




**COVID-19 Update
OSHA ETS**





9/24/2021 WisCon Program

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Updates

- **Published June 21, 2021**
- Effective immediately upon publication in Federal Register
- **ALL provisions currently in effect as of July 21, 2021**





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Purpose and Topics


- Purpose: To help healthcare workers understand the requirements of the ETS.
- Topics include:
 - Scope of Emergency Temporary Standard
 - 29 CFR 1910 Subpart U
 - Requirements for Healthcare
 - 29 CFR 1910.502
 - Mini Respiratory Protection Program
 - 29 CFR 1910.504



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Why was an ETS issued?

- Existing standards inadequate to address COVID-19 hazards
- Ensure sufficient protection for healthcare workers in all states



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ETS Goals


- Support the health and safety of healthcare employees
- Ensure sufficient protection from COVID-19 hazards in the workplace
- Inform employees of their rights against retaliation



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ETS Effective Dates


- Most provisions were effective 14 days after publication
 - July 5, 2021
- Remaining provisions were effective 30 days after publication
 - July 21, 2021



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Who does the ETS impact?

- Applies to Healthcare:
 - Hospitals
 - Nursing Homes
 - Long-Term care facilities
 - Healthcare settings embedded in non-healthcare settings (e.g., medical clinic in workplace or retail setting)
 - Autopsy settings in funeral homes, mortuaries, and morgues



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Healthcare- 1910.502 (a)

- Does **not** apply to:
 - First aid by non-licensed provider
 - Dispensing of prescriptions by pharmacists in retail setting
 - Non-hospital ambulatory care settings **if non-employees are screened**
 - Hospital ambulatory care settings **if well-defined area, all workers fully vaccinated, non-employees are screened**
 - Home healthcare settings if all workers are **fully vaccinated, non-employees are screened**
 - Off-site healthcare support services
 - Telehealth services outside of direct patient care settings

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What does this mean for vaccinated workers?

- The ETS exempts *fully vaccinated* workers from:
 - Masking
 - Distancing
 - And barrier requirements
- Only when in
 - well defined areas**
 - where there is **no individuals** with suspected or confirmed COVID-19 present

EMERGENCY TEMPORARY STANDARD
Is your workplace covered by the COVID-19 Healthcare ETS?

Employers must use the flowchart and Appendix A below to determine whether and how your workplace is covered by the ETS. For the full text of the ETS, visit [OSHA-SLC](https://www.osha-slc.gov) or www.osha.gov.

Is the workplace a setting where any employee provides healthcare services or healthcare support services?

- Yes**: The ETS applies to the workplace.
- No**: The ETS does not apply to the workplace.

Does the workplace meet ALL of the following conditions?

- It is a well-defined area.
- All non-employees are screened prior to entry, and those with suspected or confirmed COVID-19 are not permitted to enter.
- All employees are screened prior to entry, and those with suspected or confirmed COVID-19 are not permitted to enter.

Yes: The ETS applies to the workplace.

No: The ETS does not apply to the workplace.

Is the workplace a home healthcare setting that meets ALL of the following conditions?

- All employees are fully vaccinated.
- All non-employees are screened prior to entry, and those with suspected or confirmed COVID-19 are not permitted to enter.

Yes: The ETS applies to the workplace.

No: The ETS does not apply to the workplace.

Are there well-defined areas of the workplace where there is a reasonable expectation that employees will not be exposed to confirmed COVID-19?

Yes: The ETS applies to the workplace.

No: The ETS does not apply to the workplace.

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Overview of Requirements

- COVID-19 Plan
- Patient screening and management
- Standard and Transmission-Based Precautions
- Personal Protective Equipment (PPE)
- Limiting employees during Aerosol-generating procedures on a person suspected or confirmed COVID-19
- Physical distancing / Physical barriers
- Cleaning and disinfection

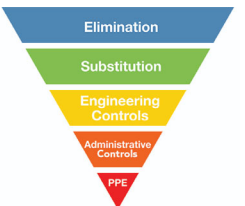
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Overview of Requirements

- Ventilation
- Health screening and medical management
- Vaccination accommodation
- Training
- Anti-retaliation
- Requirements implemented at no cost to employees
- Recordkeeping
- Reporting COVID-19 fatalities and hospitalizations to OSHA

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Identify Measures to limit COVID-19 Spread

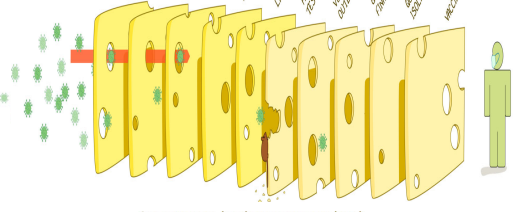


- **Eliminating the hazard:**
 - physical distancing, remote work, telework, separating and sending home infected or potentially infected people from the workplace
- **Engineering Controls:**
 - ventilation and barriers
- **Administrative Policies:**
 - face coverings, staggered work shifts and traffic flow patterns, hygiene supplies, routine cleaning & disinfection
- **Personal Protective Equipment (PPE):**
 - respiratory protection programs, gloves, gowns, face shields

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THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EACH INTERVENTION (LAYER) HAS IMPERFECTIONS (HOLES).
MULTIPLE LAYERS IMPROVE SUCCESS.

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Patient Screening and Management

In settings where direct patient care is provided, the employer must:

- Limit and monitor points of entry
- Screen and triage all entrants
- Follow CDC guidance

Examples include:

- Telehealth, where applicable
- Isolate patients in exam rooms
- Use distancing and barriers in waiting rooms




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Standard and Transmission Based Precautions

- Employers must adhere to Standard and Transmission-Based Precautions in accordance with CDC's "[Guidelines for Isolation Precautions](#)."

Examples include:


- Tight-fitting facemasks for patients
- Physical distancing
- Hand hygiene
- Ventilation
- Outdoor triage
- Isolation rooms



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Personal Protective Equipment (PPE)



Surgical Mask


Cleared by the U.S. Food and Drug Administration (FDA)



N95 Respirator

Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84

Testing and Approval




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Personal Protective Equipment (PPE)

Facemasks:

- Facemasks FDA approved or authorized
- Employers must provide sufficient number and ensure use
- Cover nose and mouth
- Provide a sufficient number to allow at least one change per day




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PPE continued:

Facemask exceptions:

- When an employee is alone in a room
- While an employee is eating and drinking if at least 6 feet away or barriers used
- When employees are wearing respiratory protection
- When it is important to see a person's mouth
- Due to a medical necessity, medical condition, or disability
- When use of a facemask presents a hazard




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PPE continued:

- PPE for exposure to people with suspected or confirmed COVID-19
 - Respirators
 - Gloves
 - Isolation gown or protective clothing
 - Eye protection
- When limited supply of FFRs, employers may follow the CDC's "Strategies for Optimizing the Supply of N95 Respirators"




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PPE continued:

- Use of respirators when not required.
 - The employer may provide a respirator instead of a facemask if following 1910.504.
 - Employers must permit the employee to wear their own respirator instead of a facemask used in accordance with 1910.504.



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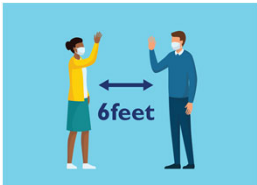
Aerosol-generating Procedures on a Person with Suspected or Confirmed COVID-19

- Provide respirators, gloves, an isolation gown or protective clothing, and eye protection
- Limit the number of employees present during the procedure
- Perform the procedure in an aerosol infection isolation room (AIIR)
- After the procedure is completed, clean and disinfect the surfaces and equipment

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Physical Distancing

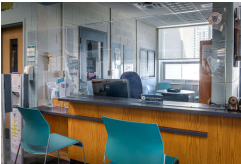
- Ensure 6 feet of physical distancing
- If not feasible, ensure that employees are as far apart as is feasible
- Describe controls that will help with distancing



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Physical Barriers

- 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
- Barriers must be sized and located to block face-to-face pathways between individuals
- Barrier may have a pass-through space at the bottom



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Cleaning and Disinfection

- In patient care areas, resident rooms, and for medical devices and equipment:
 - COVID-19 Infection Prevention and Control Recommendations
 - CDC's Guidelines for Environmental Infection Control

Examples include:


- Dedicated medical equipment for infected patients
- Use pathogen-appropriate EPA N list registered disinfectants



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Cleaning and Disinfection (continued)

- In all other areas, the employer must:
 - Clean high-touch surfaces and equipment at least once a day
 - When 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 "Cleaning and Disinfecting Guidance"
- The employer must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities



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Ventilation

Professional Recommendations

- Follow designer/manufacture's instructions/specifications
- Displacement ventilation
- "Clean" Air
 - outside air
 - air changes per hour
 - Use air filters with MERV \geq 13
 - Replace filters as necessary
 - Maintain clearance of outside air intakes

ETS requires for employer-owned or controlled buildings with existing HVAC systems

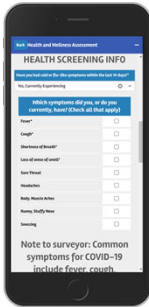


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Health Screening and Medical Management

- Screening of employees
 - Before each shift
 - Self-monitoring or conducted in-person
 - Any required screening COVID-19 tests at no cost to employees
- Employee notification to employer of COVID-19 illness or symptoms
 - Confirmed positive test, diagnosis
 - Suspected diagnosis (told by HCP)
 - Recent loss of taste and/or smell
 - Fever $\geq 100.4F$ and new unexplained cough with shortness of breath




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Health Screening and Medical Management

- Employer notification to employees of COVID-19 exposure
 - Within 24 hours
 - Triggered by any positive person in the workplace




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Health Screening and Medical Management

- Notification of other employers
 - Who had close contact
 - Date the contact occurred
 - Who worked near the potential transmission
 - Dates the person was in the workplace



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Medical Removal

- Persons meeting positive test/diagnosis criteria: *immediately removed* until they meet return to work criteria
- Persons meeting suspected diagnosis/symptom criteria: *immediately removed* until they meet return to work criteria or have a negative PCR test
- Persons with close contact must be removed immediately either:
 - For 14 days, or
 - Until they have a negative PCR test taken after at least 5 days, or
 - **Exemption: if asymptomatic and fully vaccinated must self monitor and wear a mask for 14 days**
- Working remotely or in isolation is acceptable alternative to removal

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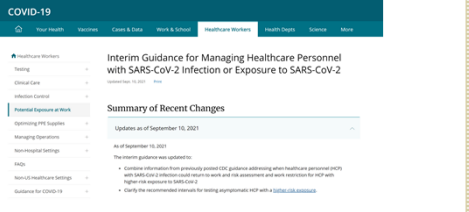
Medical Removal Protection and Benefits

- [1910.502\(l\)\(5\)](#)
- Employers with ≤ 10 employees exempt from removal pay
- Working remotely or in isolation: same pay and benefits
- Removed employees maintain regular pay and benefits:
 - Up to \$1400 per week
 - Employers with < 500 employees: in third week of removal, limited to only 2/3 of pay up to \$200 per day
 - Payment reduced by compensation from any other source
- Return to work: same job status, rights, and benefits

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Return to Work Criteria


- Guidance from licensed health care provider, or
- Use of CDC's "Isolation Guidance" and "Return to Work Healthcare Guidance"
- Follow guidance provided by local or tribal health department



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Vaccination

- The employer must support vaccination by providing reasonable time and paid leave
 - For vaccination
 - For any side effects experienced following vaccination
- Provide information and training on the benefits and safety of vaccinations



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Training

- Communicate in accessible formats and language
- Content:
 - COVID-19: transmission, hygiene, ways to reduce risk of spread, signs and symptoms, risk factors for severe illness, when to seek medical care
 - Employer-specific policies and procedures on patient screening and management
 - Workplace tasks and situations that could result in infection
 - Workplace policies and procedures for preventing the spread
 - Multi-employer workplace agreements related to infection control policies and procedures

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Training (continued)


- Content (continued) Policies and procedures for PPE
 - Workplace policies and procedures for cleaning and disinfection
 - Workplace policies and procedures for health screening and medical management
 - Sick leave policies
 - The identity of the safety coordinator(s) specified in the plan
 - Details of the standard and how the employee can obtain copies as well as copies of employer-specific policies and procedures

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Training (continued)

- 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 must be conducted by a person knowledgeable in the subject matter related to employee's job duties
- Opportunity for interactive questions and answers



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Anti-Retaliation


- Employers must inform employees of their right to protections
 - Section 11(c) of the OSH Act **prohibits discharging or discriminating** against an employee for engaging in various occupational safety and health activities.
 - Employers **may not discriminate** against employees for **raising a reasonable concern** about infection control
 - the employer
 - the employer's agent
 - other employees
 - a government agency
 - the public
 - or against an employee for **voluntarily providing and wearing personal protective equipment**, such as a respirator, face shield, gloves, or surgical mask



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Recordkeeping

- Required records
 - All versions of COVID-19 plan
 - Log of COVID-19 positives (*regardless of whether work-related*)
 - Employee's name, contact information, occupation, location of work, date of last day at workplace, date of positive test or diagnosis, first date of symptoms if any
 - Recorded within 24 hours of the employer learning that the employee is COVID-19 positive
- Exemption: Employers with ≤ 10 employees
- Optional sample COVID-19 log on OSHA COVID website



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Recordkeeping (continued)

- Available by end of next business day after a request
 - COVID-19 plan: to employees, personal representatives, authorized representatives
 - Individual COVID-19 log entry for a particular employee: to the employee, anyone having written authorized consent from employee
 - Redacted version of COVID-19 log with personally identifying information removed: to any employee, personal representatives, authorized representatives
 - All records: to the Assistant Secretary

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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

Employers can report COVID-19 fatalities and in-patient hospitalizations by:

- Calling the OSHA Area Office that is nearest to the site of the incident (see www.osha.gov/contactus/bystate);
- Calling the OSHA toll-free telephone number, 1-800-321-OSHA (1-800-321-6742); or
- Submitting information through OSHA's website at www.osha.gov.

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Compliance Dates

- ETS effective immediately upon publication in FR (June 21, 2021)
- Comply with all requirements except paragraphs (j), (k), and (n) of this section by 14 days after publication in FR. (July 5, 2021)
- (ii) Employers must comply with paragraphs (i), (k), and (n) of this section by 30 days after publication in FR. (July 21, 2021)

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**Respiratory Protection Programs and
Healthcare ETS COVID-19**

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**Respiratory Protection
Alternatives Based on Risk Assessment**

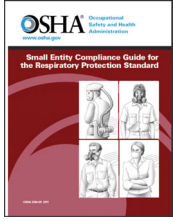
- ❖ **Hazard Exceeds Levels.**
 - COVID Risk Assessment – Working with Known/Suspect Chemicals over PEL
 - FULL respiratory protection program (1910.134)
- ❖ **Hazard Below Levels, Voluntary Use.**
 - Filtering facepiece respirator
 - 1910.134(c)(2)(ii)
 - N95 COVID respirator
 - 1910.504
 - All other respirators
 - 1910.132(c)(2)

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Respiratory Protection Program

29 CFR 1910.134

1. Written Program
2. Respirator Selection
3. Medical Evaluations
4. Fit Testing
5. Proper Use of Respirator
6. Respirator Maintenance
7. Employee training
8. Program Evaluation




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Mini Respiratory Protection Program

Applies only to respirator use in accordance with 1910.502(f)(4):
Use of respirators when not required

- **Provide workers with notice** – take precautions to be sure the respirator itself does not present a hazard. 1910.504 (c)
- **Provide workers with training** – how to wear, care for, and use respirators 1910.504 (d)



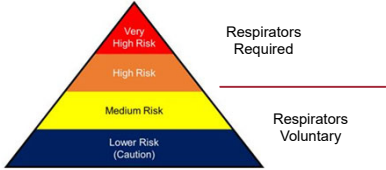
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1910.504 vs 1910.134

Key Program Element	RPP 1910.134	COVID Mini RPP 1910.504	NON COVID Vol RPP 1910.134(c)	NON COVID Vol RPP FFP 1910.134(c)
Medical Evaluation	YES	NO	YES	NO
Fit Testing	YES	NO	NO	NO
Written Program	YES	NO	YES	NO
User Seal Checks	YES	YES	NO	NO
Training	YES	YES	YES	App D

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Voluntary Use vs Required Use 1910.504 vs 1910.134



Healthcare		.504	.134
1910.502(f)(2) – for exposure with suspected/confirmed COVID-19	H RISK	No	Yes
1910.502(f)(3) – for AGP ¹ on person with suspected/confirmed COVID-19	VH RISK	No	Yes
1910.502(f)(4) – in place of facemask when respirator is not required	M/L RISK	Yes	No
1910.502(f)(5) – for Standard and Transmission/Based Precautions/good biosafety practices		No	Yes

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Questions

- OSHA's ETS Page has a FAQ section to find out more information: <https://www.osha.gov/coronavirus/ets/faqs>
- <https://www.federalregister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary-standard>
- Contact WisCon COVID Consulting team:
 - Webpage to request consultation: <http://www.slh.wisc.edu/occupational/wiscon/workplace-covid-19-consulting/>
 - Call us at: 608-226-5246
 - Email: covidconsulting@slh.wisc.edu

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Thank you

Onsite Safety & Health Consultation Program



Wisconsin State
Laboratory of Hygiene
UNIVERSITY OF WISCONSIN - MADISON

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