

COVID-19 Emergency Temporary Standard for Healthcare

June 24, 2021

Emergency Temporary Standard

- ETS
 - Healthcare and healthcare support employees face a grave danger from COVID-19
 - Ensure sufficient protection from COVID-19 hazard for healthcare employees
 - Inform employees of their rights against retaliation
 - NO FINDING about risk to other workers NOT covered by ETS for healthcare
- ETS effective dates
 - Effective immediately upon publication in Federal Register (June 21, 2021)
 - Most provisions effective: 14 days after publication (July 6, 2021)
 - Remaining provisions effective: 30 days after publication (July 21, 2021)

Scope/Organization of Subpart U

Subpart U Applies to:

- Healthcare

Organization of Subpart U

- Healthcare, 1910.502
- Mini Respiratory Protection Program, 1910.504
- Severability, 1910.505
- Incorporation by Reference, 1910.509

Healthcare - 1910.502 (a) Scope and Application

- Applies to healthcare worksites where any employee provides health care services or healthcare support services.
- Does not apply to:
 - First aid or dispensing of prescriptions by pharmacists in retail settings
 - Non-hospital ambulatory care settings **if** non-employees are screened
 - Hospital ambulatory care **if** well-defined area, all workers vaccinated, non-employees are screened
 - Home healthcare settings **if** workers fully vaccinated, non-employees screened
 - Off-site healthcare support services
 - Telehealth services outside of direct patient care settings

1910.502 (a) - Scope

- In well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, paragraphs (f) PPE, (h) physical distancing, and (i) physical barriers do not apply to employees who are fully vaccinated.
- Embedded healthcare settings are covered but not the non-healthcare portions of the facility.

1910.502 (c) - COVID-19 Plan

- Developed and implemented for each workplace
 - In writing if > 10 employees
- Document designated safety coordinator(s) that will implement and monitor the plan
- Conduct a workplace-specific hazard assessment
- If the hazard assessment is based on employees' fully vaccinated status, the plan must include procedures to determine vaccination status

1910.502 (c) - COVID-19 Plan (continued)

- Seek the input of non-managerial employees and their representatives
- Monitor ongoing effectiveness and update it as needed
- Procedures to address the hazards identified:
 - Minimize the risk of transmission
 - Effectively communicate and coordinate with other employers
 - Protect employees who in the course of their employment enter into private residences or other physical locations controlled by a person not covered by the OSH Act

1910.502 (d) - Patient Screening and Management

1910.502 (e) - Standard & Transmission-Based Precautions

- In settings **where direct patient care is provided**, the employer must:
 - Limit and monitor points of entry
 - Screen and triage all entrants
 - Implement other applicable patient management strategies in accordance with CDC’s “COVID-19 Infection Prevention and Control Recommendations”
- Employers must adhere to Standard and Transmission-Based Precautions in accordance with CDC’s “Guidelines for Isolation Precautions”

1910.502 (f) - Personal Protective Equipment (PPE)

- Facemasks
 - Facemasks must be FDA approved or authorized
 - Employers must provide sufficient number and ensure use
- When respirator instead of facemasks, must comply with 1910.504
- Facemask exceptions (e.g., alone in room, eating, etc.)
- Respirators and other PPE for exposure to people with suspected or confirmed COVID-19
 - Respirators provided and used in accordance with 1910.134
 - Gloves, an isolation gown or protective clothing, and eye protection

1910.502 (f) & (g) – Aerosol-generating Procedures on a Person with Suspected or Confirmed COVID-19

- Respirators provided and used in accordance with 1910.134
- Gloves, an isolation gown or protective clothing, and eye protection provided and used in accordance with Subpart I
- Limit the number of employees present during the procedure to only those essential for patient care and procedure support.
- Perform the procedure in an aerosol infection isolation room (AIIR)
- After the procedure is completed, clean and disinfect the surfaces and equipment

1910.502 (h) - Physical Distancing

1910.502 (i) - Physical Barriers

- Employees separated from other people by at least 6 feet when indoors, or as far apart from other people as feasible
- At each fixed work location outside of direct patient care areas where 6 feet of distance is not feasible, the employer must install cleanable or disposable solid barriers
 - Sized and located to block face-to-face pathways
 - May have a pass-through space at the bottom

1910.502 (j) - Cleaning and Disinfection

- Follow CDC's guidelines and use EPA registered disinfectants
- In patient care areas, resident rooms, and for medical devices and equipment
- Clean high-touch surfaces and equipment at least once a day
- When the employer is aware that a person who is COVID-19 positive has been in the workplace within the last 24 hours
- Provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities

1910.502 (k) - Ventilation

- Employer-owned or controlled buildings with existing HVAC systems
 - Follow manufacturer's instructions/specifications; maximize outside air and air changes per hour, as appropriate
 - MERV \geq 13 air filters, if compatible with system
- Airborne infection isolation rooms (AIIR) - Maintain and operate in accordance with design/construction criteria

1910.502 (I) - Health Screening and Medical Management

- Screening of employees
- Employee notification to employer of COVID-19 illness or symptoms
- Employer notification to employees of COVID-19 exposure
- Notification of other employers whose employees were not wearing respirators/other required PPE
- Immediate medical removal until employees meet return to work criteria
- Medical removal protection benefits
- Return to work criteria

1910.502 (m) - Vaccination

- The employer must support vaccination by providing reasonable time and paid leave
 - For vaccination
 - For any side effects experienced following vaccination

1910.502 (n) - Training

- Each employee, in language and literacy level the employee understands
- Content
 - COVID-19, symptoms, transmission
 - Employer-specific policies and procedures for workplace tasks and situations
 - Multi-employer workplace agreements related to infection control policies/procedures
 - PPE; cleaning and disinfection; health screening and medical management and sick leave policies; the standard and how the employee can obtain copies as well as copies of employer-specific policies and procedures; and more
- Note: May rely on training completed prior to the effective date if it meets the relevant training requirements.

1910.502 (n) - Training (continued – 2)

- Additional training
 - Changes in the workplace or employee's job
 - Changes in policies or procedures
 - Indications that the employee has not retained understanding or skill
- Training oversight or provision by a person knowledgeable in the subject matter related to employee's job duties
- Opportunity for interactive questions and answers

1910.502 (o) - Anti-Retaliation

1910.502 (p) - At No Cost to Employees

- Inform employees of their right to protections and do not discharge or discriminate against any employee for exercising rights under the standard
- Implementation of requirements is at no cost to employees.
 - Exception: employee self-monitoring for signs/symptoms of infection

1910.502 (q) - Recordkeeping

- Exemption: Employers with ≤ 10 employees
- Required records
 - All versions of COVID-19 plan
 - COVID-19 Log for all positives (regardless of whether work-related)
- Provision of records to: employees, representatives, OSHA

1910.502 (r) - Reporting COVID-19 Fatalities and Hospitalizations to OSHA

- Work-related COVID-19 fatalities within 8 hours of learning of the fatality
- Work-related in-patient hospitalizations within 24 hours of learning of the hospitalization

1910.502 (s) – Compliance Dates

- ETS effective immediately upon publication in FR (**June 21, 2021**)
- Comply with all requirements except paragraphs (i), (k), and (n) of this section by 14 days after publication in FR. (**July 6, 2021**)
- (ii) Employers must comply with paragraphs (i), (k), and (n) of this section by 30 days after publication in FR. (**July 21, 2021**)

1910.504 - Mini Respiratory Protection Program

- Applies only to respirator use in accordance with 1910.502(f)(4): *Use of respirators when not required*
- When workers provide: Provide workers with notice in Para (c) to be sure the respirator itself does not present a hazard.
- When employers provide: Training, user seal checks, and discontinuation of respirator when employee or supervisor reports medical signs or symptoms.

Key Elements of Mini Respiratory Program vs. Respiratory Protection Standard

Key Program Element	Mini RPP (1910.504)	Normal RPP (1910.134)
Medical Evaluation	No	Yes
Fit Testing	No	Yes
Written Program	No	Yes
User Seal Checks	Yes	Yes
Training	Yes	Yes

Connect with OSHA

- **OSHA COVID-19 Website:** <https://www.osha.gov/coronavirus/>
- **Subscribe to QuickTakes:** OSHA's online newsletter provides the latest news about enforcement actions, rulemaking, outreach activities, compliance assistance, and training and educational resources.
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