



NATIONAL COUNCIL FOR OCCUPATIONAL SAFETY AND HEALTH

CONSEJO NACIONAL DE SALUD Y SEGURIDAD OCUPACIONAL



OSHA's new Emergency Temporary Standard for the prevention of COVID-19 infections in the workplace (For health care only)

Summary of OSHA's Emergency Temporary Standard [29 CFR 1910, Subpart U]

When: The standard takes effect approx. July 6, except the sections on barriers, ventilation, and training, which become effective approx. July 21 (30 days after publication).

Who is covered:

Healthcare workplaces [including hospitals, nursing homes, assisted living facilities, emergency responders, home healthcare; and ambulatory care facilities where suspected or confirmed COVID-19 patients are treated).

Healthcare facilities in non-healthcare settings (for example a walk-in clinic in a retail setting; a medical clinic in a manufacturing setting), but only for the embedded healthcare setting).

Exemptions:

Certain hospital and non-hospital ambulatory settings where non-employees are screened and those with suspected or confirmed COVID-19 are not permitted or are not present.

Home healthcare settings where all employees are vaccinated, non-employees are screened before they enter and no one with suspected or confirmed COVID-19 is present.

All other workplaces **do not** have to comply with the standard.

Requirements:

Employers must:

- Have a COVID-19 plan that includes a workplace specific hazard assessment and procedures to minimize the risk of COVID-19 infection. In workplaces with more than 10 employees, plans must be in writing. Involve non-managerial employees in developing the plan.
- Follow CDC guidelines for [Isolation Precaution](#). The employer must designate a person who is knowledgeable in infection control principles and has authority to make sure the plan follows infection control principles..
- Set up a system to screen everyone who enters patient care areas for whether they are COVID-19 positive or have symptoms of COVID-19.
- Provide, and employees must wear, an approved medical procedure mask when working inside or when in a vehicle with other people. Every employee must use a respirator, gown, gloves and eye protection when they are with a person with suspected or confirmed COVID-19.
- Comply with the OSHA Respiratory Protection Standard unless their employees are only using respirators for protection against COVID-19 from people who are not suspected or confirmed sources. When workers who are not exposed to suspected or confirmed sources are using respirators the

employer only has to provide respirator training and make sure the users are performing seal checks when they put the respirator on.

- Keep people at least 6 feet apart when indoors except for very short times while people are passing in hallways or aisles.
- Install barriers at every fixed work location in non-patient care areas where employees aren't at least 6 feet away from others
- When aerosol-generating procedures (listed below) are performed on a person with suspected or confirmed COVID-19, keep any unnecessary employees out of the room; do the procedures in an airborne infection isolation room, if available; and clean and disinfect surfaces and equipment after the procedure is finished.

Aerosol-generating procedures: open suctioning of airways; sputum induction; cardiopulmonary resuscitation; endotracheal intubation and extubation; non-invasive ventilation (*e.g., BiPAP, CPAP; bronchoscopy; manual ventilation; medical/surgical/postmortem procedures using oscillating bone saws; and dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion*).

NOTE: Fully-vaccinated workers are not required to wear medical procedure masks, comply with 6 foot distancing, or have barriers in well-defined areas where no one with suspected or confirmed COVID-19 is likely to be present.

Surfaces and equipment must be cleaned and disinfected in patient care areas and patient rooms following treatment. In all other areas high-touch surfaces and equipment must be cleaned at least once a day. The employer must also provide hand sanitizer or handwashing facilities.

Employer-owned or controlled HVAC (heating, ventilating, air conditioning) systems must be operated following the manufacturer's instructions. They must use air filters with Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it. The amount of outside air brought into the building must be maximized and the amount of recirculated air minimized. Also maximize the number of air changes per hour.

Health screening and medical management:

- 1) Screen employees before each workday and shift;
- 2) Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms;
- 3) Notify certain employees within 24 hours when a person who has been in the workplace is COVID-19 positive;
- 4) Follow requirements for removing employees from the workplace;
- 5) Employers with more than 10 employees whose workers who have to isolate or quarantine must continue to provide their regular benefits and wages up to a cap of \$1,400/week. If the employer has fewer than 500 employees, after three weeks the cap drops to two-thirds of the regular pay, up to \$200/day. When workers return to the job from isolation or quarantine, the employer may not discriminate against them.

Employers must provide reasonable time and paid leave for employees to get vaccinated and if they get side effects from the vaccination.

Training

All employees must receive training in the language they speak so they understand how COVID-19 is spread, which tasks and situations can result in infection, their employers' COVID-19 prevention policies and procedures, and their rights under this standard.

Retaliation protection

Employers must not discriminate in any way against employees for exercising their rights under this standard or for following its requirements.

This standard must be implemented with no cost to employees.

Reporting

Employees with more than 10 workers must keep a log of employee cases of COVID-19 whether or not there is any workplace exposure. The log must be made available to employees, their union and any other representatives. The names and personal identifiers must be kept confidential as medical records and may not be released without their permission.

The employer must report any work-related COVID-19 deaths or hospitalizations to OSHA; and record all work-related COVID-19 cases on their OSHA 300 Log of Injuries and Illnesses.

Key Protections Missing from OSHA's Current Emergency Temporary Standard

Excludes millions of workers who can be exposed to COVID-19 at work, but don't work in healthcare. Fails to address disproportionate impact of COVID on people of color, who are the least likely to be vaccinated and who have suffered high rates of illness and death.

Relies on symptom screening to keep infected people out of certain healthcare workplaces, and then exempts certain healthcare workplaces/employers from the provisions of the Emergency Temporary Standard based on symptom screening activities. It is estimated that 50% of those infected with COVID-19 are presymptomatic (aren't showing any symptoms yet) or are asymptomatic (don't have any symptoms of the illness).

Inadequate ventilation and filtration requirements needed to address airborne/aerosol transmission of the virus.

Additional help

As with every OSHA standard, the new COVID-19 standard only sets minimum requirements:

- Your union can negotiate stronger protections. Contact your union, local council on occupational safety and health (COSH) or National COSH (<https://www.coshnetwork.org/>) for help.
- Here is a link to [Model Safety and Health Demands for Essential Workers](#)

The full OSHA rule is available at <https://www.osha.gov/sites/default/files/covid-19-healthcare-ets-reg-text.pdf>. Additional OSHA documents related to the rule can be found here: <https://www.osha.gov/coronavirus/ets>