

COVID-19 update: Safety and Prevention

The NYC Chapter of ASSP, jointly with The Hudson River Chapter and Safety & Health Council of The Hudson Valley, are proud to offer this interactive virtual technical seminar.

Learning Objectives:

With the ever-changing nature of the COVID-19 pandemic, this virtual technical seminar will give clear insight on the latest updates, industry best-practices and health and safety preventative measures.



Presenter: [Mark Drozdov, MS, SSM, FSM, BSI, RSO, CAI, CMA, GPRO](#)
Chair ASSP NYC Technical Programs & Delegate

Mark Drozdov, continually on the leading edge of best-practice programs development, implementation, and management, successfully built an Environmental Health, Safety & Sustainability firm (CES now BSI) that for over three decades executed a diverse range of notable projects in EHS - including Testing, HazMat Remediation Engineering, Industrial Hygiene, Risk Assessment, Hazards Identification, Compliance, Training, Certification and Audits.

Mark has many affiliations including with the Cooper U. Program in EHS, OSHA and Green Building Standards, AIHA/RIA/IICRC COVID-19 Joint Task Force, IICRC Board of Directors, Vice Chair ANSI/IICRC Infection Control Standard, AIHA Chair Gov. Relations, Risk & Standards Advisory ISO45001, 31000, Z10 and co-authored "Back to Work Safely Guidelines", "COVID Industry Report" (now in 4th edition) & "How to Manage Indoor Air Quality Amid COVID-19".

Host and Introduction by:

Austin Lyon, GSP

Secretary, Awards & Honors, Jobs Chair [ASSP NYC](#)

Sponsored by:



WIN THIS AWESOME GIVEAWAY
DURING THE PRESENTATION!

Virtual Meeting Pre-Registration Required

[Click Here to Register](#)

After registering, you will receive a confirmation email containing information about joining the meeting.

****0.1 CEU Credit****

Date:
Wednesday, September 30, 2020

Time:
12:00 pm - 1:00 pm



AMERICAN SOCIETY OF
SAFETY PROFESSIONALS
New York City Chapter

THE HUDSON RIVER VALLEY
CHAPTER OF THE ASSP

Safety & Health COUNCIL of the Hudson Valley

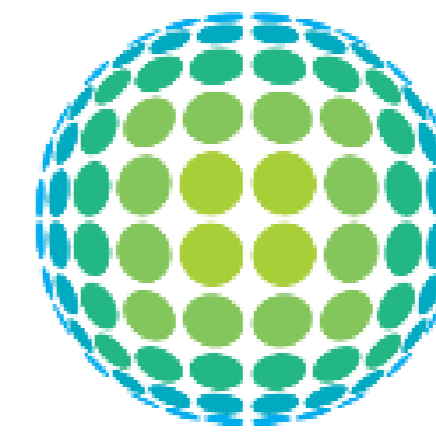
Outreach Organization for Voluntary
Protection Program (VPP)
Participants Association





AMERICAN SOCIETY OF
SAFETY PROFESSIONALS

SPONSORED by:



IICRC[®]
Institute of Inspection Cleaning
and Restoration Certification

NYC ASSP, Hudson River ASSP and Safety & Health Council of The Hudson Valley
are proud to jointly offer
Interactive Virtual Technical Seminar

COVID-19 update: Safety and Prevention

Presented by

Mark Drozdov, MS, SSM, FSM, BSI, RSO, CAI, CMA, GPRO

September 30, 2020



AMERICAN SOCIETY OF
SAFETY PROFESSIONALS



LaToya Stevenson
NYC Chapter President



AMERICAN SOCIETY OF
SAFETY PROFESSIONALS

New York City Chapter



Matthew McDonald
Hudson River Valley Chapter
President



AMERICAN SOCIETY OF
SAFETY PROFESSIONALS

Hudson River Valley Chapter



- Established in 2006. Used to be part of Metro NY.
- The Hudson River Valley ASSP chapter is an association providing the professional development and representation for those engaged in the practice of safety, health and the environment. The chapter holds eight meetings and two social meetings on the topics that provide education and services to the private and public sectors.
- The vision of the Hudson River Valley chapter is to be the premier organization and resource for those in the practice of protecting people, property and the environment, and to lead the profession globally.

Safety and Health Council of the Hudson Valley

- Established in 2005.
- Mission is to bring local businesses together to improve the safety and health of our community.
- Goal is to establish educational forum's and networking opportunities where local business and safety professionals can share their knowledge and expertise in safety and health.
- Membership to the council is free
- All safety seminars have also been provided FREE OF CHARGE.



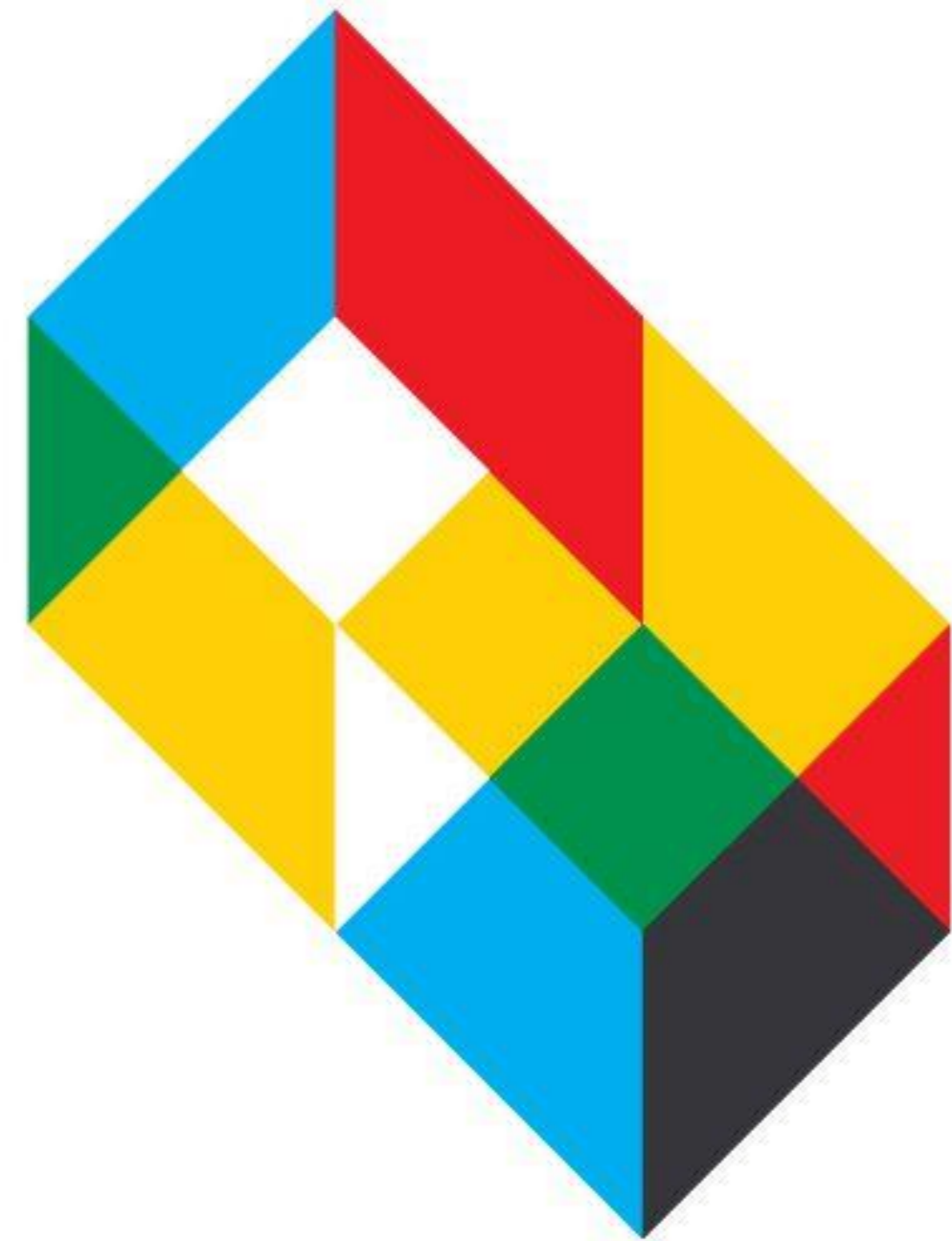


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Mark is a Licensed NYCDOB Site Safety Manager and a Member of the ASTM International Committee F38 Unmanned Aircraft Systems (UAS) design, performance, quality acceptance tests, and safety monitoring.

- The Cooper Union Sustainability/Resiliency/OSHA/ Environmental Health & Safety (EHS) Program
- Co-Author Back to Work Safely Guidelines, Industry Report & How to Manage IAQ Amid COVID-19
- AIHA/RIA/IICRC COVID-19 Joint Task Force
- Vice Chair ANSI/IICRC Infection Control Standard
- IICRC Board of Directors, H&S Field Guide Disaster Restoration
- AIHA Chair Govt Relations, STD Advisory ISO45001,31000, Z10
- ASSP Technical Programs ,Chair & Delegate
- ISO Risk and Pandemics Standards ANSI Expert
- ASTM UAS F38, D22 & E50 ESA Member





THE COOPER UNION
Institute for Sustainable Design

NYC DOB INNOVATION CHALLENGE SUMMER 2020



AEROSPECT

DRONE BASED DATA COLLECTION

Sept. 25, 2020
to answer
7 of the 11 issues
posed by the
DOB Innovation
Challenge...



- Innovating façade inspections and repairs
- Improving worker safety
- Identifying new regulations that would foster innovation or new technology, plus finding outdated regulations that are impeding innovation
- Minimizing the effects of construction (ex: noise, dust, vibrations)
- Creating new takes on business processes to improve customer experience and become more efficient
- Incorporating Building Information Modeling (BIM), digitizing the workplace and other design innovations
- Developing safe work practices to continue preventing the spread of COVID-19

A low-angle, upward-looking shot of a modern skyscraper with a glass and steel facade. A small drone is visible in the lower center of the frame, flying towards the top of the building. The sky is a clear, pale blue.

build safe | live safe

Talking: Gus Sirakis

View Active Cameras ⇅



selected as one of the
11 Finalists by
NYC DOB out of nearly
100 Submittals

Time	Topic / Company	Presenting
10:00 - 10:10 AM	Welcome & Introduction	Department of Buildings
10:10 - 10:15 AM	AEROPECT	Scott Harrigan & Mark Drozdov
10:15 - 10:20 AM	ADJUSTCO	Joan Wu
10:20 - 10:25 AM	ROBOTICS	Wesley Kanchala
10:25 - 10:30 AM	ASPEC SPICE	Kristina Toubertan
10:30 - 10:35 AM	EVANT AI	Wen Shenglin
10:35 - 10:40 AM	SAC AIR FILTRATION	Yitzhak Dichter
10:40 - 10:45 AM	CONSTRUCTION ROBOTICS	Zachary Pollackman
10:45 - 10:50 AM	PELLAR TECH	Conor O'Neil & Alex Schenckel
10:50 - 10:55 AM	TURNER GREEN ZONE	Andrew Thompson
10:55 - 11:00 AM	CEC ELEVATOR CAR COOP	Nicholas Gresham
11:00 - 11:05 AM	TECU	Rishi Kishor
11:05 - 11:10 AM	Closing & next steps	Department of Buildings

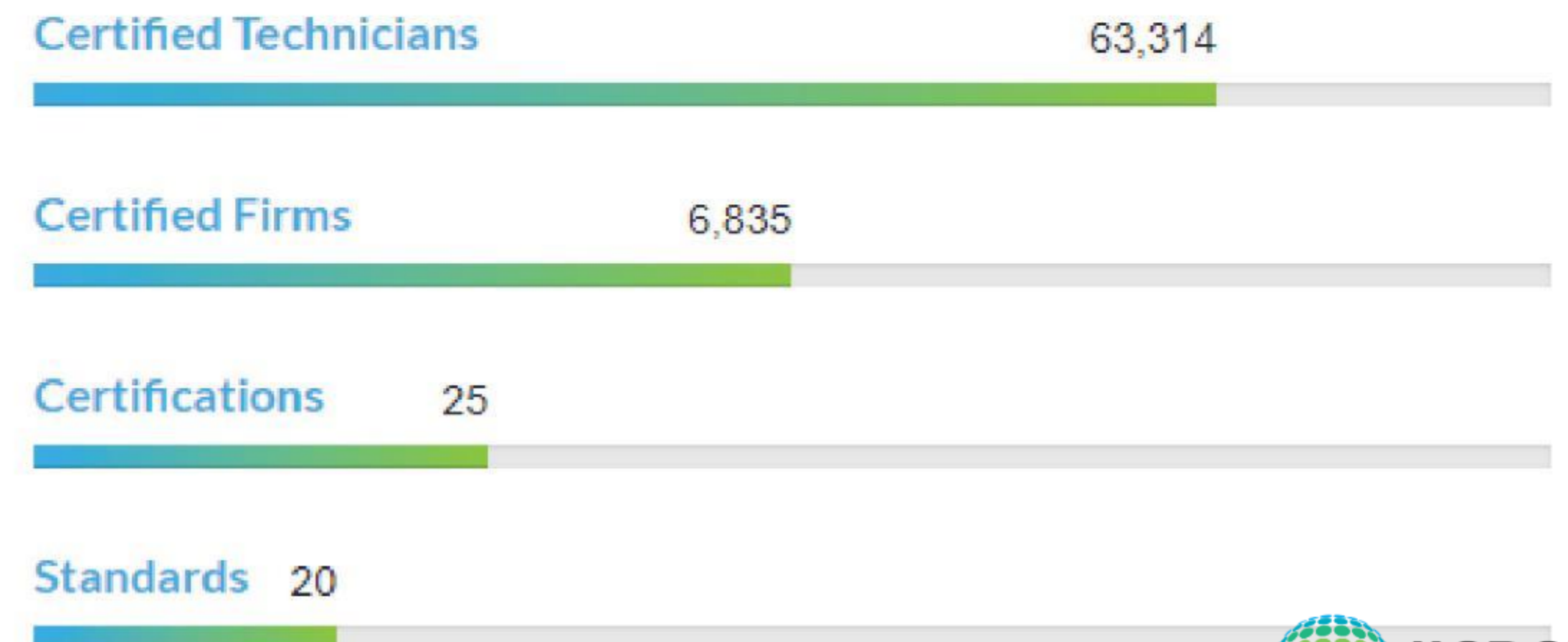
ABOUT THE IICRC

The mission of the IICRC is to establish and advance globally recognized standards and certifications for the inspection, cleaning, restoration and installation industries.



Our Stats

IICRC Certified Technicians and Firms are located in 25 countries across the globe.





IICRC CERTIFICATIONS

The IICRC currently offers 25 Certifications in the Inspection, Cleaning and Restorations Industries:

Inspection CERTIFICATIONS

Certification	Class Time & Exam
ISSI: Introduction to Substrate and Subfloor Inspection.....	3 days
SCI: Senior Carpet Inspector.....	6 days
RFI: Resilient Flooring Inspector.....	5 days
WLFI: Wood and Laminate Flooring Inspector.....	5 days

Restoration CERTIFICATIONS

Certification	Class Time & Exam
AMRT: Applied Microbial Remediation Technician.....	5 days
ASD: Applied Structural Drying Technician.....	4 days
BMT: Building Moisture Thermography.....	3 days
CDS: Commercial Drying Specialist.....	5 days
FSRT: Fire and Smoke Restoration Technician.....	3 days
HST: Health and Safety Technician.....	3 days
OCT: Odor Control Technician.....	2 days
TCST: Trauma and Crime Scene Technician.....	3 days
WRT: Water Damage Restoration Technician.....	4 days

Textile CERTIFICATIONS

Certification	Class Time & Exam
CCT: Carpet Cleaning Technician.....	3 days
CRT: Color Repair Technician.....	2 days
CCMT: Commercial Carpet Maintenance Technician.....	3 days
FCT: Floor Care Technician.....	3 days
HCT: House Cleaning Technician.....	3 days
LCT: Leather Cleaning Technician.....	3 days
RFMT: Resilient Flooring Maintenance Technician.....	3 days
RRT: Carpet Repair and Reinstallation Technician.....	3 days
RCT: Rug Cleaning Technician.....	3 days
SMT: Stone, Masonry and Ceramic Tile Cleaning Technician.....	3 days
UFT: Upholstery and Fabric Cleaning Technician.....	3 days
WFMT: Wood Floor Maintenance Technician.....	3 days

iicrc.org/IICRCCertifications



CURRENT & PROPOSED IICRC STANDARDS

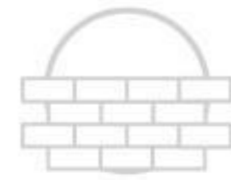
Unmatched in technical excellence,
the IICRC Standards cover an array of
industry related information.

iicrc.org/IICRCStandards



ANSI/IICRC S100

Standard and IICRC R100
Reference Guide for
Professional Cleaning of
Textile Floor Coverings



BSR/IICRC S210

Standard for Dimension
Stone Maintenance and
Restoration



BSR/IICRC S220

Standard for Hard
Surface Floor Covering
Inspection



BSR/IICRC S230

Standard for Professional
Inspection of Flooring
Subfloors and Substrates



BSR/IICRC S300

Standard for Professional
Upholstery Cleaning



BSR/IICRC S340

Standard for Professional
Cleaning and
Maintenance of Leather
Furnishings



BSR/IICRC S400

Standard for Professional
Cleaning, Maintenance and
Restoration of the Commercial
Built Environment



BSR/IICRC S410

Standard for Infection Control
During Professional Cleaning
and Maintenance of the
Commercial Built Environment



ANSI/IICRC S500

Standard and Reference
Guide for Professional
Water Damage Restoration
(2015)



ANSI/IICRC S520

Standard and IICRC R520
Reference Guide for
Professional Mold
Remediation

VOLUNTEERS WANTED



BSR/IICRC S530

Standard for Indoor
Environmental Assessment
for Suspected Mold
Contaminated Structures



ANSI/IICRC S540

Standard for Trauma and
Crime Scene Cleanup



BSR/IICRC S550

Standard for Professional
Water Damage Restoration
of Commercial Structures



BSR/IICRC S590

Standard for HVAC Cleaning
and Decontamination in a
Water Damaged
Environment



BSR/IICRC S700

Standard for Professional
Fire and Smoke Damage
Restoration



BSR/IICRC S710

Standard for the
Development of a Scope of
Work in a Fire and Smoke
Damaged Environment



BSR/IICRC S740

Standard for Professional
Restoration of Fire and
Smoke Damaged Personal
Items



BSR/IICRC S760

Standard for Professional
Restoration of Structures and
Items Damaged by
Wildfire Smoke



ANSI/IICRC S800

Standard and Reference
Guide for Professional
Inspection of Textile
Floorcovering



BSR/IICRC S900

Standard for Professional
Remediation of Illicit Drugs,
Cannabis, and Nicotine Residue



FIELD GUIDE

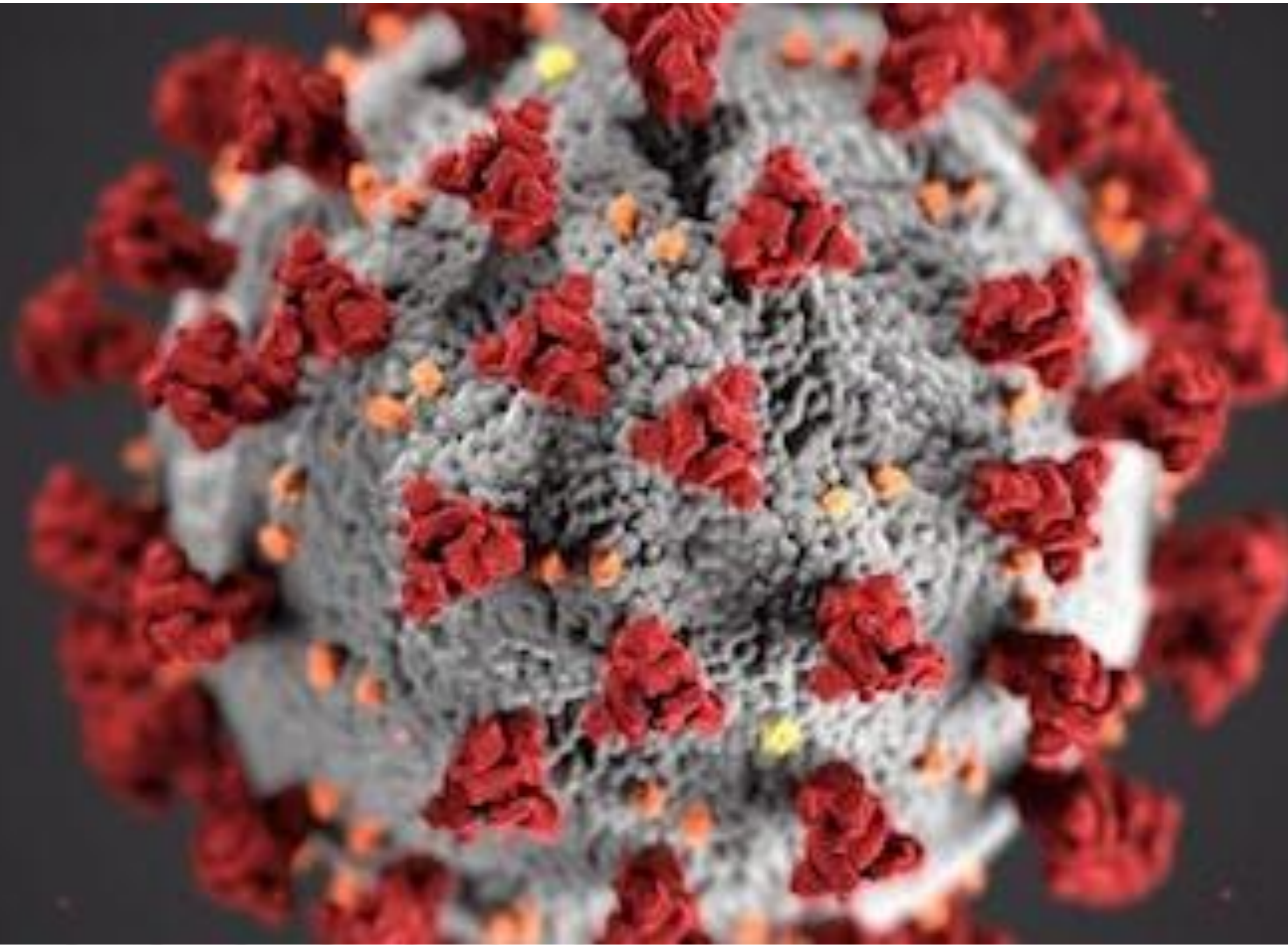
Safety and Health for
Disaster Restoration
Professionals



FIELD GUIDE

Safety and Health for
Professional Cleaners

COVID-19 Ready: Updates



COVID-19 Ready: Updates



[#DailyShow](#) [#TrevorNoah](#) [#DrFauci](#)

Dr. Anthony Fauci - Getting Politics Out of Public Health | The Daily Social Distancing Show



COVID-19 Ready: Updates

POLL REPORT:								
1	Question	ASSP- Hudson River Valley Chapter	ASSP- Hudson River Valley Chapter; Safety & Health Council of the Hudson Valley	ASSP- NYC Chapter	ASSP- NYC Chapter; ASSP- Hudson River Valley Chapter	Safety & Health Council of the Hudson Valley	Yes	No
2	Please indicate if you are a member of (check all that apply):	12%	5%	33%	2%	49%		
3	Are you comfortable with an in-person social event to be held in the near-future @ outdoor-tent?						56%	44%
4	Can you take your mask off when people do not understand or hear you?						4%	94%
5	Is it OK to put your hand on the outside of your mask when wearing it?						20%	80%
6	Should you keep the mask on, even if there are very few moviegoers at a Cinema for the new Christopher Nolan's TENET?						95%	5%
7	Should you put your mask on between courses while eating at a restaurant?						59%	41%
8	Should you wear a mask when riding a bike?						37%	63%
9	Should you wear your mask while alone in the elevator?						94%	6%



Industry Reports and Standards Highlights

- ✓ The COVID-19 Pandemic: A Report for Professional Cleaning and Restoration Contractors by AIHA/ IICRC/RIA Joint Task Force (co-authored, now in 5th edition)
- ✓ Virginia's first-in-the-nation Emergency Temporary Standard on Occupational Exposure to COVID-19 (co-hosted AIHA info session)
- ✓ Back-to-Work Safely Guides by AIHA (co-authored)
- ✓ ISO 45005: Occupational Health and Safety Management - Safe working during the COVID-19 Pandemic general guidelines for organizations, ISO - the International Organization for Standardization (technical committee ISO/TC 283/ WG5 member)
- ✓ Guidance to Protect Volunteers from COVID-19 During Natural Disaster Response & Recovery (AIHA+NIH committee member)





The COVID-19 Pandemic¹

A Report for Professional Cleaning and Restoration Contractors,

Fourth Edition,

July 30th 2020

¹ Formerly titled "Assisting Clients with COVID-19 Concerns" and "Managing Emergency Services Operations"



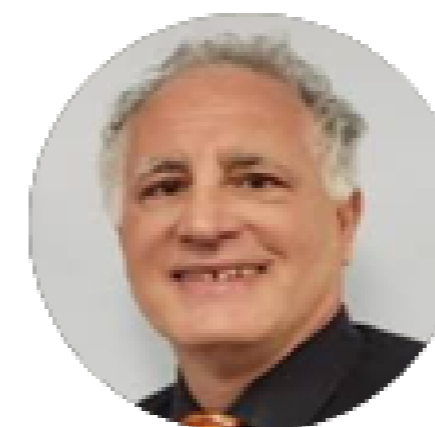
Brandon Burton MWR, WLS
Chair, ANSI/IICRC Standards
VP Technical Application, Next Gear Solutions



Mark Drozdov MS, SSM, FSM, BSI, RSO, CAI, CMA, GPRO
IICRC BOD & Infection Control Standard VC,
Cooper U. Professor, OSHA Instructor,
AIHA Gov. Relations Chair



Norris Gearhart CR, FLS, CLS
Gearhart and Associates

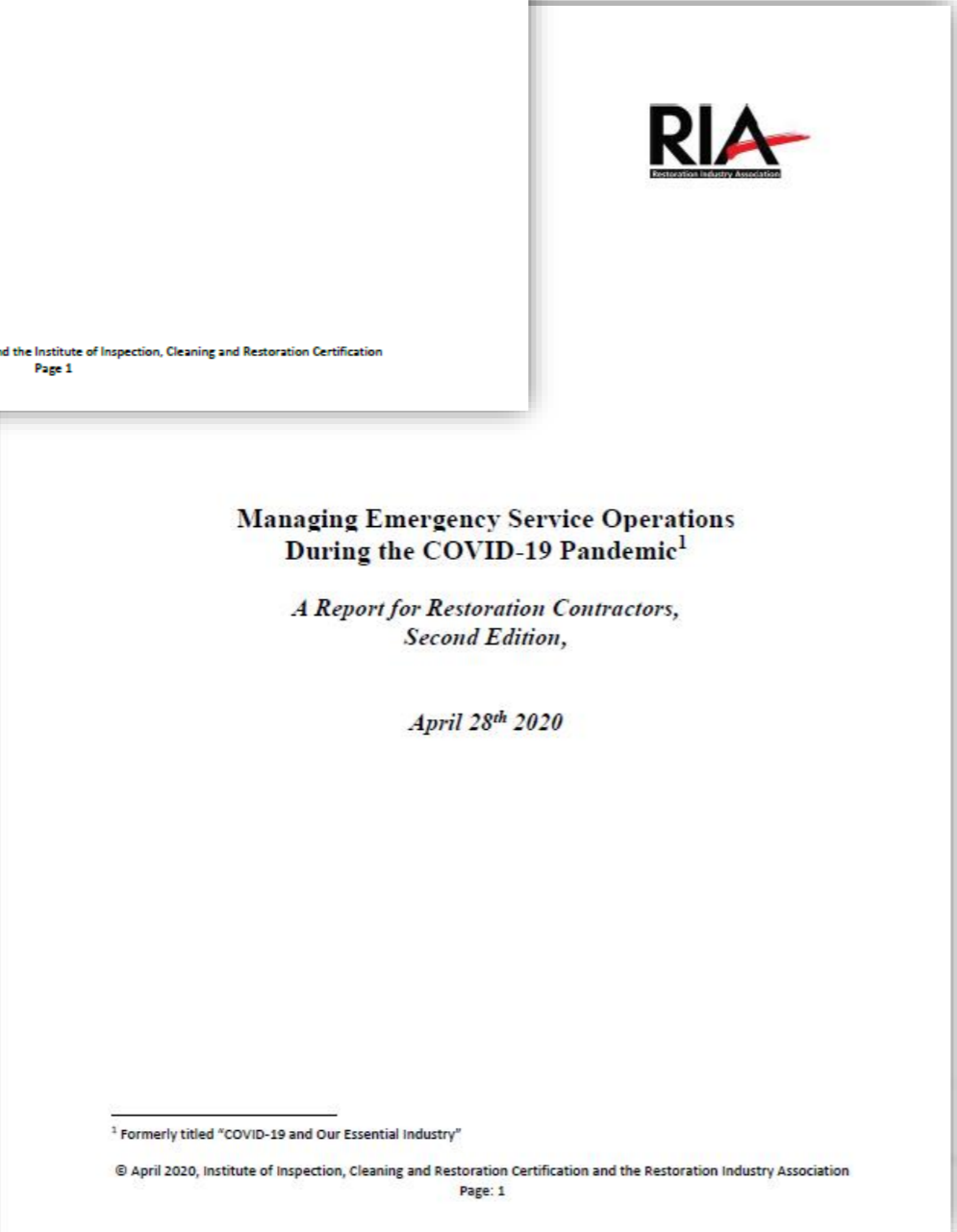
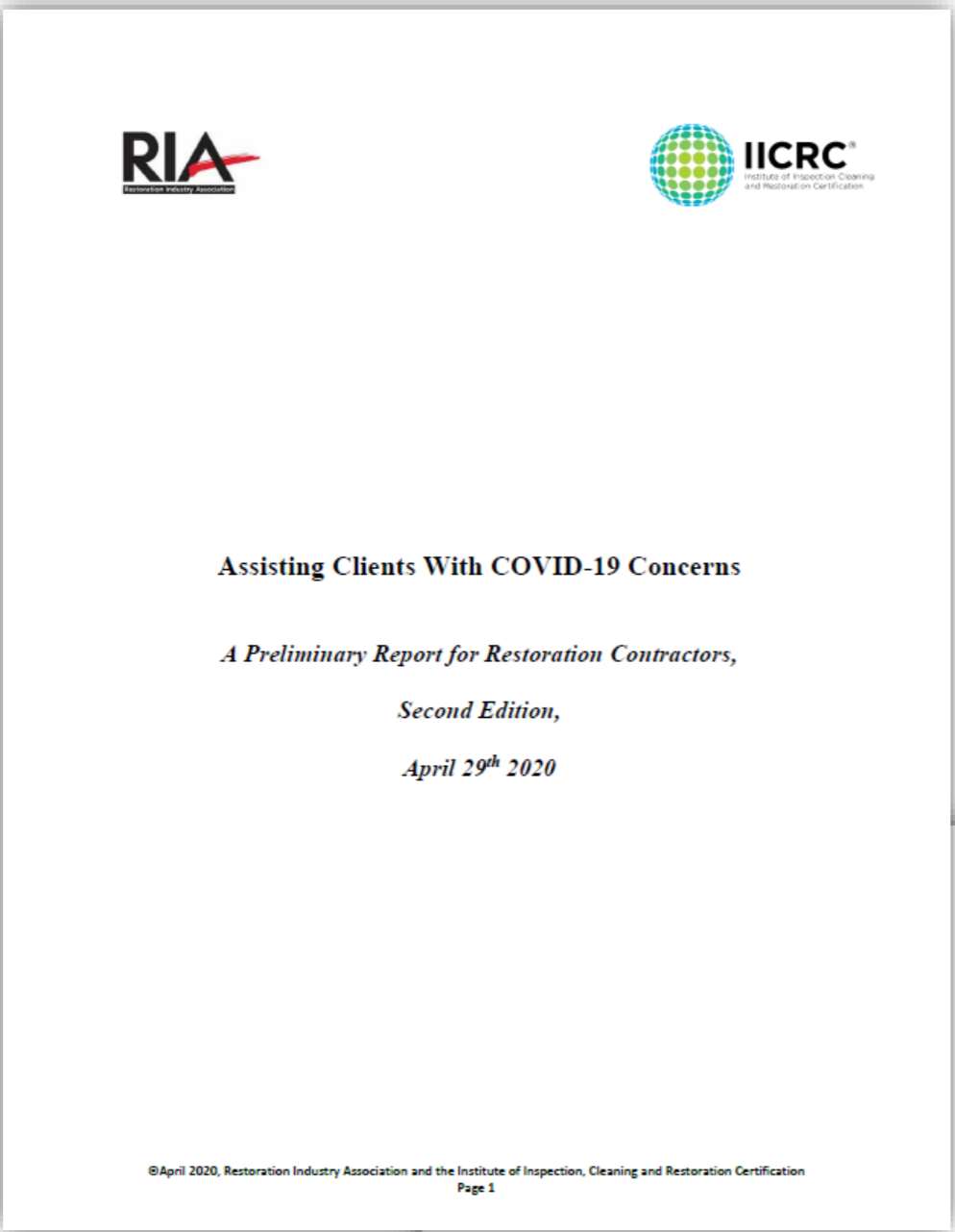


Michael Pinto FLS, CSP, CMP
Wonder Makers Environmental



Joe Spurgeon Ph. D.





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Assisting Clients With COVID-19 Concerns

A Preliminary Report for Restoration Contractors,

Second Edition,

April 29th 2020

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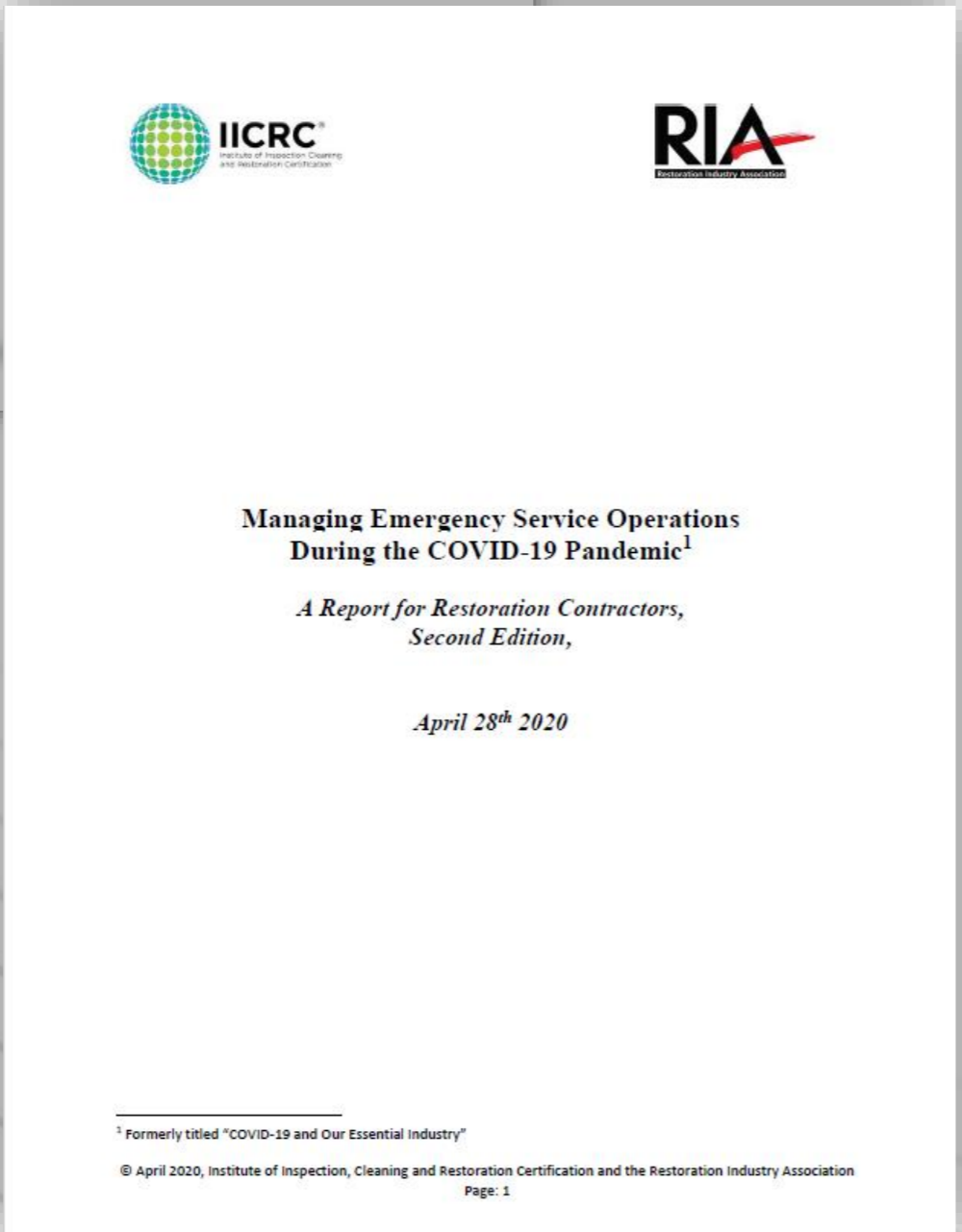


Restoration Industry Association
Institute of Inspection, Cleaning and Restoration Certification
April 29th 2020

Restoration Industry Association
Institute of Inspection, Cleaning and Restoration Certification

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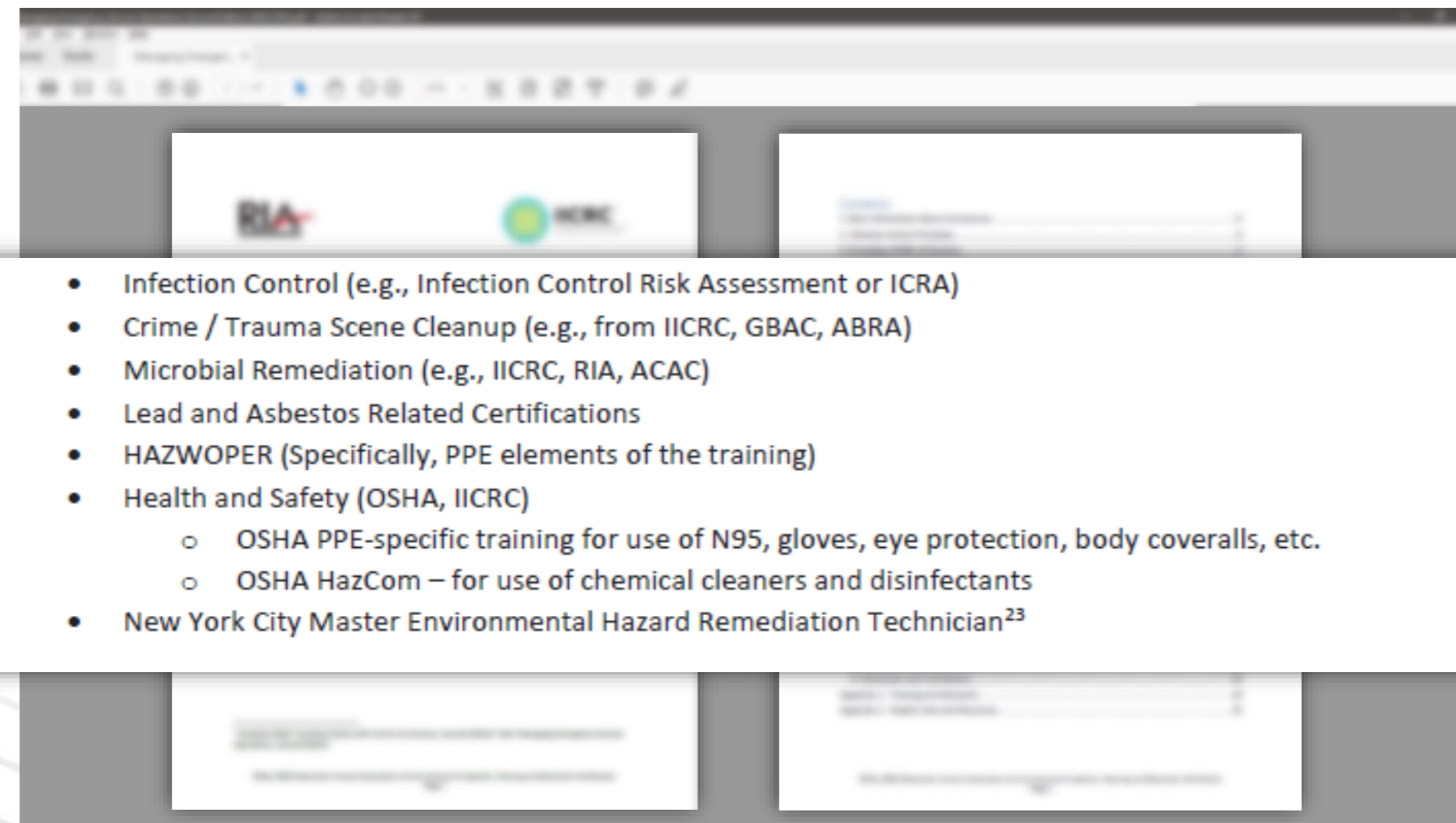
COVID-19 Reports

Information from the Second Edition in Third Edition:

- Risk Management and Insurance Concerns
- Service Contracts
- Personal Protective Equipment
- Disinfectant Selection
- Field Crew Safety
- Prioritizing Work
- Protecting Staff and Public



COVID-19 Reports: Content Updates

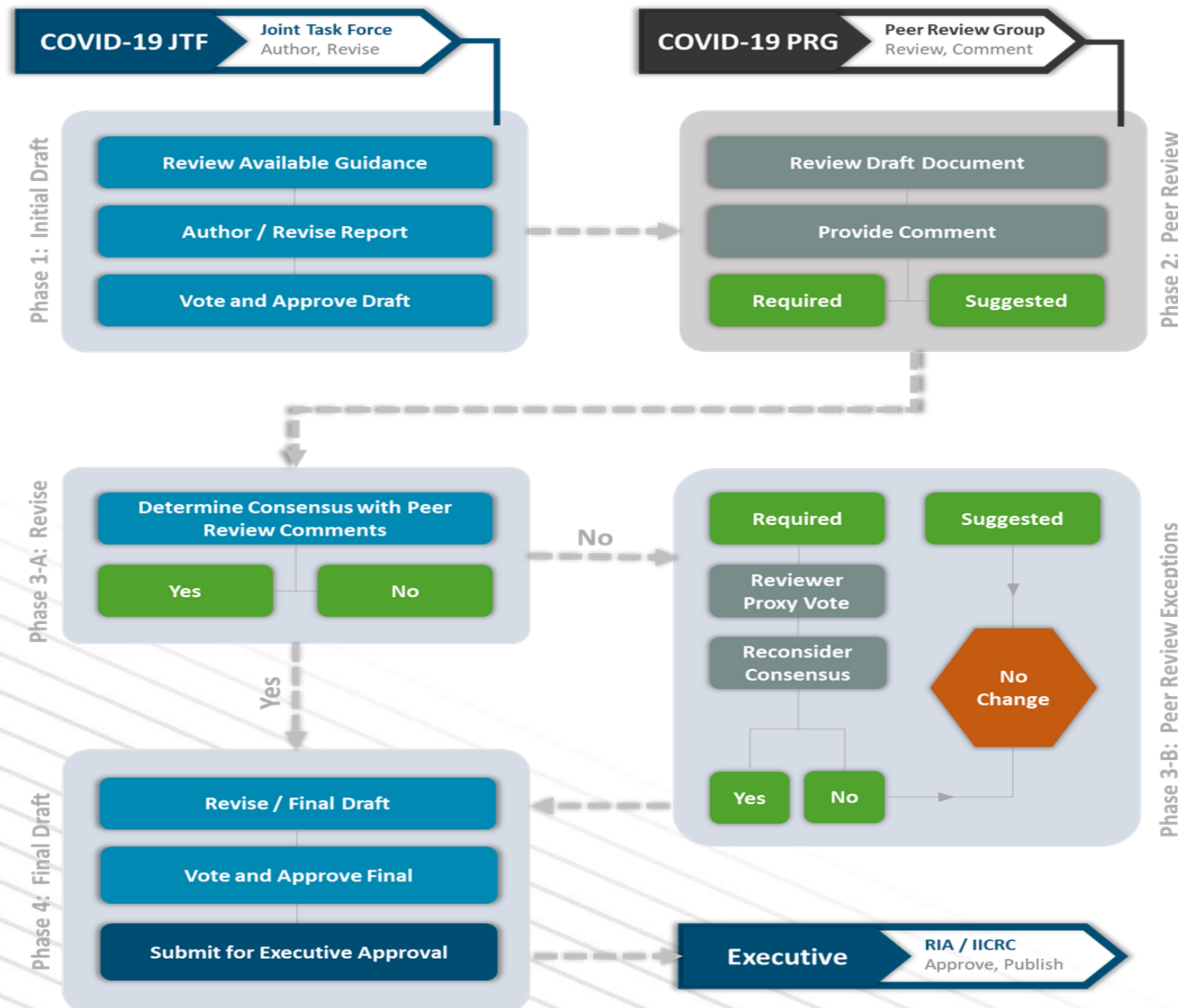


Updates have been made to several sections throughout, with significant substance to:

- 3.1.2 Material Changes in Risk
- 3.1.3 Pollution and Biohazard Exclusions
- 3.1.4 Workers Compensation Insurance
- 3.1.8 Equipment Care
- 3.2.2 Applying Disinfectants
- 4.2.1 Prioritize Your Work
- 4.2.1 (1) Postponing Work
- 4.2.2 (3) Avoiding Carpooling
- 4.2.4 (1): When COVID-19 is a significant threat
- 4.2.4 (7): Controlled Ventilation
- [Appendix 1: Training and Education](#)

RIA/IICRC COVID-19 Joint Task Force

https://cdn.ymaws.com/www.iicrc.org/resource/resmgr/docs/drc/COVID-19_JTF_Process_and_Pol.pdf



Industry Joint Task Force + many Peer Reviewers from:

- AIHA
- RIA
- IICRC



INFECTION CONTROL ISSUES & SOLUTIONS

BIOHAZARD



If you're going through hell, keep going. Winston Churchill



***In the PALMS
of your hands:***

Pandemic/PCBs

Asbestos

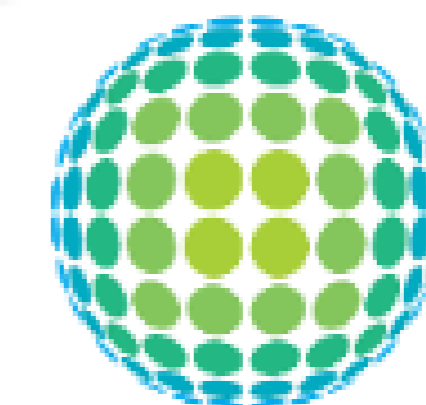
Lead/Legionella

Mold/Metals

Silica/Safety/Sustainability



In the PALMS of your hands:



In the PALMS of your hands:

- When it comes to worker safety, we should be driven by the **precautionary principle** that reasonable steps to reduce risk should not await scientific certainty about the nature of the hazard or risk.
- There is much that is not known about **COVID-19**. What is known today has been changing rapidly. However, that does not mean that reasonable and effective steps cannot or should not be taken to prepare and to protect workers. Erring on the side of caution will prevent illnesses and deaths. The **precautionary principle** should guide our planning and actions.



In the PALMS of your hands:

COVID-19 Hierarchy of Controls

Workplace hazard assessment by infection control coordinator

Hazard Elimination

- Prevent viral entry by symptom/temp screening and testing
- Encourage symptom reporting within workplace
- Telework if feasible
- Contact tracing within workplace
- Co-ordinate with local health authorities for community contact tracing

Engineering Controls

- Restructuring physical spaces to ensure physical distancing
- Use partitions or barriers if workers cannot physical distance
- Improve ventilation through dilution ventilation, filtration, and air-cleaning

Administrative Controls

- De-densify by reorganizing workflow
- Use staggered shifts
- Infection control practices including face coverings
- Perform cleaning and disinfection
- Flexible sick leave
- Train employees in hazards and controls

PPE

- Use N95s, gloves, face shields, gowns as per hazard assessment
- Consider alternatives to N95s
- Fit-testing and respirator maintenance procedures

SAFELY RETURNING TO WORK IN NON-HEALTHCARE SETTINGS

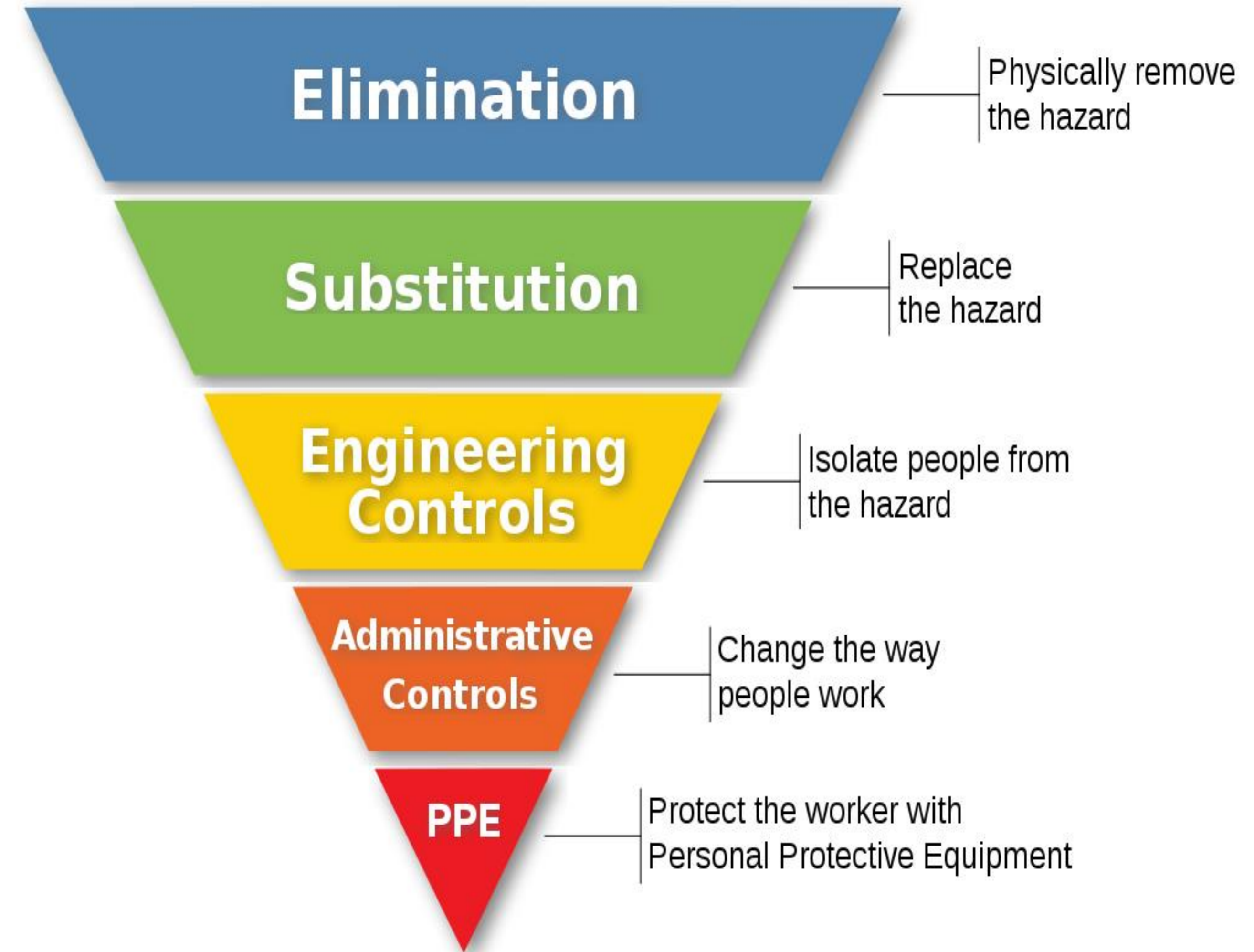
- Preventing a second wave is not an individual responsibility, but a community responsibility
- Controls are required on multiple levels

Hierarchy of Controls

Most
effective



Least
effective



COMPARING SYMPTOMS: COVID-19 VS. OTHERS

Symptoms related to indoor conditions may be resolved by opening windows or going outdoors.
Symptoms related to COVID-19/flu/cold may require medical attention.

		Illnesses / Allergy ¹				Indoor Conditions at Home ²		
		COVID-19	Seasonal Flu	Cold	Allergies	High CO2 ("Stuffy" House)	Mold/ Dampness	VOCs ³ (Household Chemicals)
	Cough	●	●	●	●	●	●	●
	Fever	●	●	●	●	—	●	—
	Breathlessness	●	●	●	●	●	●	●
	Body Aches	●	●	●	—	●	●	—
	Headache	●	●	●	●	●	●	●
	Fatigue	●	●	●	●	●	●	●
	Sore Throat	●	●	●	—	—	●	●
	Diarrhea	●	●	—	—	—	—	—
	Runny Nose	●	●	●	●	—	●	●
	Sneezing	●	●	●	●	—	●	●
	Watery Eyes	—	●	●	●	—	●	●
	Dizziness	—	●	●	●	●	●	●
	Nausea	—	●	●	●	●	●	●

● Frequently ● Sometimes ● Infrequent ● Rarely — Uncertain

Note: All people are impacted differently. Chart is for illustrative purposes only and is not a substitute for a diagnosis by a qualified medical professional.

¹Illness / Allergy Sources: CDC, WHO, Mayo Clinic, Johns Hopkins University Center for Health Security

²Indoor Conditions Sources: CDC, EPA (VOCs), Hayward Score

³VOCs include household cleaners, deodorizers, sanitizers, and, personal care products



Biological Agents



Hantavirus. Hantaviruses are transmitted to humans from the dried droppings, urine, or saliva of mice and rats. Animal laboratory workers and persons working in

DOL/OSHA

RIN: 1218-AC46

Publication ID: Spring 2016

Title: Infectious Diseases

Abstract:

Employees in health care and other high-risk environments face long-standing infectious disease hazards such as tuberculosis (TB), varicella disease (chickenpox, shingles), and measles (rubeola), as well as new and emerging infectious disease threats, such as Severe Acute Respiratory Syndrome (SARS) and pandemic influenza. Health care workers and workers in related occupations, or who are exposed in other high-risk environments, are at increased risk of contracting TB, SARS, Methicillin-resistant Staphylococcus aureus (MRSA), and other infectious diseases that can be transmitted through a variety of exposure routes. OSHA is concerned about the ability of employees to continue to provide health care and other critical services without unreasonably jeopardizing their health. OSHA is developing a standard to ensure that employers establish a comprehensive infection control program and control measures to protect employees from infectious disease exposures to pathogens that can cause significant disease. Workplaces where such control measures might be necessary include: health care, emergency response, correctional facilities, homeless shelters, drug treatment programs, and other occupational settings where employees can be at increased risk of exposure to potentially infectious people. A standard could also apply to laboratories, which handle materials that may be a source of pathogens, and to pathologists, coroners' offices, medical examiners, and mortuaries.

Agency: Department of Labor(DOL)

RIN Status: Previously published in the Unified Agenda

Major: Undetermined

EO 13771 Designation: uncollected

CFR Citation: [29 CFR 1910](#)

Legal Authority: [5 U.S.C. 533](#) [29 U.S.C. 657 and 658](#) [29 U.S.C. 660](#) [29 U.S.C. 666](#) [29 U.S.C. 669](#) [29 U.S.C. 673](#)

Priority: Economically Significant

Agenda Stage of Rulemaking: Proposed Rule Stage

Unfunded Mandates: No

Ebolavirus genus. Ebola viruses are capable of causing severe, life-threatening disease.



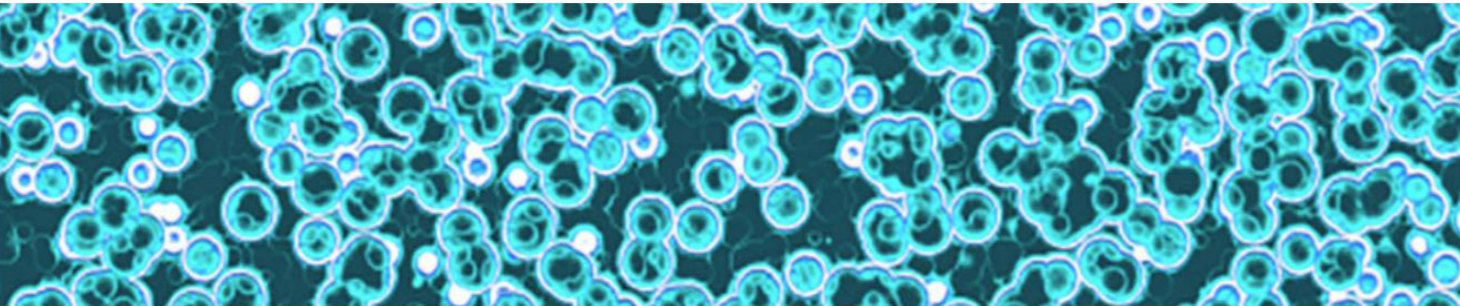
Foodborne Disease. Foodborne illnesses are caused by viruses, bacteria, parasites, toxins, metals, and prions (microscopic protein particles). Symptoms range from mild gastroenteritis to life-threatening neurologic, hepatic, and renal syndromes.

from person to person through sharps injuries (e.g., needlesticks) and other exposures to infectious blood, body fluids, and materials. Outdoor workers in areas with active transmission, along with those in laboratories handling samples of Zika virus, remain at the greatest risk of infection.





Biological Agents



- Home
- Workers' Rights

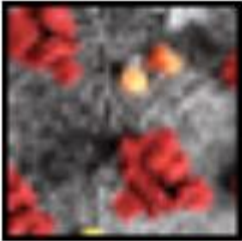
Overview

Biological agents include bacteria, viruses, fungi, other microorganisms and their associated toxins. They have the ability to adversely affect human health in a variety of ways, ranging from relatively mild, allergic reactions to serious medical conditions—even death. Some organisms, including various types of mold and Legionella bacteria, are found readily in the natural and built environment. Many are capable of spreading from person to person (e.g., bloodborne pathogens and influenza viruses), either directly or indirectly; some, including Zika virus, are transmitted by insect vectors. In some forms, biological agents can also be weaponized for use in bioterrorism or other crimes.

This page provides a listing of the Safety and Health Topics pages OSHA maintains for various biological agents and toxins. Each of these pages offers detailed information about the specific biological agent or group of agents on which it focuses, including sections on identifying possible worker health hazards and control measures to prevent exposures.

- Anthrax.** Anthrax is an acute infectious disease caused by a spore-forming bacterium called *Bacillus anthracis*. It is generally acquired following contact with anthrax-infected animals or anthrax-contaminated animal products.
- Avian Flu.** Avian influenza is a highly contagious disease of birds which is currently epidemic amongst poultry in Asia. Despite the uncertainties, poultry experts agree that immediate culling of infected and exposed birds is the first line of defense for both the protection of human health and the reduction of further losses in the agricultural sector.
- Bloodborne Pathogens and Needlestick Prevention.** OSHA estimates that 5.6 million workers in the health care industry and related occupations are at risk of occupational exposure to bloodborne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and others.
- Botulism.** Cases of botulism are usually associated with consumption of preserved foods. However, botulinum toxins are currently among the most common compounds explored by terrorists for use as biological weapons.
- COVID-19.** A new coronavirus that emerged from China in 2019 can cause pneumonia-like illnesses, with signs and symptoms including fever, cough, and shortness of breath.
- Cytomegalovirus (CMV).** Workers in childcare and healthcare facilities are among those at greatest risk for exposure to CMV, a common virus that affects tens of thousands of adults every year in the United States and is readily spread through contact with saliva and other body fluids from infected individuals.
- Ebola.** Ebola hemorrhagic fever (EHF) (sometimes called Ebola Virus Disease, or EVD) is the disease caused by infection with an Ebola virus. It is a type of viral hemorrhagic fever (VHF) brought on by any of several strains of viruses in the Ebolavirus genus. Ebola viruses are capable of causing severe, life-threatening disease.
- Foodborne Disease.** Foodborne illnesses are caused by viruses, bacteria, parasites, toxins, metals, and prions (microscopic protein particles). Symptoms range from mild gastroenteritis to life-threatening neurologic, hepatic, and renal syndromes.

- Hantavirus.** Hantaviruses are transmitted to humans from the dried droppings, urine, or saliva of mice and rats. Animal laboratory workers and persons working in infested buildings are at increased risk to this disease.
- Legionnaires' Disease.** Legionnaires' disease is a bacterial disease commonly associated with water-based aerosols. It is often the result of poorly maintained air conditioning cooling towers and potable water systems.
- Measles.** Measles is a vaccine-preventable but highly contagious and potentially serious bacterial disease that was previously eliminated in the United States. Unvaccinated travelers often bring the disease back from abroad, spreading it to other susceptible people and causing periodic outbreaks.
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- Middle East Respiratory Syndrome (MERS).** MERS is a potentially fatal, emerging respiratory disease caused by a novel coronavirus that primarily affects the lungs and breathing passages. MERS was first reported in Saudi Arabia in 2012, and at least 25 other countries have reported confirmed cases of MERS.
- Molds.** Molds produce and release millions of spores small enough to be air-, water-, or insect-borne which may have negative effects on human health including allergic reactions, asthma, and other respiratory problems.
- Plague.** The World Health Organization reports 1,000 to 3,000 cases of plague every year. A bioterrorist release of plague could result in a rapid spread of the pneumonic form of the disease, which could have devastating consequences.
- Ricin.** Ricin is one of the most toxic and easily produced plant toxins. It has been used in the past as a bioterrorist weapon and remains a serious threat.
- Severe Acute Respiratory Syndrome (SARS).** Severe acute respiratory syndrome (SARS) is a viral respiratory illness causes by a coronavirus, called SARS-associated coronavirus (SARS-CoV). Since 2004, according to the [Centers for Disease Control and Prevention \(CDC\)](#), there have not been any known cases of SARS reported anywhere in the world.
- Smallpox.** Smallpox is a highly contagious disease unique to humans. It is estimated that no more than 20 percent of the population has any immunity from previous vaccination.
- Tularemia.** Tularemia is also known as "rabbit fever" or "deer fly fever" and is extremely infectious. Relatively few bacteria are required to cause the disease, which is why it is an attractive weapon for use in bioterrorism.
- Viral Hemorrhagic Fevers (VHFs).** Along with smallpox, anthrax, plague, botulism, and tularemia, hemorrhagic fever viruses are among six agents identified by the Centers for Disease Control and Prevention (CDC) as the most likely to be used as biological weapons. Many VHFs can cause severe, life-threatening disease with high fatality rates.
- Zika Virus.** Zika virus is most commonly spread through the bites of infected mosquitoes in areas with ongoing viral transmission. However, it can also be passed from person to person through sharps injuries (e.g., needlesticks) and other exposures to infectious blood, body fluids, and materials. Outdoor workers in areas with active transmission, along with those in laboratories handling samples of Zika virus, remain at the greatest risk of infection.



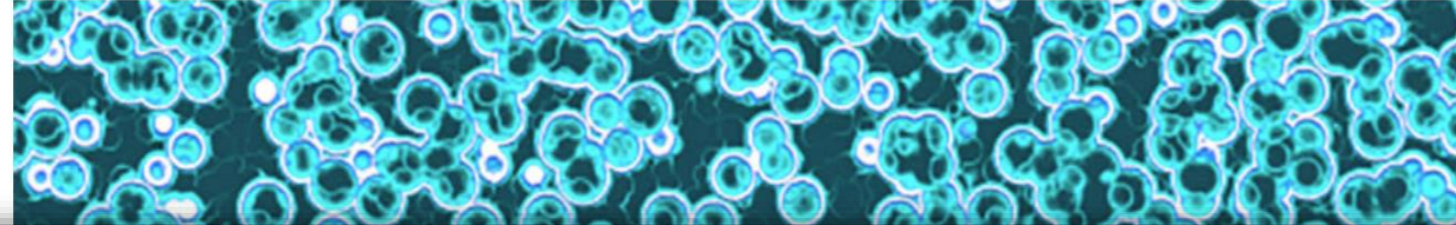
COVID-19

A new coronavirus that emerged from China in 2019 can cause pneumonia-like illnesses, with signs and symptoms including fever, cough, and shortness of breath.





Biological Agents



Hantavirus. Hantaviruses are transmitted to humans from the dried droppings, urine, or saliva of mice and rats. Animal laboratory workers and persons working in infested buildings are at increased risk to this disease.



Legionnaires' Disease. Legionnaires' disease is a bacterial disease commonly associated with water-based aerosols. It is often the result of poorly maintained air conditioning cooling towers and potable water systems.

Universal precautions (UP), originally recommended by the CDC in the 1980s, was introduced as an approach to infection control to protect workers from HIV, HBV, and other bloodborne pathogens in human blood and certain other body fluids, regardless of a patients' infection status.² UP is an approach to infection control in which all human blood and certain human body fluids are treated as if they are known to be infectious. Although the BBP standard incorporates UP, the infection control community no longer uses UP on its own.



Cytomegalovirus (CMV). Workers in childcare and healthcare facilities are among those at greatest risk for exposure to CMV, a common virus that affects tens of thousands of adults every year in the United States and is readily spread through contact with saliva and other body fluids from infected individuals.



Ebola. Ebola hemorrhagic fever (EHF) (sometimes called Ebola Virus Disease, or EVD) is the disease caused by infection with an Ebola virus. It is a type of viral hemorrhagic fever (VHF) brought on by any of several strains of viruses in the Ebolavirus genus. Ebola viruses are capable of causing severe, life-threatening disease.



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Biological Agents



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Standard precautions (SP), introduced in 1996 in the CDC/Healthcare Infection Control and Prevention Advisory Committee's "1996 Guideline for Isolation Precautions in Hospitals," added additional infection prevention elements to UP in order to protect healthcare workers not only from pathogens in human blood and certain other body fluids, but also pathogens present in body fluids to which UP does not apply. SP includes hand hygiene; the use of certain types of PPE based on anticipated exposure; safe injection practices; and safe management of contaminated equipment and other items in the patient environment. SP is applied to all patients even when they are not known or suspected to be infectious.



EVD is the disease caused by infection with an Ebola virus. It is a type of viral hemorrhagic fever (VHF) brought on by any of several strains of viruses in the Ebolavirus genus. Ebola viruses are capable of causing severe, life-threatening disease.



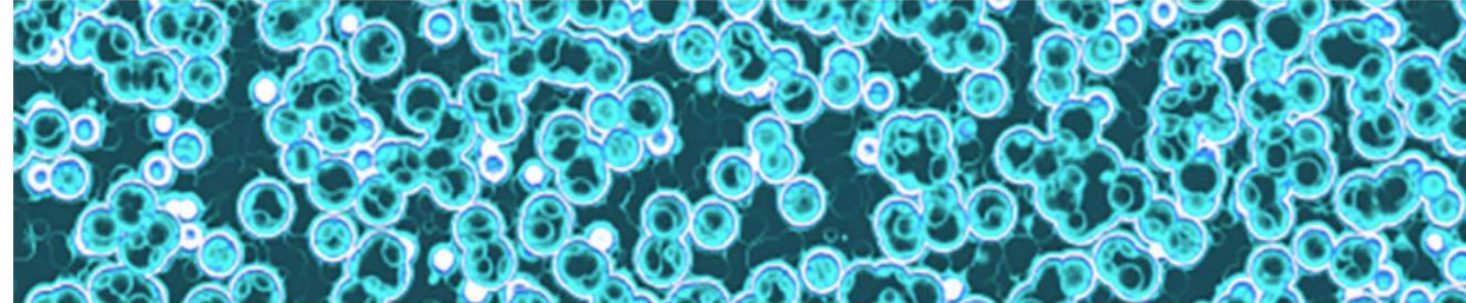
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Transmission-based precautions (TBP) for contact-, droplet-, and airborne-transmissible diseases augment SP with additional controls to interrupt the route(s) of transmission that may not be completely interrupted using SP alone.³ The different types of TBP are applied based on what is known or suspected about a patient's infection.



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Table 2. Selected elements of infection prevention and control under BBP, SP, and TBP

Control, action or other measure	To protect workers against exposure to...	
	Blood and OPIM ¹	Material that is not blood or OPIM, including body fluids not covered under OPIM (e.g., urine ⁶ and feces)
Blood and body fluid precautions for all patients, regardless of infection status	BBP, SP	SP
Exposure control plan and required elements thereof ¹²	BBP	
Patient isolation/placement	TBP	TBP
Hand hygiene	BBP, SP	SP
Safe injection practices	BBP, SP	SP
Safe sharps management/disposal	BBP, SP	SP
Prohibiting eating, drinking, smoking, or application of cosmetics or lip balm and handling of contact lenses in areas where there is a reasonable likelihood of occupational exposure ¹³	BBP	
Separating food and drink from areas where blood and OPIM are present ¹³	BBP	
Prohibiting mouth pipetting and suctioning of blood or OPIM ¹³	BBP	
Safe specimen storage, packaging, shipment ¹³	BBP	
PPE – Gloves, gowns, masks, eye protection (e.g., goggles), face shields	BBP, ¹⁴ SP, TBP	SP, TBP
PPE – Aprons and other protective body clothing	BBP, TBP	TBP
PPE – Surgical caps	BBP, TBP	TBP
PPE – Shoe/boot covers	BBP, TBP	TBP
PPE – N95 or higher respirators for aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols	SP, TBP	SP, TBP
PPE – Any additional appropriate equipment to prevent blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. See 29 CFR 1910.1030(d)(3)(i).	BBP	
PPE – Any additional appropriate equipment (i.e., not specifically listed already) to protect workers against transmission of infectious agents	TBP	TBP
Housekeeping and environmental control procedures	BBP, SP	SP
▪ Safe waste management ¹³	BBP	
▪ Safe laundry management	BBP, SP	SP
▪ Soiled patient-care equipment management	BBP, SP	SP
Post exposure evaluation and follow-up after occupational exposure to a bloodborne pathogen(s) ¹⁵	BBP	

Table 2 compares **selected controls, actions and other measures** for the protection of workers against exposure to blood and other potentially infectious materials (OPIM) and for the protection of workers against exposure to material that is not blood or OPIM.

The General Duty Clause of the Occupational Safety and Health Act and additional OSHA standards, including those for personal protective equipment in 29 CFR 1910 Subpart I, also may apply.



FFP3 Mask

NEW ARRIVAL
Anti-Flu

pollen	cement
heavy metal	Bacteria
soot	virus
asbestos	Mould

LIMITED STOCK

P2/N99 FFP3+ MASK

12
PACK

US STOCK

AA 🔍 🔒 mask with exhalation valve : ↻

3M 3M

Disposable Respirators | PPE | 3M Worker Health & Safety | 3M ...

[Visit](#)

FFP3 M



pollen



heavy metal



soot




asbestos



live: ↻



Visit


 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives


Coronavirus Disease 2019





CDC > Coronavirus Disease 2019

Person	Exposure to
<ul style="list-style-type: none">Individual who has had close contact (< 6 feet)** for ≥15 minutes***	<ul style="list-style-type: none">Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness)Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation)

[All A-Z Topics](#)

Coronavirus 

[Advanced Search](#) 

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.



Ventilation and Airborne Infection

What We Know

- Ventilation matters for “long range” airborne infection for some diseases
- Ventilation may become an effective public health intervention method

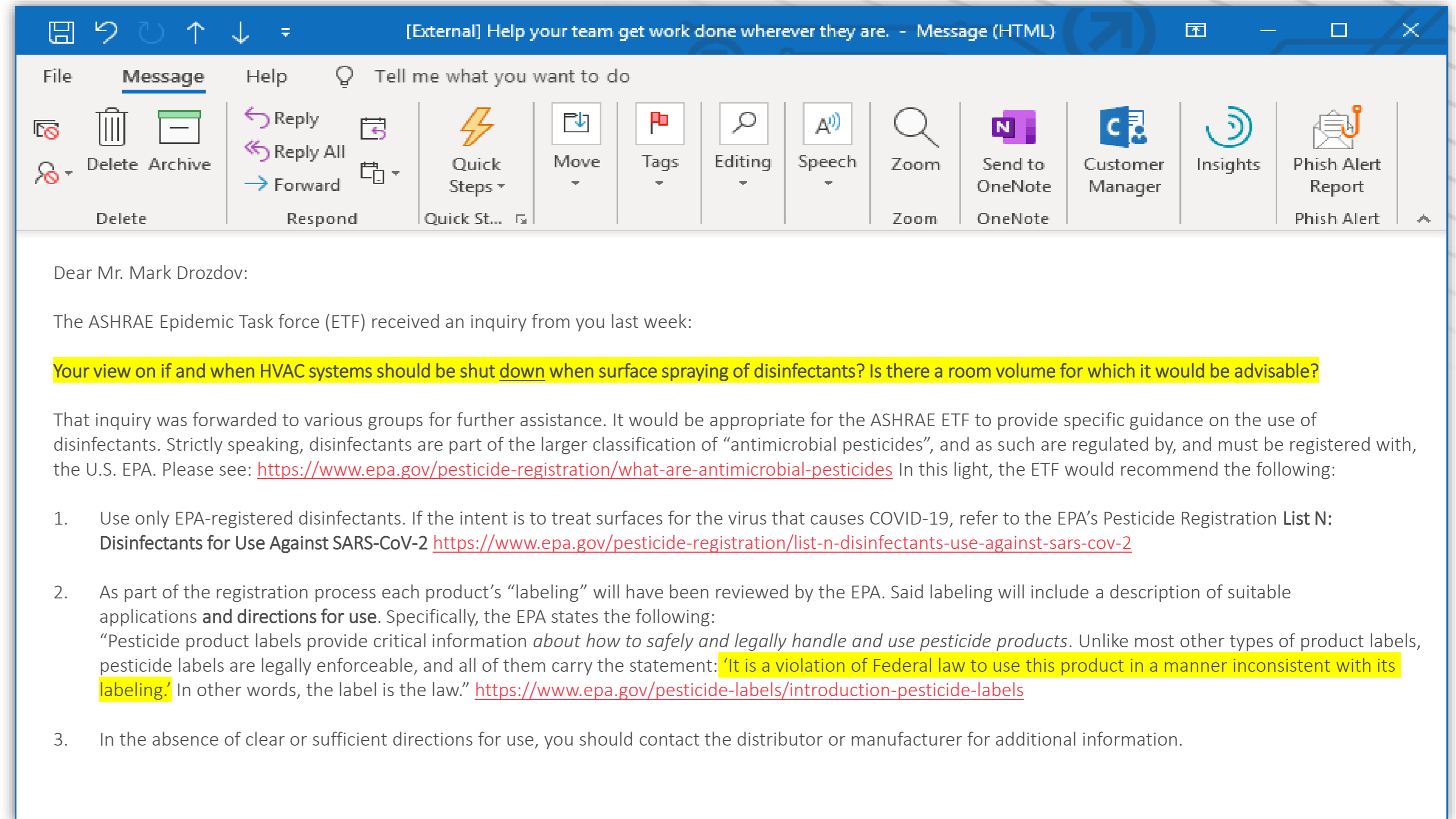
What We DO NOT Know

- The minimum ventilation flow rate for infection control
- Relative importance of transmission routes
- Effective control methods for short-range airborne route

ASHRAE response to inquiry:

“Your view on if and when HVAC systems should be shut down when spraying disinfectants”

- USE EPA List N
- Follow Label
- Contact Manufacturer



Solutions – Developed w/support of National Institutes of Health (NIH)

“The evidence suggests that mitigating airborne transmission should be at the forefront of our disease-control strategies for COVID-19” Joseph Allen, Director of Healthy Buildings Program at Harvard TH Chan School of Public Health

- Provide a baseline survey for airborne pathogen mobility throughout
- Conduct in-depth risk assessments and ID high-risk, high-trafficked areas
- Inform mitigations for hotspots identified in testing





Initial Answers to the “Trillion-Dollar Question”

The Role of Aerosols in COVID-19 Transmission and Implications for Safely Reopening

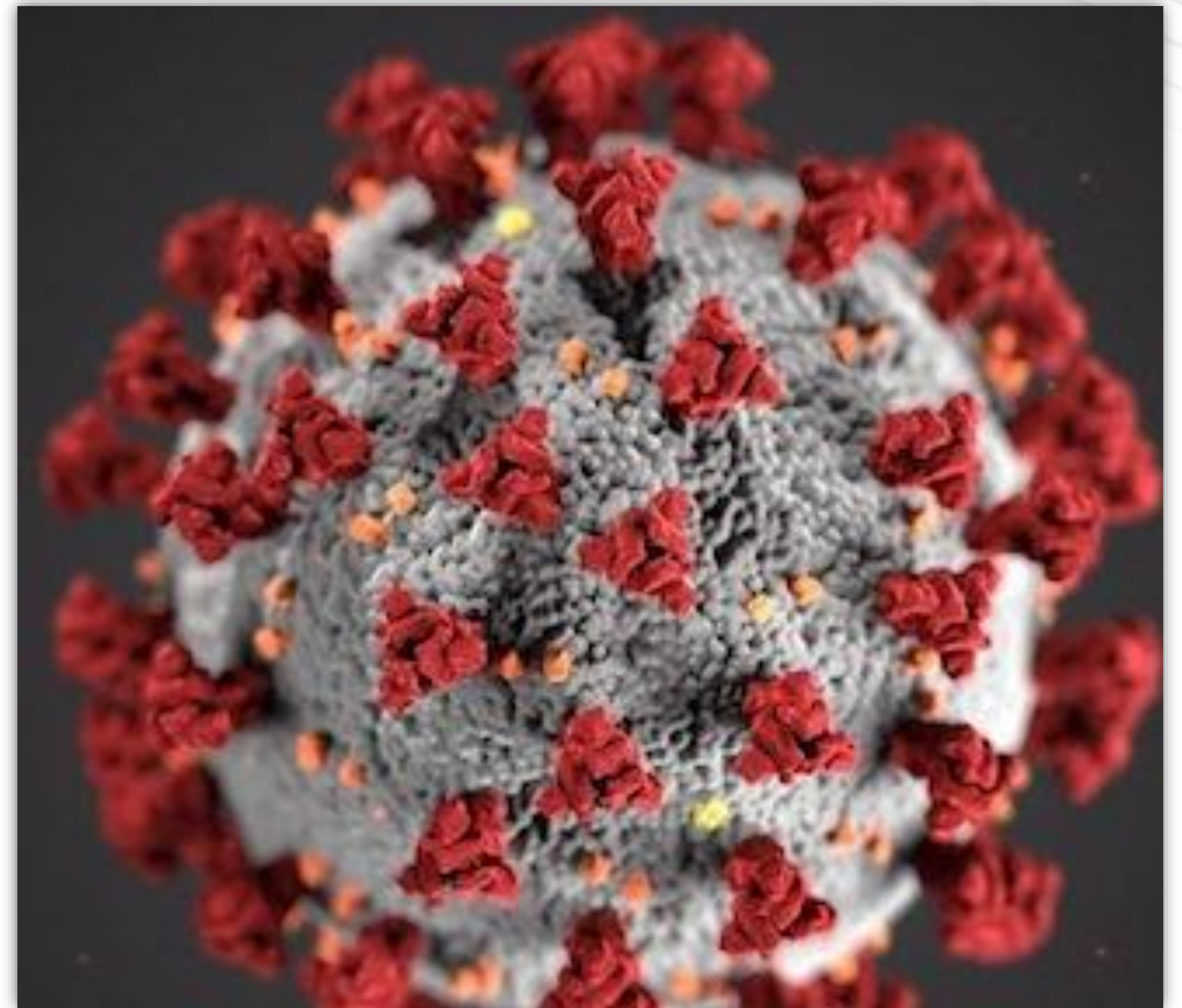
[Read More](#)



COVID-19 Remediation

- Site & Risk Assessment
- Customized Protocol
- HVAC Concerns and Operation
- Trained Cleaners with PPE
- Hard Surface Cleaning Products
- Disinfectants with EPA-Approved Claims
- **HEPA Air Scrubbing**
- Validation of Cleaning Effectiveness
- Decontamination of Equipment

AirScrub.org



NIH WORKPLACE CHECKLIST FOR PREVENTION OF EXPOSURE TO SARS-COV-2 VIRUS IN NON-HEALTHCARE INDUSTRIES

COVID-19 EXPOSURE
CONTROL PLAN

MEASURES TO MAINTAIN
SOCIAL DISTANCING

ENGINEERING CONTROLS

WORK PRACTICE CONTROLS

ENHANCED
CLEANING/DISINFECTING

PERSONAL PROTECTIVE
EQUIPMENT

SICK LEAVE

EXPOSURES AND CASE
REPORTING

MENTAL HEALTH

[Workplace Checklist for Prevention of Exposure to SARS-CoV-2 Virus in Non-Healthcare Industries](#)



NYCDEP Master Environmental Hazard Remediation Technician Registration (voluntary)

<https://www1.nyc.gov/assets/dep/downloads/pdf/air/asbestos/master-environmental-hazard-remediation-technician-attachment-a.pdf>

<https://www1.nyc.gov/assets/dep/downloads/pdf/air/asbestos/master-environmental-hazard-remediation-technician-attachment-b.pdf>

1. **IICRC Water Damage Restoration Technician (WRT) 20 hours**
2. **IICRC Applied Microbial Remediation Technician (AMRT) 28 hours**
3. **IICRC Fire and Smoke Restoration Technician (FSRT) 16 hours**
4. **NYS Asbestos Handler 32 hours**
5. **EPA Lead Worker 16 hours**
6. **HAZWOPER 40 hours**
7. **OSHA 10 Construction or Gen. Industry**
8. **PCB 4 hours**
9. **Bloodborne Pathogens 4 hours**
10. **ICRA 4 hours**

TOTAL: 174 hours

***NOTE: must also comply with NY Mold Law**



Environmental Hazard Remediation Provider / Remediation Technician License

became law September 25, 2014 - Chapter 21 New Title D-22, Training requirements by Jan. 1, 2020

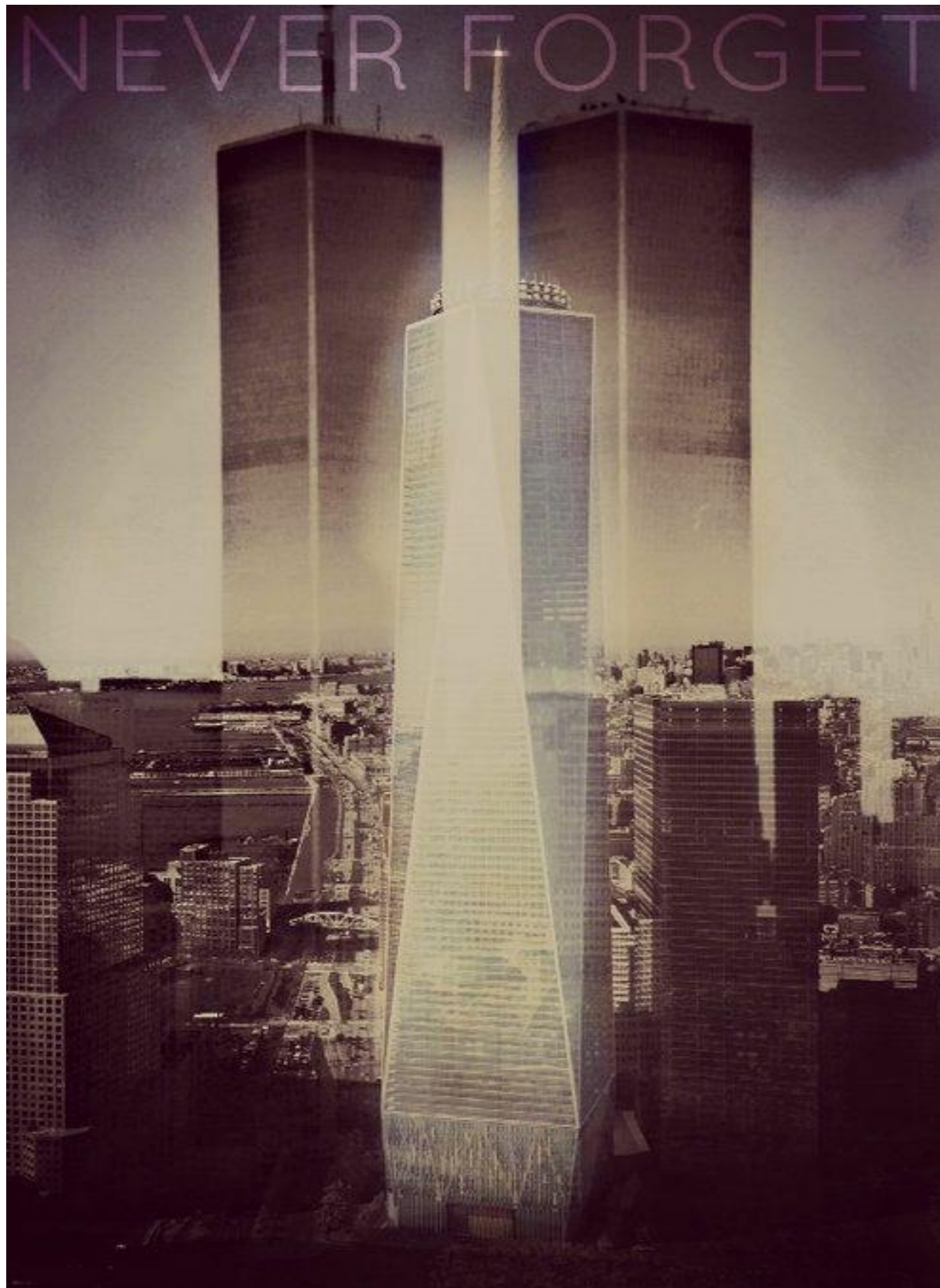
<https://www.nassaucountyny.gov/DocumentCenter/View/17633/Enviornmental-Hazard-Remediation-Provider-License-and-instruction---Updated?bidId=>

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Questions?



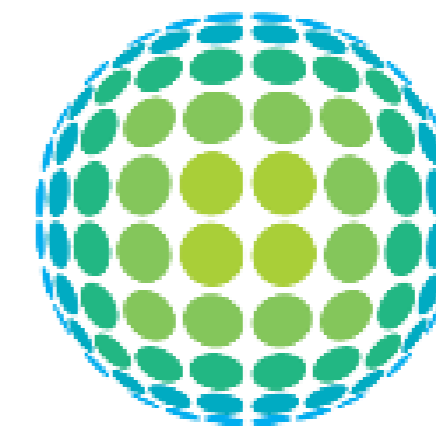
Thank you!

<https://www.linkedin.com/in/mark-drozdov-11776b3>



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Institute of Inspection Cleaning
and Restoration Certification

Recording...

Speaker View Exit Full Screen

 Rick Jones	 Mark Drozdov	 austin lyon	 Anne Kaplan	 Jeremy Burk...	 Darren McCo...	 Charles Von ...
Matthew McDo...	William Orsborn	Diego Tolosa	Emma Sanchez	 Nikki Morgan	Eileen Larocca	Agata Bednarska
Samuel Ng	Walter Clemons	Thomas Lowe	Adam Hess	Diane Beitl	Tim Chang	Paul Decker
Stefan Copil	Nicholas Werm...	Adam Sessler	Andrew Melnyk	Brian Wong	La Marr Tayloe	Jonathan Evers
DGH	Rebecca Deyo	 Athena Angel...	Alexander Borisov	Catherine Pagano	 Lamont Odom	Canan Soylu
 Agata Bednar...	Tony Apuzzi	Stephanie DeNyse	LuisaArias Arias	Matthew Pickard	Alyssa Bergenson	James Kelly

◀ 1/2

▶ 1/2

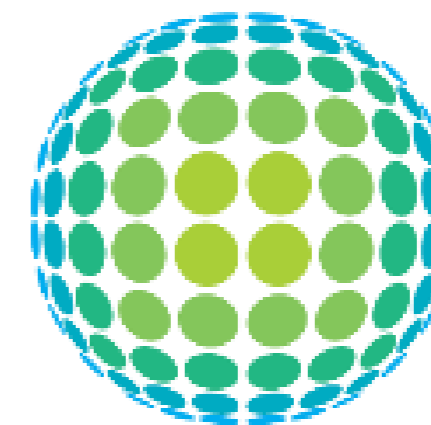
Mute Stop Video Security 45 Participants Polls Chat Share Screen Pause/Stop Recording Breakout Rooms Reactions

End



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MESSANGER BAG



When was the IICRC founded?

a) 1940 b) 1972 c) 2000



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IICRC.org |     

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MESSANGER BAG





0:00:19

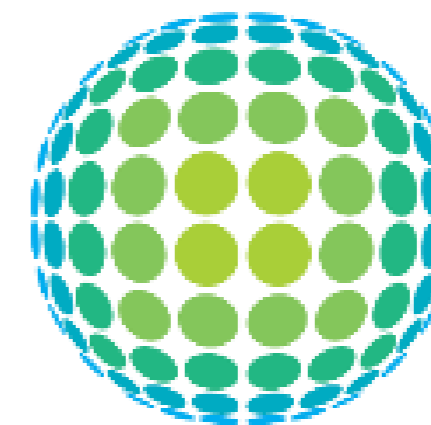
IICRC.org |     

0:00:05



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and Restoration Certification

12:52:33 From James Kelly : Mark, What software are you using for polling questions?
12:52:53 From Agata Bednarska : zoom
12:53:43 From Agata Bednarska : <https://support.zoom.us/hc/en-us/articles/213756303-Polling-for-Meetings>
12:58:34 From Charles Von Dietsch to Mark Drozdov(Privately) : Mark, Can I get a copy of the attendees so I can mark my chapter members from Hudson Valley ASSP as being here.
12:59:39 From Agata Bednarska : 1972
12:59:40 From Nicholas Wermuth : 1972
12:59:41 From Magalie Yang : 1972 by Ed York
12:59:41 From William Orsborn : 1972
12:59:42 From Michael Moculski : 1972
12:59:45 From Catherine Pagano : 1972
12:59:45 From Vicky Gore : 2000
12:59:46 From Matthew McDonald : 1972
12:59:46 From Alexander Borisov : 1972
12:59:48 From James Kelly : 1972
12:59:51 From Jeremy Burkhart : 1972
12:59:55 From Diego Tolosa : 1972
13:00:00 From Lamont Odom : 2000
13:00:02 From Stefan Copil : B
13:00:07 From Charles Von Dietsch : Jeopardy
13:00:12 From James Kelly : awesome
13:00:18 From Agata Bednarska : great music
13:00:27 From Magalie Yang : I would have been first if I didn't put the founder
13:00:37 From Agata Bednarska : yup!
13:00:44 From Agata Bednarska : sorry havbe audio issues
13:00:46 From Agata Bednarska : :(
13:00:55 From Agata Bednarska : cant connect it
13:01:09 From Agata Bednarska : Yay! Thank you
13:01:32 From Agata Bednarska : yes
13:01:35 From Agata Bednarska : did that
13:01:59 From Agata Bednarska : yes scanned it
13:02:08 From Agata Bednarska : thank you :)
13:02:25 From Nikki Morgan : Wonderful! Well done Agata!
13:02:28 From Agata Bednarska : Thank you so much!
13:02:51 From Walter Clemons : what was the right answer?
13:03:17 From Diego Tolosa : Are you going to send a copy of the presentation to the attendees?
13:04:40 From Emma Sanchez to Mark Drozdov(Privately) : Do you recommend spray disinfecting offices.
13:05:16 From Diego Tolosa to Mark Drozdov(Privately) : Where can I obtain a copy of the guide?
13:05:33 From Diego Tolosa to Mark Drozdov(Privately) : Thank you Mark
13:06:18 From Emma Sanchez to Mark Drozdov(Privately) : Very informative. Thank you.
13:07:12 From Diego Tolosa to Mark Drozdov(Privately) : Thank you Mark
13:07:19 From Magalie Yang : Thank you! Be well and stay safe...
13:07:24 From Alexander Borisov : Thank you!
13:07:29 From Andrew Melnyk : Thank you!