



CHICAGO

OSHA Emergency Temporary Standard (ETS)

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Background

- Unlike previous recommendations from CDC and CMS, which focused broadly on all populations (e.g. residents, patients, visitors, volunteers, students, HCP, etc.), the OSHA standard specifically refers to employees of your facility.
- OSHA implemented the standard recognizing the “Grave Danger” posed to HCP by SARS-CoV-2 (COVID-19).
- According to OSHA, as of May 24, 2021, over 491,816 healthcare workers have contracted COVID-19 and more than 1,600 of those workers have died.
- Some estimates of healthcare worker deaths are even higher.


★ Settings Covered by the ETS

Settings Covered	Examples of Facility Types
Hospitals – facilities with workers who provide inpatient healthcare services and healthcare support services.	General hospitals Trauma centers Specialty hospitals (children’s, cardiac, etc.) Teaching hospitals Emergency departments attached to a hospital Autopsy Suites
Ambulatory Care – facilities with workers who provide outpatient care to patients.	Physician offices Dentist offices Surgical centers Specialty care clinics Urgent care centers Oncology clinics Medical clinics
Home Health Care – facilities with workers who provide healthcare and healthcare support services in the home.	Hospice agencies Home therapy agencies Home healthcare agencies
Emergency Responders and Prehospital Care – facilities with workers who respond to emergency calls, perform healthcare services and/or transport patients to medical facilities.	Fire Departments Ambulance companies Medical transportation services Air evacuation companies
Long-Term Care – facilities where workers provide care and support services in a residential setting.	Skilled nursing centers / assisted living facilities Residential substance abuse centers Residential psychiatric centers Residential rehabilitation centers

<https://www.osha.gov/sites/default/files/publications/OSHA4125.pdf>

EMERGENCY TEMPORARY STANDARD

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



Employers may use the flow chart and footnote 1, below, to determine whether and how your workplace is covered by the ETS.¹ For the full text of the ETS, refer to **29 CFR 1910.502** at www.osha.gov/coronavirus/ets.

Is the workplace a setting where any employee provides healthcare services or healthcare support services?²

No

Yes

Does the workplace meet ALL of the following conditions?

- It is a non-hospital ambulatory care setting²;
- ALL non-employees are screened prior to entry; and
- People with suspected or confirmed COVID-19 are not permitted to enter.

Yes

No

Does a portion(s) of the workplace meet ALL of the following conditions?

- It is a well-defined hospital ambulatory care setting²;
- ALL employees are fully vaccinated³;
- ALL non-employees are screened prior to entry; and
- People with suspected or confirmed COVID-19 are not

Yes

The ETS does not apply to the workplace (or the relevant portion(s) of the workplace, as applicable).

NOTE: The ETS applies to portions of hospital workplaces that are NOT well-defined hospital ambulatory care settings where all employees are fully vaccinated, all non-employees are screened prior to entry, and people with suspected or confirmed COVID-19 are not permitted to enter. For these settings, continue to next question.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>



Timeline

- The ETS was published in the Federal Register on June 21, 2021 and was effective immediately.
- Employers must comply with large portions of the standard by 14 days after its publication (July 6, 2021).
- The remaining provisions, mostly involving physical barriers, ventilation and training must be implemented within 30 days of publication (July 21, 2021).



OSHA vs. CDC Requirements

- In general, the OSHA ETS is aligned with the existing CDC requirements, and facilities that are compliant with CDC guidelines will already be meeting the provisions set forth in the standard.
- The ETS exempts fully vaccinated workers from masking, distancing and barrier requirements in well defined areas where there is “no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.”
- CDC and CMS agree that routine use of source control is still necessary in healthcare settings.
- “Employers are encouraged to follow public health guidance from the Centers for Disease Control and Prevention (CDC) even when not required by this section.”
- IDPH and CDPH will remain consistent with CDC and require masks for HCP within the facility at this time.





Develop a COVID-19 Plan

- For employers with more than 10 employees, you must have a written COVID-19 plan.
- As part of your plan, you must identify a workplace safety coordinator (list that person in your plan).
 - The safety coordinator must have the authority to ensure compliance with the plan.
- Include a workplace hazard assessment that is specifically related to COVID-19.
 - Non-managerial staff (think front-line employees) must be included in the development of the assessment and plan.
- Monitor the effectiveness of the plan.
- Policies and procedures should be included and address identified hazards as well as minimize the risk of COVID-19 transmission for each employee.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>



COVID-19 Plan Template

- An editable COVID-19 Plan template is available on OSHA's website:

https://www.osha.gov/sites/default/files/COVID-19_Healthcare_ETS_Model_Written_Plan.docx

COVID-19 Plan Template

- OSHA's COVID-19 Healthcare Emergency Temporary Standard (ETS), paragraph (c), requires employers to develop and implement a COVID-19 plan for each workplace to protect workers from COVID-19. If an employer has more than 10 employees, the plan must be written. Employers may use this template to develop a COVID-19 plan for their workplace.
- If employers choose to use this template, there are 2 STEPS to complete:
 - STEP 1: Determine if OSHA's COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
 - STEP 2: Customize this COVID-19 plan template for your workplace.

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the [“Is your workplace covered by the COVID-19 Healthcare ETS?”](#) flow chart to determine whether and how OSHA's COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: Customize this COVID-19 plan template for your workplace.

Customize areas marked with blue text and modify (change, add, or remove sections of) this document until the plan accurately represents your policies. The plan must match the policies, procedures, and controls that will be implemented in the workplace, and must accurately describe what employees are expected to do. Consult with non-managerial employees and their representatives, if any, before finalizing this plan.


[Employer name]'s COVID-19 Plan

★ COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis Tool

- OSHA also provides tools for assessing your facility and conducting a hazard analysis:

[https://www.osha.gov/sites/default/files/COVID-19 Healthcare ETS Worksite Checklist Employee Job Hazard Analysis.pdf](https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20Worksite%20Checklist%20Employee%20Job%20Hazard%20Analysis.pdf)

EMERGENCY TEMPORARY STANDARD

COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis 

OSHA COVID-19 Healthcare Worksite Checklist

- Employers in settings where employees provide healthcare services or healthcare support services may use the following Worksite Checklist to implement worker protections from COVID-19 in compliance with the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS).
- If employers choose to use this Worksite Checklist, there are 2 STEPS to complete:
 - STEP 1: Determine if OSHA's COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
 - STEP 2: Use this Worksite Checklist to develop and implement worker protections from COVID-19 in your workplace.

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the “[Is your workplace covered by the COVID-19 Healthcare ETS?](#)” flow chart to determine whether and how OSHA’s COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: If the ETS applies to your workplace or portions of your workplace, use this Worksite Checklist & Employee Job Hazard Analysis to develop and implement worker protections from COVID-19 in your workplace.

Use the sections of this Worksite Checklist & Employee Job Hazard Analysis that apply to your workplace or portions of your workplace to develop and implement worker protections from COVID-19. This checklist is intended to be used

★ Patient Screening and Management

- Limit points of entry into the facility, particularly in areas where direct patient care is provided.
- Ensure that you are screening non-employees that enter the setting.
 - Anyone entering the building should be screened.
- Implement strategies to identify and appropriately isolate suspected and positive COVID-19 patients in accordance with the CDC's Infection Prevention and Control Recommendations
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- These expectations are consistent with existing expectations by CDC, IDPH and CDPH.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>



Standard Precautions, Transmission Based Precautions and PPE

- Employers must develop and implement policies and procedures to adhere to Standard and Transmission Based Precautions that are consistent with CDC's "Guidelines for Isolation Precautions."
 - Link: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- Facemasks should be worn by employees for source control when indoors and when occupying a vehicle with other people for work purposes.
 - Requirements and exceptions (e.g., alone in an office, while eating) remain the same.
 - Masks should be FDA-approved or cleared for use in healthcare settings
- Face shields should cover the user's eyes, nose, and mouth (prevent exposure to splashes, sprays, etc.) and wrap around the sides of the face from temple-to-temple.
- Gloves and Gowns should be used for the care of suspected or confirmed COVID-19 patients.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>





Respirators

- Respirators (e.g., N95s) should be used when workers are exposed to suspected or confirmed cases of COVID-19 as well as during Aerosol Generating Procedures (AGPs) involving patients with suspected or confirmed COVID-19.
 - Respirators that are used should be NIOSH-approved.
 - We are still recommending N95s for all AGPs.
- OSHA's Respiratory Protection Standard, including the requirement for a Respiratory Protection Program (medical evaluation, fit testing, written program, user seal checks and training) still applies when respirators are required for the treatment of a patient.
- The standard does provide a provision for a “Mini Respiratory Protection Program”

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>



Mini Respiratory Protection Program

- May be implemented when workers are not exposed to suspected or confirmed sources of COVID-19, but where respirator use could offer enhanced worker protection.
- Essentially, if an N95 is optionally used in place of a facemask, the mini respiratory protection program may be used.





Mini vs Normal Respiratory Protection Program

COVID-19 ETS PROVISION	MINI RPP (1910.504)	NORMAL RPP (1910.134)
1910.502(f)(2) – for exposure to person with suspected/confirmed COVID-19		✓
1910.502(f)(3) – for AGP ¹ on person with suspected/confirmed COVID-19		✓
1910.502(f)(4) – in place of facemask when respirator is not required	✓	
1910.502(f)(5) – for Standard and Transmission-Based Precautions		✓





Mini vs Normal Respiratory Protection Program

KEY PROGRAM ELEMENT ¹	MINI RPP ² (1910.504)	NORMAL RPP (1910.134)
Medical Evaluation		✓
Fit Testing		✓
Written Program		✓
User Seal Checks	✓	✓
Training	✓	✓

¹This is not a comprehensive list of required program elements

²These are key requirements pertaining to employer-provided respirators (as opposed to worker-provided respirators)



★ Aerosol Generating Procedures (AGPs)

- AGPs include 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.
- AGPs performed on a person with suspected or confirmed COVID-19
- Limit the number of employees to essential personnel
- Perform these procedures in an Airborne Infection Isolation Room (AIIR), if available
- Clean and disinfect surfaces and equipment in the room after the procedure
 - EPA registered list N product
 - Always observe the cleaner and/or disinfectant manufacturer's instructions for use, especially the contact time

Physical Distancing and Barriers

- In general, people should be six feet apart when indoors.
- Fully vaccinated individuals may be exempt from physical distancing requirements depending on the situation.
- In non-patient care areas, where employees cannot be six feet apart, cleanable or disposable solid barriers should be installed to protect employees
 - Barriers should be located to block face-to-face pathways between individuals
 - Gaps below these barriers may be present to allow for items to be passed underneath them
 - If installing a barrier is not feasible, the employer must demonstrate why
 - Well defined areas with fully vaccinated individuals are exempted
- Physical barriers would generally be reserved for fixed work locations outside of direct patient areas (e.g., entryway/lobby, check-in desks, triage areas, cashiers, reception desks, etc.).
- Physical barriers are not required in direct patient care areas or resident rooms.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>



Cleaning and Disinfection

- Follow standard practices as defined by the CDC for cleaning and disinfection of surfaces and equipment.
- Appropriately clean patient care areas, resident rooms and medical devices or equipment.
 - Use an EPA-registered list N product
 - Always follow product manufacturer's instructions for use
 - Be sure to observe the labeled contact time
- In areas not listed above, clean high touch surfaces once per day.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>





Hand Hygiene

- Employer must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities.
- Alcohol-based hand sanitizers are preferred for most hand hygiene indications when hands are not visibly soiled.
- Alcohol-based hand rubs should be readily available at the point of care.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>





Ventilation

- Applies to employers who own or control buildings or structures with existing HVAC systems.
- These systems should be used and maintained according to manufacturer's instructions and design specifications.
- Air exchanges per hour should be maximized if possible.
- Air filters should be rated with a Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible. If not compatible, use the highest filtering efficiency possible.
- Does not require replacement of existing systems.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>





Health Screening and Medical Management

- Employees must be screened before each workday and shift.
- Employer must ensure that staff members report COVID-19 positive tests or diagnosis/suspicion (symptoms) of infection.
- Exposed employees must be notified within 24 hours, and the notification should include the dates of exposure.
 - Potential transmission period should be two days prior to symptom onset or two days prior to specimen collection if the person is asymptomatic.
 - Be sure to notify other employers if their staff have been exposed while onsite (e.g., contractors, independent practitioners, etc.).
- Do not include index employee's name, contact info or occupation.
- OSHA Employer Notification Tool:
<https://www.osha.gov/sites/default/files/publications/OSHA4131.pdf>

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>



Identifying Employees to Notify

- When an employer is notified that a person who has been in the workplace is COVID-19 positive, the employer must, within 24 hours:
 - Notify each employee who was not wearing a respirator (must be N95) and any other required PPE and has been in close contact with that person in the workplace.
 - Notify all other employees who were not wearing a respirator (must be N95) and any other required PPE and worked in a well-defined portion of a workspace (e.g., a particular floor) in which that person was present during the potential transmission period.
 - Notify other employers whose employees meet both criteria above.

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>



Communication between Employers

- OSHA has a tool available to facilitate communication between different employers that share the same physical location.

<https://www.osha.gov/sites/default/files/OSHA-4134-06-2021-COVID-19-Healthcare-ETS-Communication-Coordination-Employers.pdf>



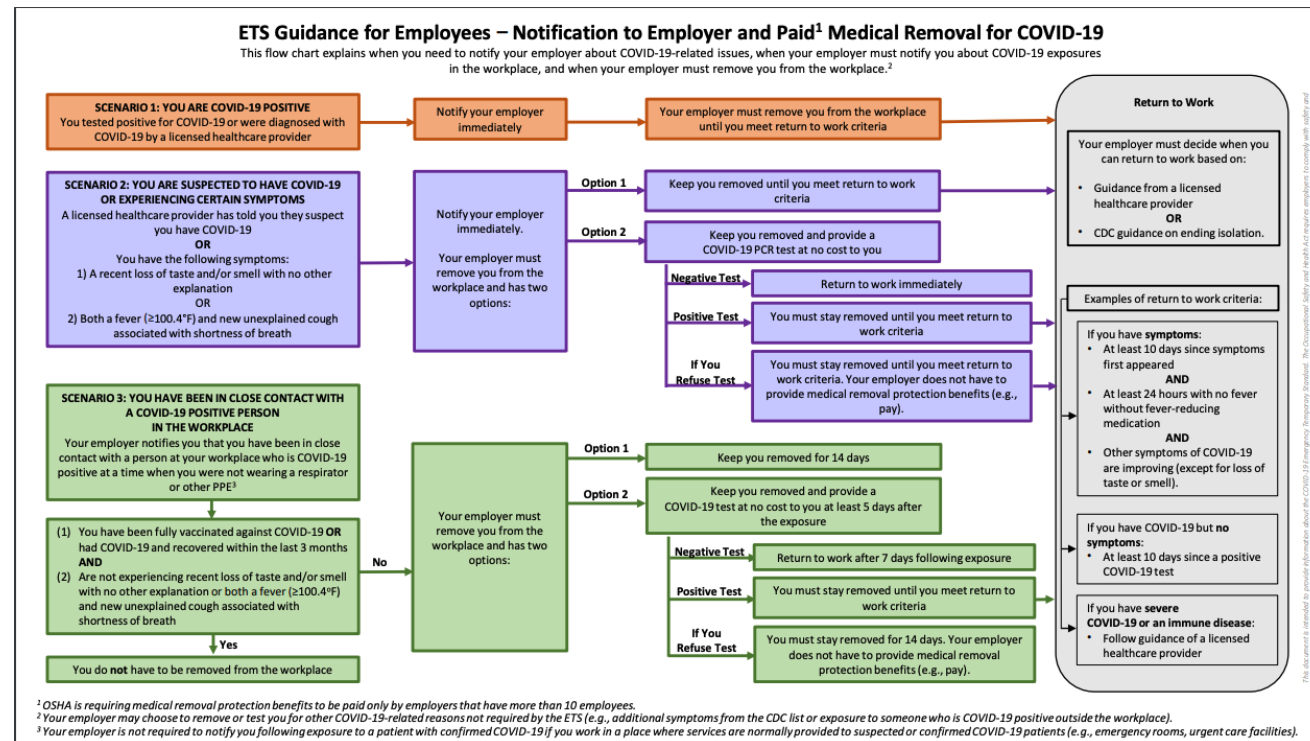
Work Restriction and Returning to Work

- Employees that have confirmed COVID should be immediately removed until return to work criteria are met.
- Employees with suspected COVID should be removed from work until return-to-work criteria are met or COVID is ruled out (PCR test negative).
- Employees that are close contacts in the workplace to a person who is COVID-19 positive, those employees should be removed as follows:
 - Keep the employee removed for 14 days
 - Test the employee at least five days after exposure
 - If negative, the employee may return to work after 7 days follow exposure
 - If the test is positive, return to work criteria must be met.
 - If the test is refused, the employee must be removed for 14 days, without medical work protections
 - Vaccinated employees (without symptoms or positive test) or those with a confirmed case of COVID-19 infection in the last three months (who have met criteria to return to work) do not need to be excluded from work following an exposure.



OSHA Flowchart for Employer Notification and Removal from Work

- <https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20Notification%20Removal%20and%20Return%20to%20Work%20Flow%20Chart%20-%20Worker.pdf>







Medical Work Protections

- For employers with more than 10 employees, the employer will generally be required to provide pay and benefits for employees not allowed to work under the standard.
- The employer must continue to provide the benefits to which the employee is normally entitled and pay the same regular pay 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 \$1 400 per week cap but beginning in the third week of an employee's removal, the amount is reduced to of the same regular pay the employee would have received, up to \$200 per day.



Medical Work Protections

- The employee cannot be retaliated against for COVID-related workplace removal and must be allowed to maintain all employee rights and benefits including their right to former job status.
- Provide reasonable time and paid leave for employees experiencing vaccine side effects.



COVID-19 Training

- Training must be provided to employees in a language and literacy level the employee understands, and should include:
 - COVID-19 Transmission
 - Hand Hygiene's importance in preventing COVID
 - Source control (covering nose and mouth)
 - Signs and symptoms of infection
 - Risk factors for serious illness
 - When to seek medical attention
 - Organizational policies and procedures related to COVID prevention
 - Tasks and situations that could result in transmission
- OSHA-created training slides: <https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20502%20Employee%20Training.pptx>



Record Keeping

- The standard applies to organizations with 10 or more employees.
- COVID-19 Log
 - A list of all employees that are COVID positive, regardless of whether the employee was exposed at work or has symptoms.
 - Must contain: employees name, one form of contact information, occupation, location where employee worked, date of employees last day at the workplace, date of positive test or diagnosis with COVID-19, and the date of symptom onset (if present)
 - Must be updated within 24 hours of discovery
 - Must be maintained and preserved while this section remains in effect
 - Link to sample log: <https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf>
- Requirements under OSHA for keeping injury and illness records on OSHA Forms 300, 300A, and 301 have not changed, and confirmed cases of COVID-19 should be recorded there.



Reporting

- COVID-19 Fatalities and Hospitalizations
 - Each work-related COVID-19 fatality must be reported to OSHA within eight hours of learning about the fatality
 - Each inpatient hospitalization must be reported in 24 hours of learning about the hospitalization
- Employers can report by:
 - Calling the OSHA Area Office nearest the site of the incident (link: www.osha.gov/contactus/bystate)
 - Calling the OSHA toll-free telephone number: 1-800-321-OSHA
 - Submitting information through OSHA's website at www.osha.gov

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4129.pdf>





Reporting cont.

- Reports should include the employer's name, employee's name, time and location of exposure, type of event (fatality or in-patient hospitalization), number of employees, brief description of incident, and employer's designated contact person.
- Attributing the incident to the workplace should take into account:
 - Type, extent and duration of contact the employee had at the work environment with other people, particularly the general public
 - Physical distancing and other controls that impart the likelihood of work-related exposure
 - Extent and duration of time spent in a shared indoor space with limited ventilation
 - Work-related exposure with anyone who exhibited signs and symptoms of COVID-19

<https://www.osha.gov/laws-regs/federalregister/2021-06-21>

<https://www.osha.gov/sites/default/files/publications/OSHA4129.pdf>





MAKE YOUR LIFE EASY

- Maximizing your vaccination rates is the best way to protect your staff and residents from COVID-19 and it will make compliance with all regulations much easier.
- OSHA Provides templates, training slides, communications and more to meet their requirements.
- All of them are available on their website:

<https://www.osha.gov/coronavirus/ets>





Questions?

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