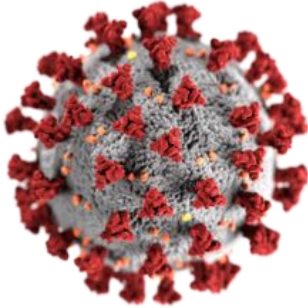


# CORONAVIRUS REGS



## The Coronavirus

The **Coronavirus** (also known as the COVID-19 virus, or SARS-CoV-2) is very small, **0.05 to 0.2 microns** in diameter (50 to 200 nanometers), but it does **not** float in the air by itself. It is transported from one person to another on droplets of liquid generated by sneezing and coughing, and perhaps even by simply speaking and breathing. These droplets, or **bioaerosols**, are typically **5 microns** (5,000 nanometers) or larger. (A single red blood cell is about 7 microns in length.)

## The N95 Respirator

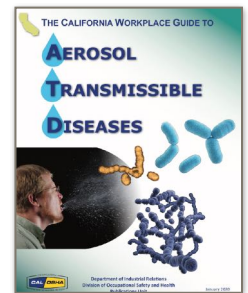
Under the definitions used by **NIOSH** and **OSHA**, each device depicted on the right is considered to be a "**N95** respirator" - if the filter material is certified and labelled "**N95**". The first two are examples of "filtering facepiece respirators" and the last two are examples of "elastomeric respirators" that use replaceable cartridge filters. The center mask is known as a "**N95 surgical respirator**" and involves additional approval by the FDA.

## Cal/OSHA Regulations

In 2009 - *ten years before the 2019 novel Coronavirus appeared* - California adopted regulations that require certain employers to take steps to protect their employees against infectious diseases that can be transmitted through the air on lightweight particles or droplets (i.e., *aerosols*).



The **Aerosol Transmissible Diseases Standard** (ATD Standard), Title 8 California Code of Regulations (CCR) §5199, defines ATDs to include a variety of known diseases, as well as any new diseases caused by later discovered viruses (such as the 2019 **Coronavirus**) that can become airborne. The ATD Standard applies to all health care operations, whether outpatient or inpatient, including medical transport, emergency medical services and certain laboratories. Facilities such as residential care facilities where employees provide social services but no medical care are **not** covered under §5199.



## Requirements for Employers

Employers covered by the regulations are required to prepare and distribute a written ATD exposure control plan. Engineering controls must be employed, which involve establishing airborne infectious isolation rooms (AIIRs), and utilizing local exhaust ventilation, HEPA filtration and germicidal UV light.

The employers must also provide respiratory protection to employees performing certain tasks, and the "employer shall provide a respirator that is **at least as effective** as an **N95** filtering facepiece respirator (FFR). Greater respiratory protection is required for employees performing certain procedures that expose them to an increased risk. See, Title 8 CCR §5199(g)(3)(A).



## Respirator Filters

The filter material used to make facepiece respirators or cartridge filters is certified **N**, **R** or **P** according to its resistance to oil mists and assigned a **95**, **99** or **100** according to its filter efficiency, *i.e.* the % of test particles of *0.3 microns* (300 nanometers) or larger that it can block. A **N95** filter is certified to block at least 95% of such particles, but it is not to be used if an oil mist is present.

## Common Masks

**This not a respirator.** It is a common surgical mask, intended to protect others from the spread of infection from the **wearer's** exhaled breath.



It can also protect the wearer from splashes of liquid reaching their nose and mouth. If it complies with ASTM F2100, it will provide substantial air filtration, but it is **not** to be relied upon to protect the wearer from *inhaling* all airborne particles and bioaerosols, since it is **not** designed to fit tightly against the user's face.

## More Information

For more information about this topic and the **Coronavirus**, contact us.



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On April 2, 2020, Cal/OSHA issued its “**Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages**”. It states: “[F]or the current COVID-19 crisis, covered employers must provide surgical masks when the respirator supply is insufficient for anticipated surges or when efforts to optimize the efficient use of respirators does not resolve the respirator shortage. **Surgical masks can only be used for lower hazard tasks involving patient contact.**”

## Employee-Provided Respirators

Cal/OSHA has recently announced: “**Title 8 CCR Section 3380** permits employee-provided PPE as long as the employer ensures the PPE complies with Cal/OSHA standards and is properly maintained. Employers should not prohibit employee-provided PPE [personal protective equipment] in compliance with Cal/OSHA standards when the employer is unable to provide it. **Disciplining an employee for choosing to bring compliant PPE to work could subject the employer to claims of retaliation under Sections 1102.5 and 6310 through 6312 of the Labor Code.**”

## Additional Regulations

The federal Centers for Medicaid & Medicare Services require facilities to meet its Conditions of Participation (COP) before receiving funds. The federal regulations require hospitals (42 CFR § 482.42) and long term care facilities (42 CFR § 483.80) to have an infection prevention and control program in place.

The California Department of Public Health, which issues licenses and certifications to 30 different facility types (including hospitals and long term care facilities) requires acute care hospitals to have programs in place to prevent Healthcare-Associated Infections (HAI) and to adopt and implement an **antimicrobial stewardship policy**. California Health and Safety Code §§ 1288.45–1288.95.

California regulations require acute care hospitals to have a written hospital infection control program for the surveillance, prevention, and control of infections. See, 22 CCR § 70739.

A number of private hospital and medical facility accreditation agencies, such as The Joint Commission on the Accreditation of Health Care Organizations (now known simply as TJC), have their own standards regarding infection prevention and control.