Coronavirus Guidance for Local Agency Employees

The coronavirus is on all our minds and you have likely heard, seen, and read just about all you can take on the topic. Before you retreat to one of the guilty pleasures of reality television, that 1971 Steppenwolf bootleg tape, or Season 2 of Hill Street Blues, there are a couple of special considerations for local agency employees where we wanted to provide some resources.

We don’t know any better than you where this ugly little virus is going to take us and we can certainly hope that it will largely avoid our region and then quickly burn itself out. But, in the world of local agencies, we know that hope is not a plan, so a little bit of thought and discussion now may serve us well in a few weeks or a few months if we do have to elevate our response.

In the world of public service, you have some unusual challenges. Similar coronaviruses (this one is Coronavirus-19 or COVID-19) showed up in samples of feces and even municipal waste. At this point, they expect the same with this one. Similarly, we know that law enforcement and front desk personnel have some exposure issues to think about. Luckily, that past experience is going to help us in this go-round.

We are not doctors and we are not policymakers, so it’s not our place to guide you on actions you should and shouldn’t take, but we can connect you with resources that are likely to be updated over the weeks and months that we are faced with this challenge. We encourage you to check back with these and other information sources frequently because, at least for now, we can expect that new information will be coming to light and recommendations can change based on new information.

The Occupational Safety and Health Administration has guided that most workers are at low risk of exposure, but that, among others, solid waste and wastewater management personnel may have specialized risk of occupational exposure to COVID-19.

Currently, OSHA guides, management of waste that is suspected or known to contain or be contaminated with COVID-19 does not require special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks in solid waste and wastewater management. In the solid waste environment, waste contaminated with COVID-19 should be treated as you would other regulated medical waste (COVID-19 is not a Category A infectious substance). In handling such waste, you should use typical engineering and administrative controls, safe work practices, and personal protective equipment (PPE). Depending upon the task, recommended PPE might include puncture-resistant gloves and face/eye protection.

In the wastewater treatment environment, coronaviruses are susceptible to the same disinfection as other viruses, so current disinfection conditions in wastewater treatment facilities are expected to be sufficient. There is no evidence to suggest that additional, COVID-19-specific protections are needed for employees involved in wastewater management operations, including
those at wastewater treatment facilities. Wastewater treatment plant operations should ensure workers follow routine practices to prevent exposure to wastewater, including using the engineering and administrative controls, safe work practices, and PPE normally required for work tasks when handling untreated wastewater.

Of course, these additional considerations are on top of recommendations for all workers, regardless of specific exposure risks. For all of us, it is always a good practice to frequently wash hands with soap and water for at least 20 seconds, avoid touching the eyes, nose, or mouth with unwashed hands, and avoid close contact with people who are sick. When soap and running water are unavailable, an alcohol-based sanitizer with at least 60% alcohol can be a substitute. Hands that are visibly soiled should receive a thorough wash before eating or other personal space activities.

The Water Environment Federation currently advises that water and wastewater workers should wear appropriate PPE, (protective outwear, gloves, boots, and goggles or face shield), wash hands frequently, and avoid touching the face with unwashed hands. See how heightened hygiene practices and PPE is a theme? WEF recorded their February 25, 2020 webinar and it remains a resource for evaluating your needs for PPE and modified procedures, even though some of the data will clearly change daily.

Many local communities also employ first response personnel. The U.S. Centers for Disease Control and Prevention (CDC) has guidance sheets for law enforcement and emergency management technicians. Because these personnel are likely to come in close contact with all manner of at-risk individuals, heightened precautions for social distancing and PPE are discussed.

Incidentally, we talked earlier about “close contact.” The CDC defines close contact as being about six (6) feet from an infected person or within the room or care area of an infected patient for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person.

Local agencies should periodically refresh on these OSHA and WEF links, as well as other informational sources, such as CDC, to monitor how recommended best safety practices change. Thoughtful planning now and disciplined procedures throughout the next few months are likely to be our best tools. The same good hygiene practices protect all of us, but there are some in our ranks that may need a little extra protection or even better hygiene controls. Our information sources should be from trusted sources like OSHA, WEF, and CDC.