



COVID-19

Healthcare Emergency Temporary Standard

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OSHA has determined that employee exposure to SARS-CoV-2, the virus that causes COVID-19, presents a grave danger to workers in healthcare settings where people with suspected or confirmed COVID-19 are reasonably expected to be present.

These healthcare workers continue to put their lives on the line helping people who may have COVID-19, and they deserve protection against ongoing exposures in the workplace.

The agency has determined that existing standards and regulations, and the OSH Act's General Duty Clause, are inadequate to address the COVID-19 hazard for these workers.

Additionally, it has become clear that a Federal standard is needed to ensure sufficient protection for healthcare workers in all states.

OSHA has issued an emergency temporary standard (ETS) to address this hazard.

The ETS was effective on June 21, 2021.

Employers must comply with most provisions within 14 days, and with provisions involving physical barriers, ventilation, and training within 30 days.

Disclaimer

This presentation is funded through a subcontract under the National Institute of Environmental Health Sciences Cooperative Agreement No. UH45 ES006162-28 awarded to the International Chemical Workers Union Council (ICWUC). It is intended strictly for the benefit of AFSCME members only. It is not intended to provide medical advice or diagnosis. All images were found on public websites or credited.



Alright, disclaimer time! This program was funded by a grant as indicated on the screen. It is intended strictly for educational purposes for the benefit of AFSCME members. It is not intended to provide medical advice or diagnosis.



Learning Objectives

Explain

- Basic facts about OSHA's emergency temporary standard for healthcare.

Define

- The scope of the emergency temporary standard.

Identify

- Key elements of the standard.

Research is still ongoing, and information may change as the situation unfolds.



Scope

The ETS establishes new requirements for workplaces providing healthcare or healthcare support services, including emergency medical services, home health care, and skilled nursing homes.

Healthcare Services: services that are provided to individuals by professional healthcare practitioners (e.g., doctors, nurses, emergency medical personnel, oral health professionals) .

Healthcare Support Services: patient intake/admission, patient food services, equipment and facility maintenance, housekeeping services, healthcare laundry services, medical waste handling services, and medical equipment cleaning/reprocessing services.

The ETS defines “healthcare services” as:

“services that are provided to individuals by professional healthcare practitioners (e.g., doctors, nurses, emergency medical personnel, oral health professionals) for the purpose of promoting, maintaining, monitoring, or restoring health. Healthcare services are delivered through various means including: hospitalization, long-term care, ambulatory care, home health and hospice care, emergency medical response, and patient transport. For the purposes of this section, healthcare services include autopsies.”

and “healthcare support services” as:

“services that facilitate the provision of healthcare services. Healthcare support services include patient intake/admission, patient food services, equipment and facility maintenance, housekeeping services, healthcare laundry services, medical waste handling services, and medical equipment cleaning/reprocessing services.”



COVID-19 Plan

- Written plan
- Designated safety coordinator
- Workplace specific hazard assessment
- Worker and union participation is mandatory
- Must include policies to minimize COVID-19 transmission

The employer must develop and implement a COVID-19 plan for each workplace. If the employer has multiple workplaces that are similar, its COVID-19 plan may be developed by workplace type rather than by individual workplace so long as all required site-specific information is included in the plan. If the employer has more than 10 employees, the COVID-19 plan must be written.

The employer must designate one or more workplace COVID-19 safety coordinators to implement and monitor the COVID-19 plan. The COVID-19 safety coordinator(s) must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations. The identity of the safety coordinator(s) must be documented in any written COVID-19 plan. The safety coordinator(s) must have the authority to ensure compliance with all aspects of the COVID-19 plan.

The employer must conduct a workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19. For an employer to be exempt from providing controls in a well-defined area based on employees' fully vaccinated status, the COVID-19 plan must include policies and procedures to determine employees' vaccination status.

The employer must seek the input and involvement of non-managerial employees and their representatives, if any, in the hazard assessment and the development and implementation of the COVID-19 plan.

The employer must monitor each workplace to ensure the ongoing effectiveness of the COVID-19 plan and update it as needed.

The COVID-19 plan must address the hazards identified by the assessment and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee.

- When employees of different employers share the same physical location, each employer must effectively communicate its COVID-19 plan to all other employers, coordinate to ensure that each of its employees is protected as required by this section and adjust its COVID-19 plan to address any COVID-19 hazards presented by the other employees. This requirement does not apply to delivery people, messengers, and other employees who only enter a workplace briefly to drop off or pick up items.

The employer may include other policies, procedures, or information necessary to comply with any applicable federal, state, or local public health laws, standards, and guidelines in their COVID-19 plan.

Patient Screening & Management



Limit and monitor points of entry to the setting.



Screen and triage all clients, patients, residents, delivery people and other visitors, and other non-employees entering the setting.



Use telehealth services where available and appropriate.

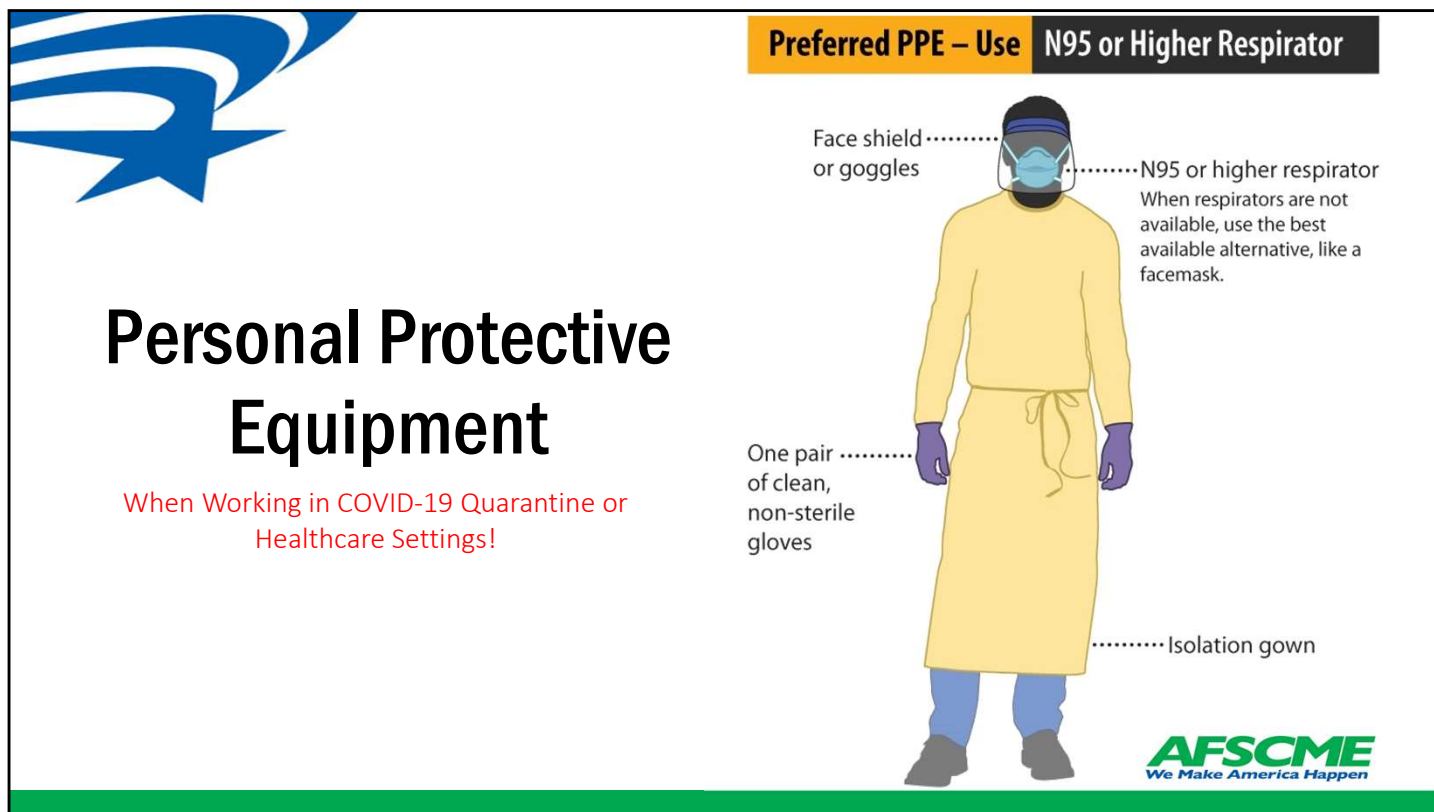
Employers must develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions"



Standard & Transmission-Based Precautions

Employers must develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions."

The employer must provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions."



Respirators and other PPE for exposure to people with suspected or confirmed COVID-19. When employees have exposure to a person with suspected or confirmed COVID-19, the employer must provide:

- a respirator to each employee and ensure that it is provided and used in accordance with § 1910.134, and
- gloves, an isolation gown or protective clothing, and eye protection to each worker.

For aerosol-generating procedures on a person suspected or confirmed with COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.

Moreover, the employer must provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions."

Examples of PPE that may be needed while caring for a COVID-19 patient or during cleaning and decontamination include:

- Nitrile gloves.

- Goggles or face shields.
- Fluid-resistant or fluid-impermeable gowns, coveralls and aprons.
- Dedicated work clothing and washable shoes with shoe or boot covers.



Program Element	Mini-Respirator Program	Full-Respirator Program
Medical Evaluation		X
Fit Testing		X
Written Program		X
User Seal Checks	X	X
Training	X	X

Mini-Respirator Program

<https://www.osha.gov/sites/default/files/publications/OSHA4121.pdf>

What is the mini respiratory protection program?

The mini respiratory protection program is one part of the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS).

It applies only to specific circumstances specified under the ETS, generally when workers are not exposed to suspected or confirmed sources of COVID-19 but where respirator use could offer enhanced worker protection.

The mini respiratory protection program does not replace or substitute for OSHA's normal Respiratory Protection standard (29 CFR 1910.134), which applies to:

- Circumstances under the ETS when workers are exposed to suspected or confirmed sources of COVID-19.
- Any other workplace hazards that might require respiratory protection (e.g., silica, asbestos, airborne infectious agents such as *Mycobacterium tuberculosis*).



Facemasks

Employers must provide and ensure that employees wear facemasks.

The employer must ensure a facemask is worn by each employee over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes.

The employer must provide enough facemasks to each employee and must ensure that each employee changes them at least once per day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons).

The following are exceptions to the requirements for facemasks:

- When a worker is alone in a room.
- While a worker is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
- When workers are wearing respiratory protection.
- When it is important to see a person's mouth (e.g., communicating with an

individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). In such situations, the employer must ensure that each employee wears an alternative to protect the employee, such as a face shield, if the conditions permit it.

- When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to a religious belief.
- When the employer can demonstrate that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). The worker must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.
- Any worker not wearing a facemask must remain at least 6 feet away from all other people.

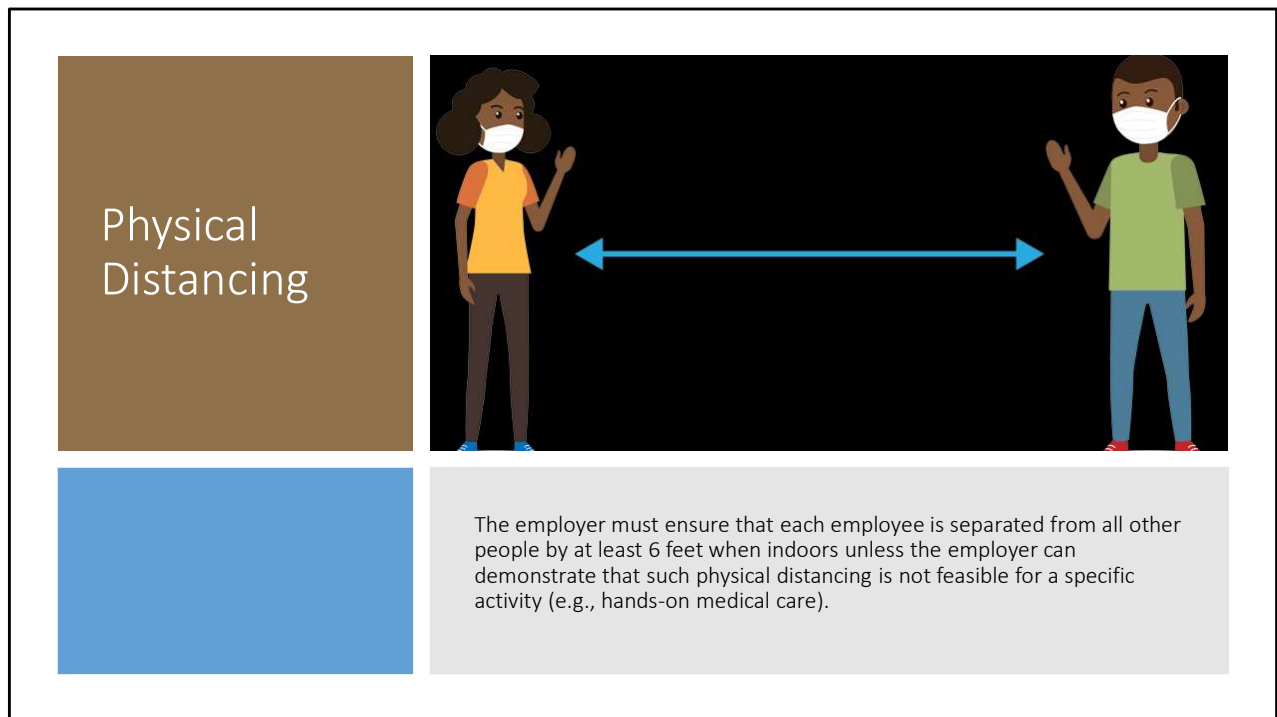


Aerosol-Generating Procedures

Aerosol-generating procedures on a person with suspected or confirmed COVID-19.

When an aerosol-generating procedure is performed on a person with suspected or confirmed COVID-19:

- (1) The employer must limit the number of employees present during the procedure to only those essential for patient care and procedure support.
- (2) The employer must ensure that the procedure is performed in an existing AIIR, if available.
- (3) After the procedure is completed, the employer must clean and disinfect the surfaces and equipment in the room or area where the procedure was performed.



The employer must ensure that each employee is separated from all other people by at least 6 feet when indoors unless the employer can demonstrate that such physical distancing is not feasible for a specific activity (e.g., hands-on medical care).

This provision does not apply to momentary exposure while people are in movement (e.g., passing in hallways or aisles).

When the employer establishes it is not feasible for an employee to maintain a distance of at least 6 feet from all other people, the employer must ensure that the employee is as far apart from all other people as feasible.

Physical distancing can include methods such as: telehealth; telework or other remote work arrangements; reducing the number of people, including non-employees, in an area at one time; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures to allow greater distance between employees.



Physical Barriers

Outside of direct patient care areas the employer must install cleanable or disposable solid barriers.

At each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance,, except where the employer can demonstrate it is not feasible.

The barrier must be sized (e.g., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit.

The barrier may have a pass-through space at the bottom for objects and merchandise.

Physical barriers are not required in direct patient care areas or resident rooms.



Cleaning & Disinfection

The employer must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's COVID-19 Infection Prevention and Control Recommendations and Guidelines for Environmental Infection Control.

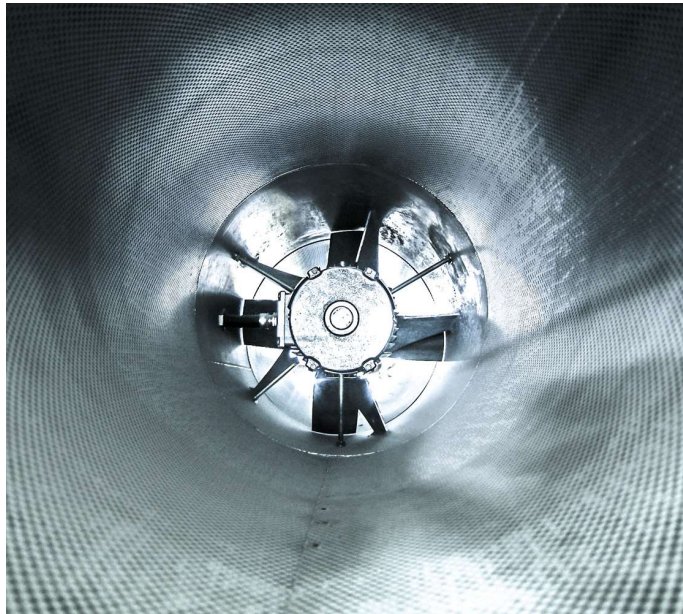
In patient care areas, resident rooms, and for medical devices and equipment, the employer must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control,"

In all other areas, the employer must:

- Clean high-touch surfaces and equipment at least once a day, following manufacturers' instructions for application of cleaners; and
- When the employer is aware that a person who is COVID-19 positive has been in the workplace within the last 24 hours, clean and disinfect, in accordance with CDC's, any areas, materials, and equipment under the employer's control that have likely been contaminated by the person who is COVID-19 positive (e.g., rooms they occupied, items they touched).
- The employer must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities.

Ventilation

Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system must ensure system is used in accordance with the manufacturer's instructions and the design.



Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s) must ensure that:

The HVAC system(s) is used in accordance with the HVAC manufacturer's instructions and the design specifications of the HVAC system(s):

- The amount of outside air circulated through its HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate,
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s).
- If MERV-13 or higher filters are not compatible with the HVAC system(s), employers must use filters with the highest compatible filtering efficiency for the HVAC system(s).
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system(s); and

- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s).

Where the employer has an existing AIIR, the employer must maintain and operate it in accordance with its design and construction criteria.

In addition to the requirements for existing HVAC systems and AIIRs, all employers should also consider other measures to improve ventilation in accordance with “CDC’s Ventilation Guidance.”

This could include maximizing ventilation in buildings without HVAC systems or in vehicles.



- The employer must screen each employee before each workday and each shift.
- Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.

Health Screening & Medical
Management

Screening

The employer must screen each employee before each work day and each shift.

Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.

If a COVID-19 test is required by the employer for screening purposes, the employer must provide the test to each employee at no cost to the employee.

Employee notification to employer of COVID-19 illness or symptoms.

The employer must require each employee to promptly notify the employer when the employee:

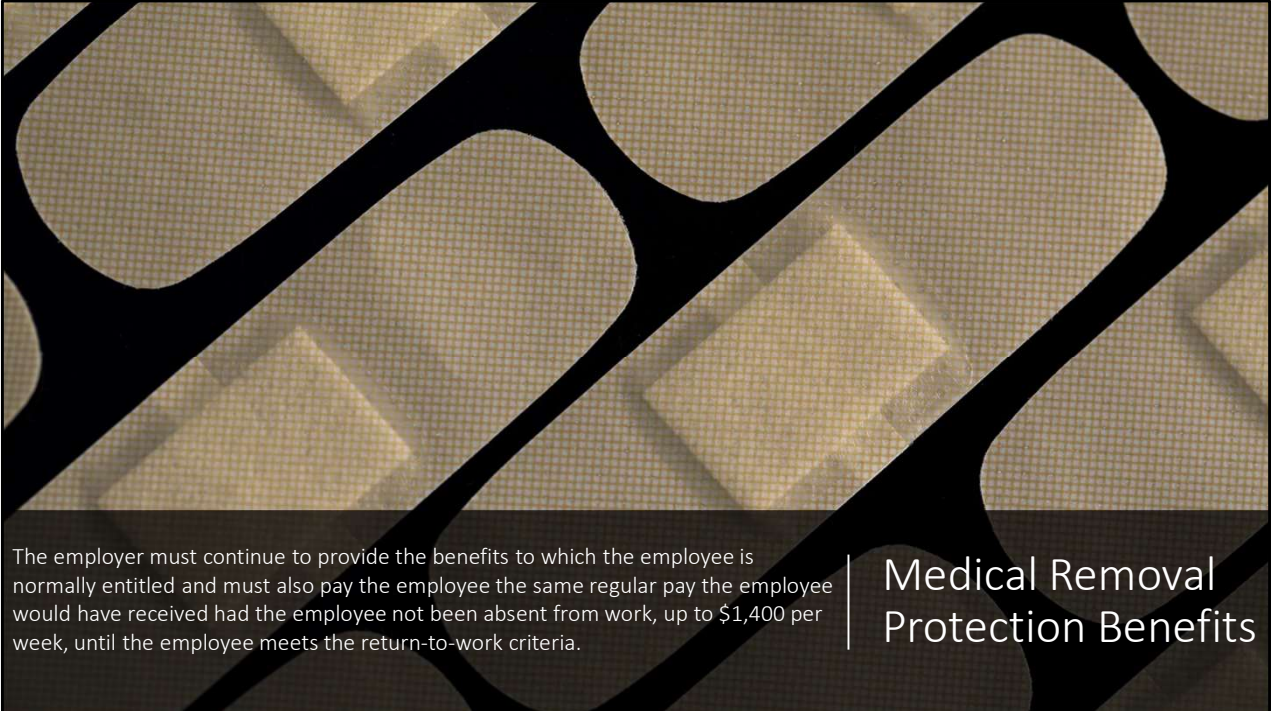
- is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19); or
- has been told by a licensed healthcare provider that they are suspected to have COVID-19; or
- is experiencing recent loss of taste and/or smell with no other explanation; or
- is experiencing both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath.

Employer notification to employees of COVID-19 exposure in the workplace.

When the employer is notified that a person who has been in the workplace(s) (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, the employer must, within 24 hours:

- Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with that person in the workplace.
- The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) that contact occurred.
- Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present during the potential transmission period.
- The potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.

The notification provisions are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals).



The employer must continue to provide the benefits to which the employee is normally entitled and must also pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week, until the employee meets the return-to-work criteria.

Medical Removal Protection Benefits

Employers with 10 or fewer employees on the effective date of this section are not required to comply with these benefits.

When an employer removes an employee from the workplace:

- The employer must continue to provide the benefits to which the employee is normally entitled and must also pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week, until the employee meets the return-to-work criteria.

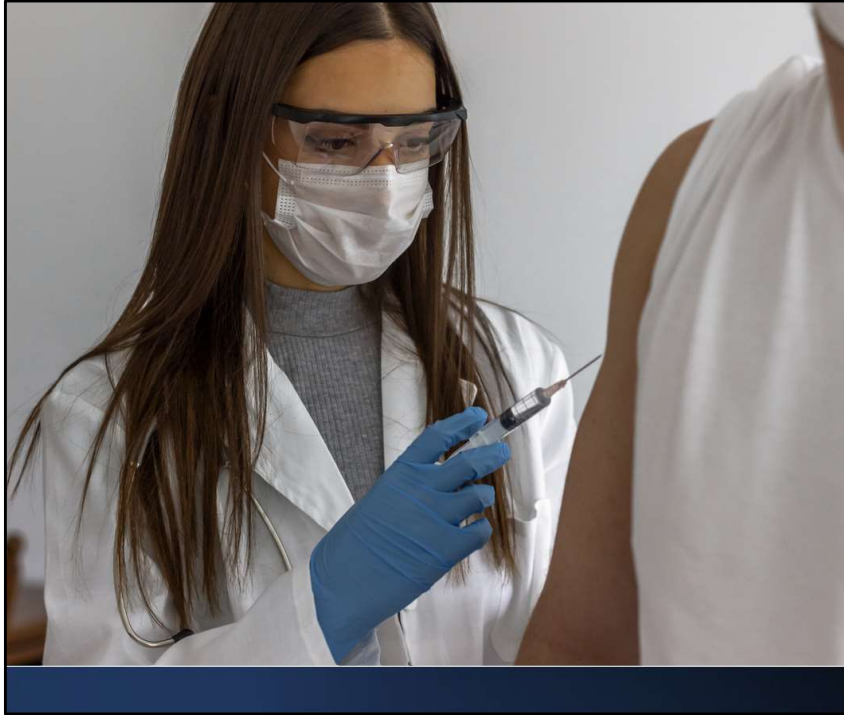
For employers with fewer than 500 employees, the employer must pay the employee up to the \$1,400 per week cap but, beginning in the third week of an employee's removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1,000 per week in most cases).

The employer's payment obligation is reduced by the amount of compensation that the employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave), for earnings lost

during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee's removal.

Return to work

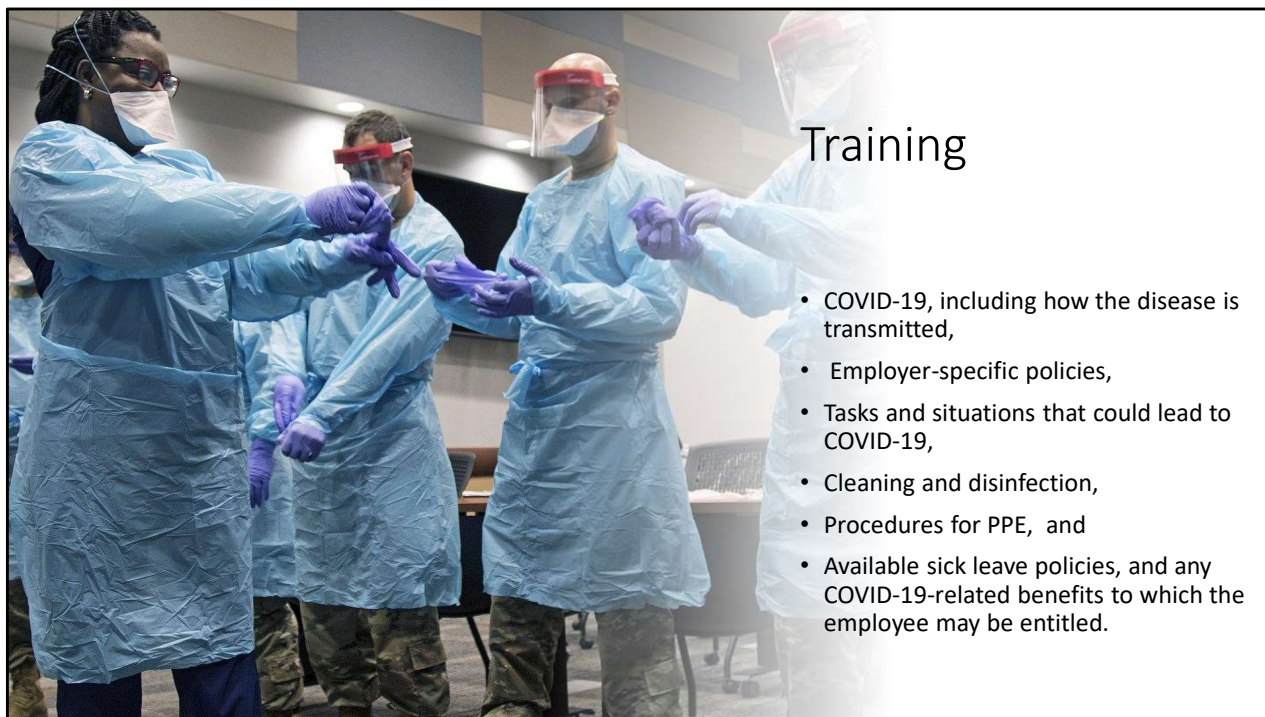
The employer must make decisions regarding an employee's return to work after a COVID-19-related workplace removal in accordance with guidance from a licensed healthcare provider or CDC's "Isolation Guidance" (incorporated by reference, § 1910.509); and CDC's "Return to Work Healthcare Guidance" (incorporated by reference, § 1910.509).



Vaccination

- Employer must provide reasonable time and paid leave for COVID-19 vaccination(s).
- Paid leave also available for any side effects experienced following vaccination.

The employer must support COVID-19 vaccination for each employee by providing reasonable time and paid leave (e.g., paid sick leave, administrative leave) to each employee for vaccination and any side effects experienced following vaccination.



Training

- COVID-19, including how the disease is transmitted,
- Employer-specific policies,
- Tasks and situations that could lead to COVID-19,
- Cleaning and disinfection,
- Procedures for PPE, and
- Available sick leave policies, and any COVID-19-related benefits to which the employee may be entitled.

The employer must ensure that each employee receives training, in a language and at a literacy level the employee understands, and so that the employee comprehends at least the following:

- COVID-19, including how the disease is transmitted (including pre-symptomatic and asymptomatic transmission), the importance of hand hygiene to reduce the risk of spreading COVID-19 infections, ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth, the signs and symptoms of the disease, risk factors for severe illness, and when to seek medical attention;
- employer-specific policies and procedures on patient screening and management;
- tasks and situations in the workplace that could result in COVID-19 infection;
- workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures).
- employer-specific policies and procedures for PPE.
- workplace-specific policies and procedures for cleaning and disinfection;
- employer-specific policies and procedures on health screening and medical management;

- available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours), and
- the identity of the safety coordinator(s) specified in the COVID-19 plan.

The employer must ensure that each employee receives additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work.

Know Your Rights



You cannot be punished or discriminated against for exercising your rights or seeking protections under the Emergency Temporary Standard.

The employer must inform each employee that:

- employees have a right to the protections required by this section; and
- employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to the protections required by this section, or for engaging in actions that are required by this section.

The employer must not discharge or in any manner discriminate against any employee for exercising their right to the protections required by this section, or for engaging in actions that are required by this section.



Recordkeeping

By the end of the next business day after a request, the employer must provide, for examination and copying:

- All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.

Small Employer Exclusion

Employers with 10 or fewer employees on the effective date of this section are not required to comply with this section.

Required Records

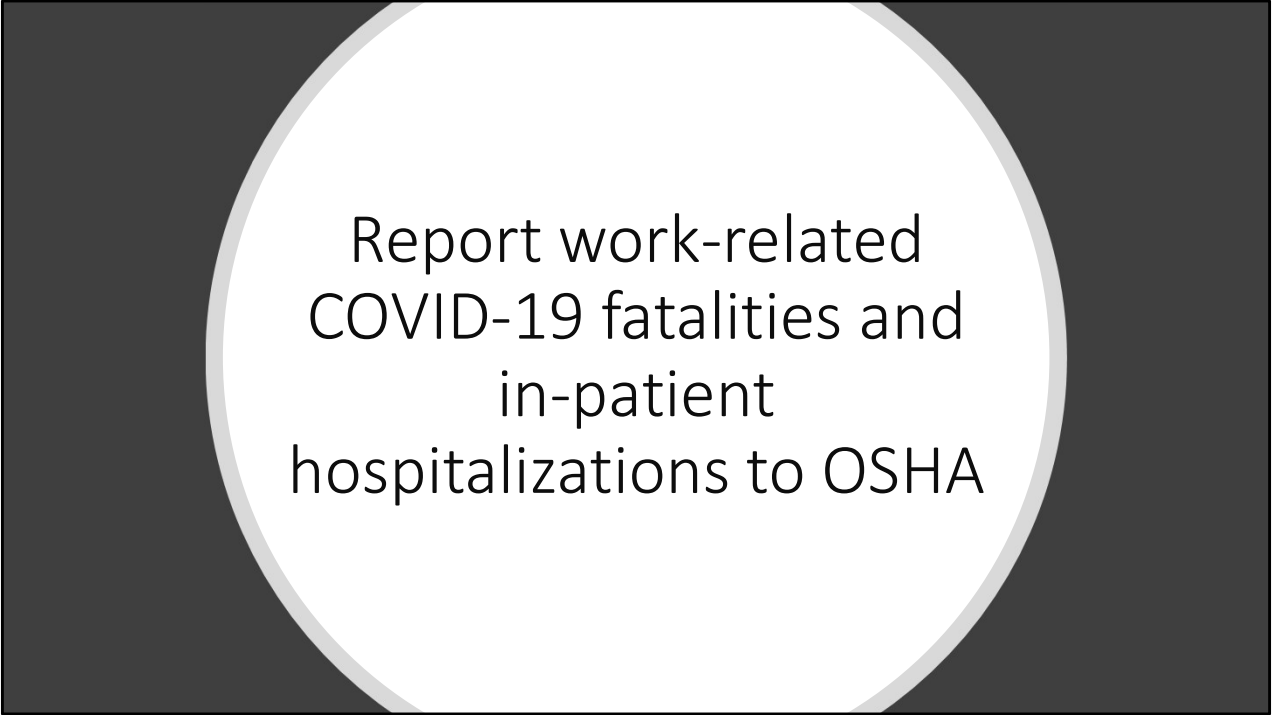
Employers with more than 10 employees on the effective date of this section must:

- retain all versions of the COVID-19 plan implemented to comply with this section while this section remains in effect.
- establish and maintain a COVID-19 log to record each instance identified by the employer in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.
- The information in the COVID-19 log must be recorded within 24 hours of the employer learning that the employee is COVID-19 positive and must be maintained as though it is a confidential medical record.

Availability of Records

By the end of the next business day after a request, the employer must provide, for examination and copying:

- All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.



Report work-related COVID-19 fatalities and in-patient hospitalizations to OSHA

Reporting COVID-19 Fatalities and Hospitalizations to OSHA

The employer must report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality.
- Each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.



Questions

Before we close things out here today, we wanted to open it up for questions, thoughts and comments.