



Guidelines for COVID-19 to Help Protect Mechanical Industry Workers Question and Answers



**Webinar hosted on March 26, 2020 and answered as of April 1, 2020.*



The UA, MCAA, ASSE and IAPMO have joined forces to bring our collective memberships information to be able to understand the risks of COVID-19 and show our members the best ways to help prevent the spreading the virus among our pipefitters, plumbers, service technicians, sprinklerfitters, steamfitters and apprentices. Evaluating the exposures, understanding the risks and learning the most appropriate protective measures will help prepare one to establish an effective plan.

1. **The guidance we read recommended that workers wear full PPE (suit, N95, booties, faceshield) when working on all rooftop units. Is this correct, or only when working near plumbing vents and exhaust hoods? Most rooftop work our service guys perform is not near vents or exhaust units.**

This is a judgement call, but due to the world-wide shortage of the PPE needed by health care providers for protection from the virus, it's extremely important to perform a risk assessment for each case to determine whether the PPE is necessary for our techs. Service techs performing work far away from plumbing vents and exhaust hoods are at significantly less risk than the techs who are performing work near them.

2. **Can we touch specifically on maintenance workers in hospitals?**

Maintenance workers in hospitals should be considered at medium to high risk depending on the work tasks that have been assigned to them. Perform a risk assessment based on assigned work tasks and provide the appropriate PPE accordingly. Hospitals also develop Infection Control Risk Assessment (ICRA) plans for all work tasks. The ICRA plans are designed to protect the patient and the worker. Before the work task begins, it is imperative to review and fully understand the ICRA plan.

3. **Will the PowerPoint/Slides be available to share after the webinar?**

Yes, the slides can be found [here](#).

4. **Are the work specific precautions for all work of this nature or only in high risk environments? Ex: Should all sanitary drain work be assumed to have the virus, enacting the PPE guidelines?**

All work on sanitary drains should be considered high risk and the appropriate PPE should be provided and used by affected workers.

5. **Where can we access all MCAA COVID-19 resources?**

All our COVID-19 resources can be in the [MCAA COVID-19 resource center](#).



6. How long does COVID-19 last on work gloves, leather, cloth with dipped palms and fingers?

The answer to this question is currently unknown. Amesh Adalja, MD (Johns Hopkins Center for Health Security) states, "I suspect that you can find viability of the virus for several hours to maybe a day on clothes."

7. In the event we are unable to get N95 masks, what else can we do?

- Use traditional half-face, and in some high-risk situations, full-face respirators with the appropriate cartridges/filters.
- JoAnn Fabric is already making fabric masks for health care providers and first responders. Instructions for making your own are available online [here](#).
- If you have any N95s left, they can be reused provided that the material is in good condition, and the inside of the respirator has not been touched by a human hand.
- Prolong the life of N95s simply by using them in conjunction with fabric masks (see JoAnn Fabric YouTube video above for instructions on making masks).
- Risk assessment to control inventory as much as possible is highly recommended. For example, if your contractor has a tech working on equipment in a hospital with COVID-19 patients, that would be a very smart use of an N95. If a tech is changing filters on equipment at a remote warehouse, that tech may not need an N95 at all. Careful risk assessment will help slow the declining inventories of N95s.

8. Although some jobs have been pushed off, some jobs must be done. What guidance can be given?

Stopping work is an extremely tough judgement call. If it's a high-risk situation, such as work in a hospital with COVID-19 patients, the contractors should do whatever is necessary to keep our workers safe. If the risk to our worker is high, and mechanical work needed at the hospital, healthcare facility, nursing home, etc. is critical enough, ask the facility to provide an N95 or a surgical mask for the tech or plumber who needs it. It is recommended to follow the MCAA and UA guidelines.

9. What are the steps for workers who are ill to return to work?

Confirm, and document confirmation that the worker is well enough to return to work. According to current CDC guidelines, a worker who has contracted COVID-19 and has been directed to care for himself/ herself at home, may discontinue the home isolation when at least 72 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory



symptoms (e.g., cough, shortness of breath), **AND** at least seven days have passed since the symptoms first appeared. **OR** Resolution of fever without the use of fever-reducing medications, **AND** improvement of respiratory symptoms (e.g., cough, shortness of breath), **AND** negative test results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart.

10. I cannot get the [asseplumbing.org](https://www.asseplumbing.org) to work for free access to the 12000-2018. Can you review and send out the correct link?

This resource can be found [here](#).

11. What is your opinion of fit testing?

N95s are defined by OSHA to be respirators. When workers are required to wear respirators, fit testing is required along with medical evaluations, training on respirator use, maintenance, storage, etc. (Refer to 29 CFR 1910.134).

12. We are having issues getting masks and I assume everyone else is too.

- Use traditional half-face, and in some high-risk situations, full face respirators with the appropriate cartridges/filters.
- JoAnn Fabric is already making fabric masks for health care providers and first responders. Instructions for making your own are available online [here](#).

13. Lots of our work is new construction and it does not expose us to sewage or active exhaust fans.

This is a lower risk application and may not require COVID-19 specific PPE. When that's the case, train your workers to practice standard COVID-19 spread prevention guidelines while at work (and everywhere else), e.g. frequent hand washing with soap for at least 20 seconds per body part, social distancing (at least 6 feet), coughing/sneezing into the crook of the arm while turned away from others, not sharing water bottles, cups, eating utensils, keeping their hands away from their face (eyes, nose, mouth are all routes of entry), etc.

14. If a trades person contracts the virus, is that considered a recordable injury?

Only if it's likely that the virus was contracted while working. To meet OSHA's criteria for recordability an illness must be "work-related." Since in most mechanical industry work settings it's impossible to determine whether an individual contracted the virus while working, and because it's much more likely that the virus would be contracted someplace other than a mechanical construction or service workplace, consider documenting your rationale for not recording the illness, and keep that documentation with your OSHA recordkeeping logs. Visit [this link](#) to read a good legal opinion on the subject.



15. If reusing face masks why store in paper bags vs. sealed plastic bags between re-use?

Used N95s absorb moisture from exhaled air. Storing used N95s in plastic prevents them from drying out properly. They can become breeding grounds for microorganisms.

16. Could you work on clearing up the difference between service/existing building requirements vs. new construction requirements?

This is often a gray area, but OSHA defines construction as, "Construction, alteration, and/or repair, including painting and decorating." The definition applies to "Every employment and place of employment of every employee engaged in construction work." Any work in our industry that falls outside this definition would be considered general industry work (service).

17. When working on a roof, is there a distance we should stay away from these vents (similar to the 6' rule for social distancing)?

Yes. The workers should stay as far away from the vents as possible, and at least 6 feet. It's all about protecting the lungs, and mucus membranes (eyes, inside of nose, inside of mouth) from exposure to the virus. If the workers wear safety glasses, a faceshield, and an N95 respirator, or if N95 respirators are unavailable a cloth mask, they should be adequately protected provided that they're also complying with the other guidelines for handwashing, tool cleaning/disinfecting, etc.

18. What plans do we have in place to deal with porta potty structures on jobsites?

There are no definitive plans in place, but it's best to assume that all surfaces on the plastic structures could contain the virus. It's believed that the virus could live up to three days on plastic. You might consider having someone don the PPE necessary for workers exposed to human waste and sewage to frequently clean and disinfect the structures. Also, consider training all workers who will be using them to avoid touching the surfaces as much as possible, and follow all COVID-19 sanitation protocol when they leave the porta potty. Consider placing temporary hand washing and hand sanitizing options right outside the porta potty structures.

19. Are any contractors having their field workers sign waivers stating that working is a choice?

None of us are aware of any contractors having their workers sign such waivers.



20. Any comments on droplets captured in ducting and making it to filters.

There is currently no hard evidence that COVID-19 is making it to the filters. However, until we know for sure, it's best to assume that it could make it to the filters and protect our workers accordingly.

21. When we are working exposed to sewage etc., bloodborne pathogen (BBP) requirements would apply. Typically, BBP requires offering hepatitis inoculations. Should we be following that requirement now?

Currently, the CDC does not believe that COVID-19 is a bloodborne pathogen, so OSHA'S BBP standard does not apply in this case. However, it's always important to offer the vaccine to any worker who could be exposed to bloodborne pathogens.

22. With the shortage of hand sanitizer and the lack of hand washing stations on some job sites.

It's unlikely that baby wipes would adequately remove the virus from human hands. The CDC guidelines state, "Baby wipes may make your hands look clean, but they're not designed to remove germs from your hands. [CDC recommends washing hands with soap and water when possible.](#)"

23. Do we have to have a clean-shaven face for the white N95 masks?

It depends on what facial hair you are sporting. All facial hair between the skin on the face and the N95 respirator's seal must be removed.

24. Are GCs now being required to provide washing stations?

We are unaware of any requirements for GCs or other project constructors to provide washing stations. Remember that it's the responsibility of each employer to see to the health and safety of each of its own employees.

25. When providing new bids for the work, how much time in the day should we be allocating for suiting up, cleaning, and disinfecting? Or, how would that impact a typical workday's performance?

This is a great question, but it is unknown territory. Contractors are going to have to make this determination on their own, at least for now.

26. Is any state other than Louisiana considering adoption of ASSE 12000 standards as plumbing, mechanical, and/or sanitary code for public health regulation?

Currently, ASSE 12000 language is being discussed in New Jersey.



27. Does common building ventilation through HVAC carry these viruses through return-air flow and rooftop units? What's the likelihood? Not speaking about plumbing vents.

This too is unknown territory. Some of the hospitals that are treating COVID-19 patients have no concerns about it. However, until we know for sure, it's always best to error on the side of caution to keep our service techs healthy.

28. Is there any risk of transmission through HVAC air ducts or in air filters?

There is currently no hard evidence that COVID-19 is making it to HVAC filters. However, until we know for sure, it's best to assume that it could make it to the filters and protect our workers accordingly.

29. How about using out houses safely?

It's best to assume that all surfaces on the plastic structures could contain the virus. It's believed that the virus could live up to three days on plastic. You might consider having someone don the PPE necessary for workers exposed to human waste and sewage to frequently clean and disinfect the structures. Also, consider training all workers who will be using them to avoid touching the surfaces as much as possible, and follow all COVID-19 sanitation protocol when they leave the porta potty. Consider placing temporary hand washing and hand sanitizing options right outside the porta potty structures.

30. With the roof exposures from venting, if the vent could be extended above the breathing zone could the PPE needed be reduced?

There is no way to know for sure without testing/sampling, but the gas from the pipe is heavier than air and may be capable of carrying the virus back into the breathing zone. Wind could also be an uncontrollable issue.

31. Would a temporary extension to deflect the air flow from an exhaust fan result in the need for less PPE?

There is no way to know for sure without testing/sampling. However, it stands to reason that redirection of the airflow may very well reduce the risk of exposure.

32. You had mentioned using Tyvek as PPE. Please specify which Tyvek product (400,500,Virogard) is acceptable for the internal cleaning of HVAC equip.

Tyvek is great, but any impermeable, durable coverall would be adequate. If you choose to use Tyvek, you could purchase the least expensive impermeable type of suit that's durable enough to hold up to the cleaning process.



33. When washing hands, is it necessary to use hot water?

It's not mandatory, but CDC recommends warm water.

34. When working in an occupied building on sanitary lines, how should we go about making sure we're not introducing a new hazard into the air/surfaces in the area after work is complete when performing repairs? As far as engineering/administrative controls what would be recommended?

This will be included in the next set of guidelines – stay tuned.

35. Any plans for an MCAA safety video for training purposes?

There is currently no plan for an MCAA safety video because the process would potentially expose quite a few people to the virus.

36. Should we be handling filters differently then we have in the past with the potential of the pathogens on the dirty filters?

Yes, but just to error on the side of caution. We still don't know whether the virus makes it to or stays contagious/harmful on HVAC equipment filters. Make sure your workers are using all the PPE described in the guidelines and treat the filters as if they are contaminated for at least 3 full days after removing them.

37. How is it possible to maintain social distance of 6 ft on a jobsite and what if you're asked to sign the COVID-19 regulations stating you'll do that by the owner or GC?

Currently, there are no occupational safety and health regulations addressing COVID-19, only guidelines and recommendations. That said, there are at times cases where workers can't maintain the minimum 6-foot social distance. Consider proposing an alternative agreement that would allow your workers, but only when necessary, to work within the 6 ft social distancing guideline while wearing the appropriate PPE.

38. Questions are being asked about vents and HVAC unit. How about filter changes in equipment itself?

We still don't know whether the virus makes it to or stays contagious/harmful on HVAC equipment filters. Make sure your workers are using all the PPE described in the guidelines and treat the filters as if they are contaminated for at least 3 full days after removing them.

39. What is the best source of information for appropriate disinfection chemicals?

Visit [EPA's List N: Disinfectants for Use Against SARS-CoV-2](#).



40. How do we know whether it's okay to send our workers into our customers' facilities?

Customers should be required to provide notification if they have knowledge of anyone in the facility or residence who either have COVID-19 or have been exposed to the virus.

41. How often do the HVAC filters need to be changed? Is it any different than a normal service?

For now, filter changes are no different than normal service. You might consider disabling demand-controlled ventilation (DCV) and opening minimum outdoor air dampers as high as 100% to eliminate recirculation. Also, keep systems running longer hours, if possible 24/7, to enhance ventilation and air filtration. We have seen some end users, depending on the application increase the frequency of filter changes, however this is a personal preference at this point and not a guideline.

42. What MERV rating is recommended?

Use MERV-13 filters or the highest compatible with the filter rack and seal edges of the filter to limit bypass.