces and equipment in the room.

Pennybyrn the Covid-19 Safety Coordinator will work collaboratively with non-managerial employees and their representatives to assess and address Covid-19 hazards while perming AGPs.

Physical Distancing:

Pennybyrn will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, Pennybyrn will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

When feasible, based on the type of healthcare services or healthcare support services being provided, employees will maintain distance of 6 feet from other persons. When this is not feasible, due to employee job requirements (direct care activities), employees will be instructed to maintain a distance from other persons to the degree feasible (does not include while employees are in movement, i.e. passing in hallways, etc.).

Consistent with CDC recommendations, measures that Pennybyrn has employed since the beginning of the pandemic include:

- Staggering mealtimes and breaks for employees and residents.
- Signage indicating number of people allowed in break rooms or meeting rooms at one time (based on size and distancing requirements).
- Spacing chairs and tables at least 6 feet apart and removal of excess chairs and tables.
- Use of signage to indicate 6 feet distance.
- Employing online communication tools for group meetings instead of in-person.

In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated, employees will not be required to physically distance.

Physical Barriers:

Pennybyrn will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers.

Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Where feasible, Pennybyrn will ensure that:

- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;
- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

Areas where barriers are used may include but are not limited to:

- **Where:**
 - Public facing fixed workstations (e.g., entryway/lobby, check-in desks);
 - Security screening and checkpoints;
 - Admin or shared offices;
 - Meal pick-up location for Independent Living.
- **How:**
 - Free-standing on the floor and secured;
 - Mounted securely to hard surfaces above the floor (e.g., desks, countertops)

Barrier installation is not feasible in areas where direct patient/resident care is provided (e.g., resident households, patient/resident rooms, etc.).

Barriers have also been used to create infection control areas housing COVID-19 positive persons from other persons.

In well-defined areas where there is no reasonable expectation that a person with suspected or confirmed COVID-19 will be present AND employees are fully vaccinated, physical barriers are not required to be installed.

Cleaning and Disinfection:

Pennybyrn will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Pennybyrn and the COVID-19 Safety Coordinator will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

In patient care areas, resident rooms, and for medical devices and equipment:

Follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)" and CDC's "[Guidelines for Environmental Infection Control](#)."

In all other areas:

Require the cleaning of high-touch surfaces and equipment at least once a day, following manufacturers' instructions for the application of cleaners.

When a person who is COVID-19 positive has been in the workplace within the last 24 hours, Pennybyrn requires cleaning and disinfection, in accordance with CDC's "[Cleaning and Disinfecting Guidance](#)," of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

All non-dedicated, non-disposable medical equipment should be cleaned and disinfected after each use, according to manufacturer instructions.

Frequently touched surfaces will be cleaned and disinfected when visible soiled and no less than daily.

An EPA-registered disinfectant that has qualified under EPA's emerging viral pathogens program and included on List N will be utilized.

<https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>

Hand Hygiene:

Hand hygiene policies are incorporated in our facility wide infection prevention program, and implemented as a key measure to reduce the risk of transmission of infectious organisms, including COVID-19.

Alcohol-based hand rubs (ABHR) that are at least 60% alcohol are available in direct care areas, support care areas, and common areas of our facility. Employees also have access to readily accessible hand washing facilities. In addition, signs are posted encouraging frequent handwashing and use of hand sanitizers.

Ventilation:

Pennybyrn will implement policies and procedures for the facility's heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;

- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.

Additional measures to improve building ventilation in accordance with "[CDC's Ventilation Guidance](#)" may include:

- Opening windows and doors during work hours when outdoor climate allows, and when doing so would not present other health or safety hazards;
- Placing fans in windows, but not where potentially contaminated air flows directly from one person to another;
- Running the HVAC system for at least 2 hours before and after the building is occupied;
- Using portable high-efficiency particulate air (HEPA) fan/filtration systems.

Ventilation policies and procedures will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. The following person(s) are responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS:

Shane Bunnell, Pennybyrn Director of Maintenance
336-821-4029
sbunnell@pennybyrn.org

Health Screening and Medical Management

Health Screening

All employees will be screened before each workday and each shift. Screening will be conducted by self-monitoring before reporting to work, and/or on-site prior to facility entry using an electronic screening device.

Screening will include:

- Signs and symptoms of COVID-19
- Diagnosis of COVID-19
- Known exposure to COVID-19.

Covid-19 testing will include:

- Healthcare employees on a regular basis as defined by healthcare regulations
- Testing performed at no cost to the employee
- Documentation of testing logs and information sent to the CDC reporting portal as required

Employee Notification to Employer of COVID-19 Illness or Symptoms

Pennybyrn will require employees to promptly notify their supervisor or COVID-19 Safety Coordinator when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, have been directly exposed to a positive COVID-19 person, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing any COVID-19 symptoms.

Employees must notify their supervisor or COVID-19 Safety Coordinator of any of the above information before reporting to work, at the first sign of symptoms at home or work, or immediately upon receiving information regarding the above while at home or work.

Pennybyrn supports the Paid Sick Leave Act, effective April 2, 2020. In the event an employee must miss work for a reason stated below during the Coronavirus crisis, the employee may be eligible for paid sick leave up to a total of 80 hours. Updated October 2021, employees may be eligible for paid sick leave up to a total of 2 missed shifts, and may use PTO to substitute hours beyond this amount.

If an Employee needs leave due to:

- Government quarantine or isolation order related to COVID-19;
- Advised by health care provider (e.g., doctor) to self-quarantine due to COVID-19;
- Experiencing symptoms of COVID-19 and seeking medical diagnosis;
- Caring for individual subject to quarantine or isolation due to COVID-19 concerns;
- Caring for child if school has been closed or child care provider unavailable due to COVID-19 concerns;
- Experiencing any other substantially similar condition specified by the Secretary of HHS

Employer Notification to Employees of COVID-19 Exposure in the Workplace

Pennybyrn will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients. When Pennybyrn is notified that a person who has been in the workplace (including employees, clients, patients, residents, vendors, contractors, delivery people and other visitors, or other non-employees) is COVID-19 positive, the COVID-19 Safety Coordinator will, within 24 hours:

- Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred.
- Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.

- Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in close contact with the person with COVID-19, or worked in a well-defined portion of a workplace in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

Notifications will not include the name, contact information, or occupation of the COVID-19 positive person.

Note: Close contact means being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period during the person's potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, 2 days before testing) until the time the person is isolated.

Medical Removal from the Workplace

Pennybyrn has also implemented a policy for removing employees from the workplace consistent with CDC's "Return to work criteria for Healthcare Personnel with SARS-CoV-2 Infection". Pennybyrn will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or
- The employee is experiencing symptoms of COVID-19.

For employees removed because they are COVID-19 positive, Pennybyrn will keep them removed until they meet the return-to-work criteria discussed below. For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, Pennybyrn will keep them removed until they meet the return-to-work criteria discussed below. Employees with known exposure will be excluded from work for:

- Fourteen (14) days **OR**
- Be tested for COVID-19 at least five (5) days after exposure, if negative the employee may return to work after seven (7) days after exposure. Employees, refusing testing, will be excluded from work for fourteen (14) days.

Employees with known exposure, who are asymptomatic and fully vaccinated OR have recovered from COVID-19 in the past three (3) months **do not need** to be excluded from work.

Consistent with CDC recommendations "Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination" healthcare personnel, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. Testing is recommended immediately after exposure and if negative, tested again 5-7 days after exposure.

Employees required to be excluded (removed) from the workplace:

- May be required to work remotely or in isolation, based on requirements of the job, and continue to receive the same regular pay and benefits.
- Will be supported by the Paid Sick Leave Act, effective April 2, 2020, and may be eligible for paid sick leave up to a total of 80 hours. Updated October 2021, employees may be eligible for paid sick leave up to a total of 2 missed shifts, and may use PTO to substitute hours beyond this amount.
- Continue and maintain seniority and all other employee rights.
- Upon return, will not be subjected to any adverse action because of the removal.

Medical Removal Protection Benefits

Pennybyrn will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS.

- Employers must continue to provide the benefits to which the employee is normally entitled and pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week per employee. For employers with fewer than 500 employees, the employer must pay the employee up to the \$1,400 per week cap but, beginning in the third week of an employee's removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1000 per week in most cases).
- The ETS also provides that the employer's payment obligation is reduced by the amount of compensation the employee receives from any other source, such as PTO, for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee's removal. Updated October 2021, employees may be eligible for paid sick leave up to a total of 2 missed shifts, and may use PTO to substitute hours beyond this amount.

Vaccination

Pennybyrn encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. Pennybyrn will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

Employee vaccinations will continue to be offered and reported, consistent with Federal and/or State requirements.

Training

Pennybyrn will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Pennybyrn and the COVID-19 Safety Coordinator will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility.

Consistent with CDC recommendations training was provided to employees when the COVID-19 pandemic began and has been provided at frequent intervals since that time. Methods include online education, department meetings, in-person sessions, one-on-one “just in time” discussions, and use of educational materials. Training is provided to employees in an appropriate language and literacy level the employee understands.

Training topics include but may not be limited to:

- COVID-19, including:
 - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
 - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
 - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
 - The signs and symptoms of COVID-19;
 - Risk factors for severe illness; and
 - When to seek medical attention;
- [Policies](#) and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 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);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- Policies and procedures for PPE worn to comply with OSHA’s COVID-19 ETS, including:
 - When PPE is required for protection against COVID-19;
 - Limitations of PPE for protection against COVID-19;
 - How to properly put on, wear, and take off PPE;
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
 - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific policies and procedures for cleaning and disinfection;
- Policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of [Pennybyrn’s](#) Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA’s COVID-19 ETS; and
- How the employee can obtain copies of OSHA’s COVID-19 ETS and any employer-specific policies and procedures developed under OSHA’s COVID-19 ETS, including this written COVID-19 plan.

[Pennybyrn](#) will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee’s job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee’s job duties.

Additional training will be provided whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

Anti-Retaliation

Pennybyrn will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Pennybyrn will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Requirements implemented at no cost to employees

Pennybyrn will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

Recordkeeping

Pennybyrn will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.

Pennybyrn will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

Pennybyrn will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. Pennybyrn will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law.

Pennybyrn will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.

By the end of the next business day after a request, Pennybyrn will provide, for examination and copying:

- All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee

first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

Reporting

It is our policy to report to all Federal, state and county authorities, as required, any information related to COVID-19. Pursuant to the ETS, Pennybyrn shall report to OSHA the following:

- Each work-related COVID-19 fatality within 8 hours of learning of the fatality
- Each work-related COVID-19 inpatient hospitalization within 24 hours of learning of the inpatient hospitalization.

Reporting may be done by:

- Calling local OSHA office
- Calling the OSHA 24-hour toll-free number at 1-800-321-6742 **OR**
- Electronic submission

<https://www.osha.gov/pls/ser/serform.html>

Monitoring Effectiveness

Pennybyrn and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.

Pennybyrn will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

Appendix A: Hazard Identification and Assessment

To be most effective most effective, hazard assessments must be conducted as a team approach with management, coordinators, and front-line employees involved in the hazard assessment process (e.g., identifying potential hazards) and the development and implementation of the COVID-19 plan. Information related to hazard identification may be collected by rounding, evaluating the environment, discussion with staff and observing staff practices.

Person(s) conducting the hazard assessment:

Date:

Names of non-managerial staff participating in the assessment:

Potential Hazard: Area, activity, or work duty that potentially exposes employees to COVID-19 hazards>	Engineering Controls: What controls can be implemented to remove the hazard from the workplace?	Work Practice Controls: Employee work practices that can mitigate the hazard.	Use of PPE: What PPE could be used to mitigate the hazard?
Performing an aerosol generating procedure	Limit the number of persons in the room	Clean and disinfect all environmental surfaces when procedure completed	Employees assisting with AGPs on suspected or confirmed COVID-19 persons should wear N 95 respirators, eye protection, gown and gloves
Performing routine ADL care and or therapy services	Limit the number of persons in the room. Limit staff designated to care for COVID positive residents	Ensure all PPE is used appropriately.	Employees should wear masks, eye protection, gown and gloves.
Daily Housekeeping	Limit the staff designated to work in COVID positive designated units	Ensure all PPE is used appropriately and that disinfectants used are appropriate for the disinfection of COVID-19.	Employees should wear masks, eye protection, gown and gloves.

Appendix B: § 1910.504 Mini respiratory protection program

This section applies only to respirator use when not required in accordance with § 1910.502 (f)(4)

Respirators provided by employers:

- When Pennybyrn provides respirators to employees not required to wear them (use as source control or as face mask) the following activities will take place:
 - Employee training:
 - How to inspect, put on and remove; the limitations and capabilities of the respirator (especially when not fit tested); procedures and schedules for storing, maintaining, and inspecting respirators; how to perform a user seal check and how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
 - Ensure employee performs a user seal check each time the respirator is put on.
 - Reuse of respirators:
 - Ensure the respirator is only used by that employee.

- Not visibly soiled or damaged.
- Has been stored in a breathable storage container (paper bag) for at least five calendar days between use and been kept away from moisture.
- Employee does a visual check for signs of damage.
- Employee successfully completes a user seal check.
- Employee uses proper hand hygiene.
- Respirator has not been worn more than five days total.
- Discontinuing use
 - Employees will be required to discontinue use when either the employee or supervisor report medical signs/symptoms related to use of the respirator.

Respirators provided by employees:

- Where employees provide and use their own respirators, Pennybyrn will provide each employee with the following notice:

Respirators can be an effective method of protection against COVID–19 hazards when properly selected and worn. Respirator use is encouraged to provide an additional level of comfort and protection for workers even in circumstances that do not require a respirator to be used. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. If your employer allows you to provide and use your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

- 1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.***
- 2. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.***
- 3. Do not wear your respirator where other workplace hazards (e.g., chemical exposures) require use of a respirator. In such cases, your employer must provide you with a respirator that is used in accordance with OSHA’s respiratory protection standard (29 CFR 1910.134).***

For more information about using a respirator, see OSHA’s respiratory protection safety and health topics page: (<https://www.osha.gov/respiratoryprotection>).

Signature and Plan Availability

Pennybyrn has prepared and issued this COVID-19 plan on June 21, 2021.

Employer Name:	Pennybyrn dba Maryfield, Inc.
Address:	109 Penny Road, High Point, NC
Business Owner:	The Poor Servants of the Mother of God

This COVID-19 plan is available:

<input type="checkbox"/> Via hard copy at HR office	<input type="checkbox"/> Posted to business digital bulletin board	<input type="checkbox"/> Available by request to the HR office.
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This model plan is intended to provide information about OSHA's COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this model plan is not itself a standard or regulation, and it creates no new legal obligations.