

Airborne Infectious Disease Exposure Prevention Plan (EHS Program Manual 3.5)



1.0 Overview

The New York Health and Essential Rights Act (NY HERO Act) was signed into law on May 5, 2021. The law enacted extensive new workplace health and safety protections in response to the COVID-19 pandemic. The purpose of the NY HERO Act is to protect employees against exposure and disease during an airborne infectious disease outbreak.

The purpose of this plan is to protect employees against exposure and disease during an airborne infectious disease outbreak. The plan is aimed at preventing the spread of infectious disease at Weill Cornell Medicine (WCM) and all of its locations during an airborne infectious disease outbreak. This plan goes into effect under the direction of the WCM Emergency Management Committee 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 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.

This plan applies to all faculty, students, staff, and volunteers who are physically located at any Weill Cornell Medicine facility.

2.0 Table of Contents

- 1.0 Overview 1
- 2.0 Table of Contents 1
- 3.0 Responsibilities 2
- 4.0 Minimum Exposure Controls During a Designated Outbreak 2
 - 4.1 GENERAL AWARENESS 2
 - 4.2 HEALTH SCREENING 3
 - 4.3 FACE COVERINGS 3
 - 4.4 PHYSICAL DISTANCING 4
 - 4.5 HAND HYGIENE 4
 - 4.6 CLEANING AND DISINFECTION 5
 - 4.7 PERSONAL PROTECTIVE EQUIPMENT 5
- 5.0 Advanced Exposure Controls 5
 - 5.1 ENGINEERING CONTROLS 5
 - 5.2 ADMINISTRATIVE CONTROLS 6
- 6.0 Housekeeping 6
- 7.0 Infection Response 6
- 8.0 Documentation and Tracking 7
- 9.0 Workforce Training 7
 - 9.1 TRAINING TOPICS 7
- 10.0 Anti-Retaliation 7
- 11.0 References 8

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety T:\Documentation\EHS- Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf	PAGE: 1 of 8
---------------------------------	--------------------------------	---	-----------------





3.0 Responsibilities

3.1 EMERGENCY MANAGEMENT COMMITTEE

- Supervisory committee's role is to activate this plan for WCM when directed by the New York State Commissioner of Health.

3.2 ENVIRONMENTAL HEALTH AND SAFETY (EHS)

- Writes and updates the rules and regulations contained in this plan.
- Distributes this plan to all WCM departments and administrative units.
- Provides appropriate Airborne Infectious Disease Exposure Prevention Training to all WCM faculty, staff, and students who may be exposed during an airborne infectious disease outbreak.

3.3 INSTITUTIONAL BIOSAFETY OFFICER

- Provides technical guidance and assists in the implementation of the plan.
- Conducts inspections to ensure that all WCM areas are following appropriate exposure prevention procedures.

3.4 DEPARTMENTS / ADMINISTRATIVE UNITS

- Implement and enforce all rules and regulations discussed in this manual.
- Develop site-specific policies and procedures to supplement this general plan as needed.
- Ensure that all employees receive the appropriate Airborne Infectious Disease Exposure Prevention training.

3.5 HUMAN RESOURCES

- Establishes and implements policies relating to actions taken following an exposure to any airborne infectious agents ([HR Policy 161 Infection Control](#)).

3.6 FACILITIES MANAGEMENT & CAMPUS OPERATIONS

- Assists in the deployment and maintenance of select engineering controls such as HVAC systems used to prevent exposures to airborne infectious agents.
- Deploys and maintains glove and face mask distribution stations at select building entrances as needed.

3.7 HOUSEKEEPING

- Installs, refills, and maintains hand sanitization stations throughout campus.
- Implements and performs Enhanced Cleaning Protocols upon the activation of this plan.

3.8 FACULTY, STAFF, & STUDENTS

- Complete the Airborne Infectious Disease Exposure Prevention Training upon the activation of this plan.
- Follow all rules and regulations as outlined in this plan.

4.0 Minimum Exposure Controls During a Designated Outbreak

The following general policy procedures represent the **minimum** control measures that must be available in the event of an airborne infectious disease outbreak:

4.1 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;

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety T:\Documentation\EHS-Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf	PAGE: 2 of 8
---------------------------------	--------------------------------	---	-----------------



- Wear face coverings, gloves, and personal protective equipment (PPE), as appropriate;
- Limit what they touch;
- Stop social etiquette behaviors such as hugging and handshaking, and
- Perform hand hygiene often.

“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.

4.2 HEALTH SCREENING

Personnel entering designated WCM spaces will be required to complete a health screening, depending on the space type and WCM, NYSDOH, and CDC guidance at the time of entry. The screening must be completed using the method(s) defined by WCM.

Any personnel who demonstrate symptoms of the applicable infectious disease may not be admitted to campus.

Employees who must stay home due to illness shall inform their supervisor and follow WCM, New York State Department of Health (NYSDOH), and Centers for Disease Control and Prevention (CDC) guidance regarding medical care and isolation.

- If the health screening indicates that an employee cannot work on campus, and if the employee feels well enough to work effectively, work-from-home accommodations shall be made, if possible, for the job task.

4.3 FACE COVERINGS

All personnel shall wear face coverings when in shared spaces and where physical distancing cannot be maintained to the greatest extent possible, in accordance with NYSDOH, CDC guidance, and as directed by WCM Chief Medical Officer and HR. When directed, staff must wear face coverings when not alone in their office or when not actively eating and/or drinking. In these instances, staff must be located 6 feet apart from others. Face coverings must cover the nose and mouth, fit snugly and comfortably, and cannot create a hazard (e.g., with features that could get caught in machinery). Face coverings will be provided by WCM at no cost to the user. Coverings must be kept clean and sanitary and must be changed when soiled, contaminated, or damaged. Face covering should ideally be made of two layers of tightly woven fabric. Gaiters and bandanas are not acceptable forms of face coverings. Masks with exhalation valves would need to be covered with a surgical mask or other layer over the valve.

WCM is aligned with NewYork-Presbyterian's (NYP) color-coded masking alert system (below) to ensure consistency and clarity for all faculty and staff working and/or entering patient care areas.

Regardless of Action Level:

- Masking is always consistently required for patient care for certain locations (e.g., Eds, ICUs, hematology/oncology, and transplant) or certain patient types (immunocompromised patients regardless of location).
- For non-patient care locations and activities, masking remains optional but is encouraged during action level red.

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety <small>T:\Documentation\EHS-Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf</small>	PAGE: 3 of 8
---------------------------------	--------------------------------	--	-----------------



Action Levels for Masking for Patient Care

Action Level	Interpretation	Masking for Patient-Facing Staff	Masking for Visitors
Green	Respiratory virus transmission is low in the community, clinical locations, patient-facing spaces	Optional, Except where consistently required (see above and link)	
Yellow	Respiratory virus transmission is moderately elevated in the community, clinical locations, patient-facing spaces	Strongly Encouraged for all patient care in all locations, Except where consistently required (see above and link).	Strongly Encouraged for direct patient contact in all locations Except where consistently required (see above and link).
Red	Respiratory virus transmission is high in the community and clinical/patient-facing spaces, leading to elevated infection rates and clusters among patients and staff providing patient care	Required for all patient care or direct patient contact in all locations	Required for direct patient contact in all locations

4.4 PHYSICAL DISTANCING

Physical distancing shall be maintained as much as possible. Individuals should maintain a distance of at least six feet or should physical distance as recommended for the infectious agent. Unnecessary gatherings should be avoided. Physical barriers, reconfigured workspaces, and use of PPE should be considered based on the nature of the infectious agent.

When prolonged close contact with other individuals is likely, any or all of the following control methods should be used:

- Restricted or limited visitor entry
- Limited occupancy
- Signage
- Floor markings
- Telecommuting
- Remote meetings and gatherings
- Restricted travel
- Shifted work shifts, hours, and break times
- Remote service delivery

4.5 HAND HYGIENE

All personnel in WCM spaces will have access to handwashing facilities with an adequate supply of warm potable water, soap, and single-use towels or air-drying machines. Hand sanitizing stations are also provided throughout WCM near high-touch surfaces. Hand sanitizer provided by WCM must contain > 60% alcohol or other composition deemed appropriate by applicable health agencies.

Hands should always be washed, either with soap and water for at least 20 seconds or with hand sanitizer, **BEFORE** and **AFTER**:

- touching eyes, nose, or mouth;
- touching a face mask;

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety <small>T:\Documentation\EHS-Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf</small>	PAGE: 4 of 8
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- entering and leaving a public place;
- touching any high-touch surface, such as door handles, tables, electronic cash register screens, or elevator buttons.

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

4.6 CLEANING AND DISINFECTION

If a surface is known or presumed to be contaminated with potentially infectious materials, it must be cleaned and disinfected immediately or as soon as feasible, unless the surface can be isolated prior to cleaning. High-touch surfaces, such as door handles, light switches, elevator buttons, water faucet handles, or shared computers or phones, will be cleaned frequently with an appropriate disinfectant throughout the workday. Shared tools, equipment, and workspaces should be cleaned and disinfected before and after use. Common areas, such as bathrooms, dining areas, break rooms, locker rooms, vehicles, and sleeping quarters, shall be cleaned and disinfected at least daily. More frequent cleaning and disinfection will occur if deemed necessary and otherwise directed by NYSDOH or the CDC. If cleaning is needed for a space, occupants should place a work order to have the space cleaned. This can be done via the Facilities Management and Campus Operations Work Order request system, available at <https://facilities.weill.cornell.edu/>.

All disinfectants used at WCM must be considered effective against a wide variety of infectious agents, and used based on manufacturer guidance for methods, dilution, use, and contact time. The Environmental Protection Agency (EPA) have compiled lists of these disinfectants. They can be found at <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>. Contact EHS for guidance on choosing disinfectants.

4.7 PERSONAL PROTECTIVE EQUIPMENT

For each instance of an infectious disease outbreak, EHS will assist in determining what personal protective equipment (PPE) is required, and for which job tasks that PPE is required, and for providing guidance in the proper usage and disposal of PPE. All PPE shall fit the user and should be maintained in a sanitary manner.

All PPE will be provided by WCM to the user at no cost to them. If employee-owned PPE, such as a face-covering, is used in the workplace, WCM will determine whether that PPE is adequate for the hazard and will provide appropriate PPE if it is deemed inadequate for the hazard.

5.0 Advanced Exposure Controls

There may be certain activities where the minimum controls will not provide sufficient protection for WCM personnel. For these scenarios, additional controls may be necessary. WCM will determine if the following controls are needed based on the characteristics of the infectious disease outbreak.

5.1 ENGINEERING CONTROLS

When possible, WCM will consider engineering controls to contain, remove, or mitigate the infectious agent, prevent it from being spread, or isolate individuals from the agent. These controls include, but are not limited to:

- Mechanical ventilation, such as increasing the percentage of fresh air into indoor spaces when possible; utilizing air filters with a rating of Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the building's HVAC system; avoiding air recirculation when possible; arranging fans, if used, to not blow directly from one worker to another; and/or air purifiers as appropriate;
- Natural ventilation, such as opening doors and windows and/or installing window exhausts;
- Sterilization methods, such as hand washing or sanitizing stations; contactless protocols for building entry and other transactions; automatic disinfection systems (e.g., ultraviolet light disinfection systems);
- Barriers such as plastic sneeze guards.

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety T:\Documentation\EHS-Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf	PAGE: 5 of 8
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5.2 ADMINISTRATIVE CONTROLS

Policies and work rules to prevent exposure will be implemented to prevent the spread of infectious agents. These may include, but are not limited to:

- Health screenings of all personnel prior to entry;
- Requiring proof of vaccination, if applicable, for all personnel who enter WCM buildings.
- Employee training;
- Signage reminding people of respiratory etiquette, masks, hand washing, capacity limits, etc.;
- Limited attendance at in-person meetings or gatherings and the usage of virtual platforms for meetings;
- Having in-person meetings in outdoor settings;
- Cross-training employees to ensure all critical job functions can be performed in the case of worker absence;
- Providing remote work capabilities and remote learning methods for staff and students who are able to work remotely;
- Identifying and prioritizing on-site job functions essential for continuous operations;
- Increased physical distancing;
- Minimizing elevator use, posting signage of limitations;
- Disinfection procedures for specific operations or equipment;
- Prohibiting eating or drinking in indoor work areas;
- Clearly designating one-way traffic flow and entry and exit doors;

6.0 Housekeeping

Normal housekeeping duties and schedules will continue during an airborne infectious outbreak when possible. However, the need may arise for additional housekeeping tasks to be performed or for the frequency or operations of routine procedures to be adjusted.

Due to the nature of the work, housekeeping staff may be at increased risk for infection. Housekeeping staff may be in close contact with potentially contaminated surfaces, and certain tasks, such as vacuuming, dry sweeping, and dusting, may cause particles potentially contaminated with the infectious agent to become suspended. This might lead to alternative methods, such as cleaning surfaces with soap and water before disinfection, to be implemented. Work hours might need to be shifted, and face coverings may need to be used during work. Cleaning protocols can be found in the [Facilities Management and Campus Operations Housekeeping and Custodial Services Standards](#), which should be kept up to date in case of an airborne infectious disease outbreak.

7.0 Infection Response

If an infection occurs or is suspected to occur at work, or if a person develops symptoms, the sick individual should wear a face covering, leave the worksite, and follow NYSDOH and CDC guidance regarding isolation. The area where the individual worked should be isolated for a time before it is cleaned and disinfected to allow contaminated droplets to settle and the space to be vented. Impacted individuals should be informed in accordance with local and state authority guidance. To control the spread of infectious diseases, Department administrators and supervisors should immediately notify Workforce Health and Safety (WH&S) of any employee who contracts or has been exposed to infectious disease.

If a person who was in a WCM space is found to have been infected with an airborne infectious disease, the following disinfection procedures will occur:

- The immediate space in question will be closed, and Housekeeping should be contacted by submitting a [work request](#).
- Housekeeping and EHS will trace the infected individual's movements within the WCM space to determine the extent of the disinfection necessary.
- Housekeeping will either directly disinfect the space or work with the building's vendor to disinfect the space as soon as possible/feasible.
- The manager responsible for the space in question will be notified when the space is safe for return.

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety <small>T:\Documentation\EHS-Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf</small>	PAGE: 6 of 8
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8.0 Documentation and Tracking

This plan will be posted on the EHS website. It will be reviewed annually and more frequently when an infectious disease need arises. Changes will be tracked in this section of the manual.

9.0 Workforce Training

All WCM personnel are to be informed of the existence and location of this plan, the circumstances under which it may be activated, applicable infectious disease standards, WCM policies, and personnel rights under the HERO Act.

WCM will provide training to all employees and students. However, WCM is not responsible for training contractors or subcontractors, employees directly employed by staffing agencies or any other non-WCM entity, individuals delivering goods or transporting people at, to, or from WCM, or employees of Memorial-Sloan Kettering, NewYork-Presbyterian, Hospital for Special Surgery, or any other affiliated institution.

Training will be:

- Provided at no cost to individuals;
- Take place during working hours or during time when employees will be compensated for their time;
- Appropriate in content and vocabulary to the educational level of the trainee; and,
- Provided in person or through virtual means.

9.1 TRAINING TOPICS

When this plan is activated, the training will cover the following topics:

- The infectious agent and the disease(s) it can cause;
- Signs and symptoms of the disease(s);
- How the disease(s) can be spread;
- An explanation of this plan;
- Activities and locations at our worksite that may involve exposure to the infectious agent;
- Use and limitations of exposure controls; and,
- A review of applicable standards and regulations, including employee rights provided under [Labor Law, Section 218-B](#)

10.0 Anti-Retaliation

WCM, nor its agent(s), nor person(s) acting as or on behalf of a hiring entity, nor the officer or agent of WCM shall discriminate, threaten, retaliate against, or take adverse action against any individual for:

- Exercising their rights under this section or under the applicable airborne infectious disease exposure prevention plan;
- Reporting violations of [Section 218-b](#) of the Labor Law, or a plan adopted under this section to any state, local, or federal government entity, public officer, or elected official;
- Reporting an airborne infectious disease exposure concern to, or seeking assistance or intervention with respect to airborne infectious disease exposure concerns, to their employer, state, local, or federal government entity, public officer, or elected official; or
- Refusing to work where such an individual reasonably believes, in good faith, that such work exposes him or her, or other workers or the public, to an unreasonable risk of exposure to an airborne infectious disease due to the existence of working conditions that are inconsistent with laws, rules, policies, orders of any governmental entity, including but not limited to, the minimum standards provided by the model airborne infectious disease exposure prevention standard, provided that the individual, another individual, or representative notified WCM of the inconsistent working conditions and WCM failed to cure the conditions, or WCM had or should have had reason to know about the inconsistent working conditions and maintained the inconsistent working conditions.

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety <small>T:\Documentation\EHS-Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf</small>	PAGE: 7 of 8
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For the purposes of this section, an individual shall be deemed to have reported a violation if they reasonably believe, in good faith, that a violation has occurred. Notification of a violation by an individual may be made verbally or in writing, and without limitation to format, including electronic communications. To the extent that records exist between WCM and individuals regarding a potential risk of exposure, without limitation to format including electronic communications, they shall be maintained by WCM for two years after the conclusion of the designation of a high-risk disease from the Commissioner of Health.

11.0 References

- [New York State Department of Labor, § 840.1 Airborne Infectious Disease Exposure Prevention Standard, Chapter XI 12 NYCRR Subchapter B.](#)
- [NY HERO Act "Model Airborne Infectious Disease Exposure Prevention Plan for Private Education."](#)
- [NY Hero Act Website](#)
- [NY Airborne Infectious Disease Exposure Prevention Plan Website](#)

DATE REVIEWED: July 30, 2024	DATE UPDATED: July 30, 2024	CLASSIFICATION & LOCATION: Biological Safety T:\Documentation\EHS-Manual\3.5_Airborne_Infectious_Disease_Exposure_Prevention_Plan.pdf	PAGE: 8 of 8
---------------------------------	--------------------------------	---	-----------------