

Job Safety Briefing Weekly Scripts: A Focus on COVID-19 Exposure Control

INTRODUCTION

In order for a Job Safety Briefing (JSB) to be effective, it must be an engaging conversation with the participants and have three anchors:

1. A focus on the exposures that will be present during the work.
2. How the exposure will be controlled or eliminated..
3. When the work must be paused (when the level of exposure has changed, when a new exposure is introduced or when new people come into the work area.)

The strategy presented here is to focus on one major Serious Injury and Fatality (SIF) exposure and, through a series of JSBs through the week, reinforce the concepts on how to recognize, control, and pause.

The following information provides the background and basics on the topic. The JSB script suggests questions and messages the leader can provide. These are prompts and suggestions on how the leader can proctor an engaging and effective JSB.

We at DEKRA consider this strategy to be very powerful.

PRE-SHIFT

While the world is facing a catastrophic pandemic caused by a single virus, there is a critical need to ensure that basic human needs are met. This is an opportunity for us, yet it also presents us with risk.

Both U.S. and Canadian governments are responding daily with new updates on the spread and best efforts to treat those affected by the virus. (Sources: [usa.gov/coronavirus](https://www.usa.gov/coronavirus) [canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html](https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html)) They have also provided the best behaviors to date that can be used as “controls” for the sources of virus exposure. Currently they recommend a focus on four key areas:

- **Physical distancing**
- **Hygiene**
- **Cleaning**
- **Wearing masks**

The use of “physical distancing” is intentional. We need social connectiveness more than ever to solve this issue together—we just need to do this physically distanced.

We need to ensure that every day we observe new/enhanced behaviors and increase control around spread and management of this risk. For the next week, we will use the topic of the COVID-19 virus as the focus for our pre-shift Job Safety Briefings.

As part of our focus on SIF reduction, we know that specific health exposures may result in serious outcomes or death for vulnerable populations. The COVID-19 virus is an extreme example of one of those types of health exposures and it is worth making sure we are using the best controls possible to mitigate this exposure.

That means we need to know that government and health advocates are recommending that we focus on **physical distancing** and **self-isolation, hygiene, cleaning and wearing masks** to best control risk of infection and community spread.

DISCUSSION QUESTIONS

What do we know about the COVID-19 virus and the symptoms of a coronavirus infection?

- The COVID-19 virus is from a family of coronaviruses that appear via a sore throat, but quickly attack the airways of individuals resulting in a dry cough and excessive mucus that lines and coats the interior of the lungs and breathing airways, restricting the exchange of air in breathing. It is associated with a very high temperature. Often individuals

experience a severe headache but **no runny nose** with the virus. It is diagnosed with a specific COVID-19 test of the mucosal lining at the back of the nose/throat. There are four categories of severity associated with the infection – mild, medium, severe and lethal.

What is the treatment for the virus once infected?

- Severe cases require immediate life preserving action and hospitalization including supplemental oxygen, hydration, and may require intubation and assisted breathing through a ventilator along with cooling blankets, etc for high grade fevers. Additional organ failure may be present. Medium level cases can sometimes be supported with inhalers and nebulizers, hydration and acetaminophen with codeine for blinding headaches, fevers, fatigue. Mild forms of the infection may only require acetaminophen for the fever and expectorants for the mucus production and over the counter cough suppressants. Lethal is self explanatory – it is based on multisystem organ failure due to a hyper immune response of the body trying to fight itself.

What are ways the virus can be transmitted?

- Nose, eyes, mouth – there have been viruses found in the gastrointestinal tract resulting in diarrhea and fatigue without the respiratory symptoms but these are much more rare.

When is someone infectious with COVID-19?

- Five days prior to symptoms appearing through to 72 hours after last symptom.

What is the incubation period for the virus once exposed?

- Current thinking is that it is between 14–21 days after direct exposure to the virus.

What challenges do we face that increases our exposure of infection every day?

What can we use/do to best control these exposures today?

CONCLUDE WITH:

For each of the next four days we will take a look at one of these areas of control and how we can best control the exposures of contamination and spread of the virus. We will also examine potential situations that may provoke a “pause or stop” of our work to address the exposure potential.

PRE-SHIFT – PHYSICAL DISTANCING

Social Distancing Recommendations from the U.S. and Canadian Governments—while the term of Social Distancing is commonly being used we are intentionally using the language of Physical Distancing. We need social connectiveness more than ever to solve this issue—we just need to physically distance:

- Change everyday routines to minimize close contact with others.
- Avoid common greetings where you “touch” others (handshakes, hugs, or kisses).
- Limit contact with vulnerable populations (seniors, immune compromised people in those in ill health, pregnant women, recent travelers).
- Maintain a distance of at least **2 m or 6 ft between people**, except healthy individuals you share a house with.
- Those who have been traveling, abroad or domestic, to areas of known COVID-19 contamination, on cruises, or in contact with others in a group setting over past two weeks should practice self-isolation for 14 days.
- Those exposed to a known COVID-19 carrier/infected individual should immediately go into quarantine for 14 days and watch for symptoms of transmission.
- **Self-isolation** is a voluntary withdrawal from public into one’s home for a period of time with no public contact during that time, except for individuals within the household. Travel outside the home is only for immediate groceries or pharmacy items. The individual should wear gloves and a mask when out and wash their hands or shower immediately when returning home.
- **Quarantine** is mandatory isolation within the home (even in a separate area from other family members) where all means of food, hydration, daily activities is provided to them through delivery or assistance. They do NOT leave their isolation area until the 14-day period has elapsed. All materials/or food items from the isolated space should be handled using gloves and disposed of in a separate double lined waste bag. All clothes should be washed separately from other family clothing.

DISCUSSION QUESTIONS

Encourage someone to share an example of where they demonstrated **physical distancing the previous day** to reduce exposure to either contamination or spread of the COVID-19 virus.

What was the challenge for you in doing what you did?

What was the opportunity?

What prompted you to take the action you did?

What was the result?

What additional controls could you do to reduce your exposure with physical distancing – at work, at home, in your community?

What type of situations might you come across, with proper physical distancing, that might need you to “pause and reassess or stop your work altogether”?
What would you do?

What resources do you need or anticipate needing that we can provide?

PRE-SHIFT – HYGIENE

Hygiene Recommendations From the US and Canadian Governments:

- Wash hands with soap and warm water for at least 20 seconds (or two rounds of the “Happy Birthday” song!), especially after using the restroom, preparing food, or returning from outside the home or work environment.
- Use hand sanitizer (alcohol based sanitizers at a minimum of 65 percent alcohol content) frequently if soap and water are not available or in between hand washes.
- When coughing or sneezing, use a tissue or the crook of your arm/elbow, not into your hands. Dispose of tissues in a lined waste basket and wash hands immediately afterward.
- Avoid touching your eyes, nose, or mouth with unwashed hands or gloves that may have come into contact with contaminated surfaces. The nose, eyes and mouth are the primary means of transmission of the virus into the body.
- Wearing a pair of disposable gloves or work gloves can help minimize exposure of hands to direct hard surfaces. However, they should be replaced daily or cleaned frequently to minimize risk of direct contamination (from a false sense of security that they might provide). Always wash hands before and after using gloves to minimize this false sense of security.
- Ensure work clothes are removed with care and washed regularly to prevent any potential spread of the virus from contact with potentially infectious, but asymptomatic, individuals or surfaces during the work shift. Avoid shaking clothes into the air. Shower when returning home from work or from being in the external world for longer periods to ensure you wash off any possible contaminants of the virus.

DISCUSSION QUESTIONS

Encourage someone to provide another example of where they used specific controls the previous day, or observed someone else use specific controls, around hygiene that helped to reduce their exposure for contamination/spread.

What is the challenge with establishing new behaviors around hygiene especially when there is a push to get things moving quickly?

How do we overcome the internal pressure to “hurry things along” and not take the necessary time to do the above things to ensure proper hygienic practices?

Which of the behaviors noted above do we do well?

What grade would we personally assign to each of these behaviors if we had to grade ourselves at the end of each shift?

What can we do more of or be better at doing?

How will we know that we are doing our best with each of these?

PRE-SHIFT – CLEANING

Cleaning Recommendations from the U.S. and Canadian Governments:

- Use hard surface disinfectants frequently throughout the day to prevent spread/contamination by a live virus with regular household cleaners or, on high-touch surfaces with diluted bleach. These hard surfaces include:
 - Hand held equipment
 - Toilets
 - Handles (door, toilet, faucets, vehicle)
 - Phones and Electronic equipment
 - Hand rails
 - Tables
 - Counters
 - Light switches
 - Elevator buttons or inside walls of elevators
 - Leather/Plastic Chairs
 - Truck or Vehicle Interiors/Instrument panels/ Steering Wheels/ Controls
 - Pens, lunch boxes, personal writing instruments
- To date, the risk of contamination to the outside of parcels, boxes, etc. is deemed a low risk. There is no known risk of COVID-19 from parcels or packages.
- It is still uncertain how long COVID-19 survives on surfaces, but it seems to behave similarly to other coronaviruses. It lasts longer on plastics than metal surfaces (copper appears to be the least favorable for length of survival) but may persist up to several days depending on temperature, type of surface, and humidity of the environment.

DISCUSSION QUESTIONS

What improvements to hygiene and cleaning have you noticed over this past week around your facility?

Where are there opportunities to pay additional attention to? (for exposure of surfaces/contaminants)

What supplies or resources are we well stocked with?

What resources are we lacking?

How can I, as your Supervisor/Manager, help with reducing exposure in this area?

Which situations or events might make us pause or stop work related to cleaning for potential or actual exposure to the COVID-19 virus?

PRE-SHIFT – WEARING MASKS

Masks Recommendations From the U.S. and Canadian Governments:

- **If healthy**, the use of a mask is not required to prevent the spread of COVID-19. This instead may give you a sense of false security. You **may choose** to wear a mask to stop you from touching your face (especially nose or mouth). However, do not forget that the virus is best transmitted through the eyes, nose, or mouth, making it mandatory that clean hands are the ultimate goal. Safety glasses are an extra protection for not touching the eye area. Do not touch your face with hands that have not been sanitized or thoroughly cleaned with soap and water.
- The preferred mask is an N95 mask that provides a “seal” around the nose and mouth. However, paper masks are suitable. Scarves or other types of face coverings are only effective for preventing you from touching the nose and mouth. But, if these are sliding or require constant hand adjustments, they may be defeating the purpose!
- Masks must be worn correctly to ensure no air escapes from the sides or edges. They must be disposed of with care and discarded in a lined wastebasket. They should be changed daily.
- If you are experiencing any symptoms of COVID-19, or you are among the “vulnerable” population, you may choose to wear a mask when exposed to others. The mask acts as a barrier between you and any tiny droplets of virus spread when you cough or sneeze, and may help you from touching your nose or mouth with contaminated hands.

DISCUSSION QUESTIONS

What situations might necessitate wearing a mask in the work we do to prevent exposure of transmission?

What is the benefit for using a mask versus the other controls we discussed this week (i.e. physical distancing, hygiene, cleaning)?

How does one wear a mask properly? What type of mask is best? (N95 masks are the preference to provide proper coverage and fit)

What should be done if someone comes to work showing signs of a fever or slight dry cough or sore throat?

How do we support someone who is infected with the COVID-19 virus?

What can we do to raise awareness of controls around COVID-19 exposure in our families or communities?

What have we learned this week about controls and exposure?

Interested in learning more? Connect with us:

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