



Facilities' Role in Implementing OSHA Emergency Temporary Standard (ETS) for Healthcare: 29 CFR 1910.502

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Questions about the Training?



If you have any questions about any of the training materials, please do not hesitate to contact me and ask me a question at: 715-835-3730

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Learning Objectives

1. Present an overview of the OSHA Emergency Temporary Standard (ETS)
2. Identify which facilities are exempt from the ETS
3. Review OSHA risk assessment criteria
4. List the elements included in the COVID-19 ETS
5. Discuss timeline for implementation and enforcement
6. Q and A



Safety is Our Mission

Responsibilities: Legal, Regulatory, Fiscal, Ethical

To provide and maintain safe services and environment for patients, their family, staff and practitioners

To partner with Infection Prevention and enforce hand hygiene programs - every person, every task, every day!

Follow rigorous and ongoing compliance with mitigation strategies: vaccination, physical distancing, barriers, use of masks, hand hygiene, medical screening, isolation and quarantine.

This is a team sport!

Staying Vigilant Against COVID-19 Fatigue

We are (still) all in
this together ...
HHS Public Health
Emergency
Declaration renewed
until October 20,
2021

Precautions Work... Make a Commitment

Risk of complacency as risk doesn't feel real

Sustained changes in behavior are hard—
remember seat belt use, mandatory gloves?

Doing the right thing even if means slight
inconvenience

Stay flexible as guidance changes, use
precautions, repeat until they are habits

Ensure necessary supplies are handy

Wear a mask in healthcare settings because
every breath matters -- CDC 5/14/21



Occupational Safety and Health Administration

The General Duty Clause, Section 5(a)(1)

- Requires “every employer provide a workplace free from recognized hazards that could cause death or physical harm”

The General Duty Clause, Section 5(b)

- Requires every employee to follow all safety protocols related to their job

How Did We Get to a COVID-19 ETS?

- Grave Danger: incurable, permanent, or non-fleeting health consequences of exposure to the virus
- General Duty Clause and CDC Guidelines were ineffective and inconsistently implemented
- *Because workers in healthcare settings where COVID-19 patients are treated continue to have regular exposure to SARS-CoV-2 and any variants that develop, they remain at an elevated risk of contracting COVID-19 regardless of vaccination status*
- Therefore, OSHA has determined that a grave danger to **healthcare and healthcare support workers** remains, despite the fully-vaccinated status of some workers, and that an ETS is necessary to address this danger

OSHA Authority to Ensure a Safe Workplace

- The language of section 6(c)(1) is not discretionary: the Secretary “shall” provide for an ETS when OSHA makes the prerequisite findings of grave danger and necessity
- Where OSHA finds a grave danger from the virus no longer exists for the covered workforce (or some portion thereof), or new information indicates a change in measures necessary to address the grave danger, OSHA will update the ETS, as appropriate
- The ETS is effective for 6 months following the publication in the Federal Register on 6/21/21.
- Public comments invited: www.regulations.gov
- Docket No. OSHA 2020-0004
- Comments accepted until 8/20/21

CDC Mask Guidance for Healthcare Settings

Anywhere healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

- HCP should continue to wear well-fitting masks or respirators (source control) at all times while they are in the healthcare facility, CDC clarification May 13, 2021





CDC: Healthcare Personnel (HCP):

It is not just about
Covid-19...

All persons, including contractors, *paid and unpaid*, working in *healthcare* who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and devices, contaminated environmental surfaces, or contaminated air

Includes persons not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients:

Registration/Reception

Laundry/Dietary

Housekeeping/EVS

Security

Maintenance/Facility

Contractors

Volunteers

Billing/Clerical

<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html>

CDC Definition of Exposure

Unprotected close contact as being within 6 feet of an infected/potentially infected person(s) for a **cumulative** total of at least 15 minutes over a 24-hour period starting at 2 days before illness onset (or 2 days before samples are collected for testing in asymptomatic patients) and until the infected person meets the criteria for ending isolation.

CDC,
3/1/2021

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.

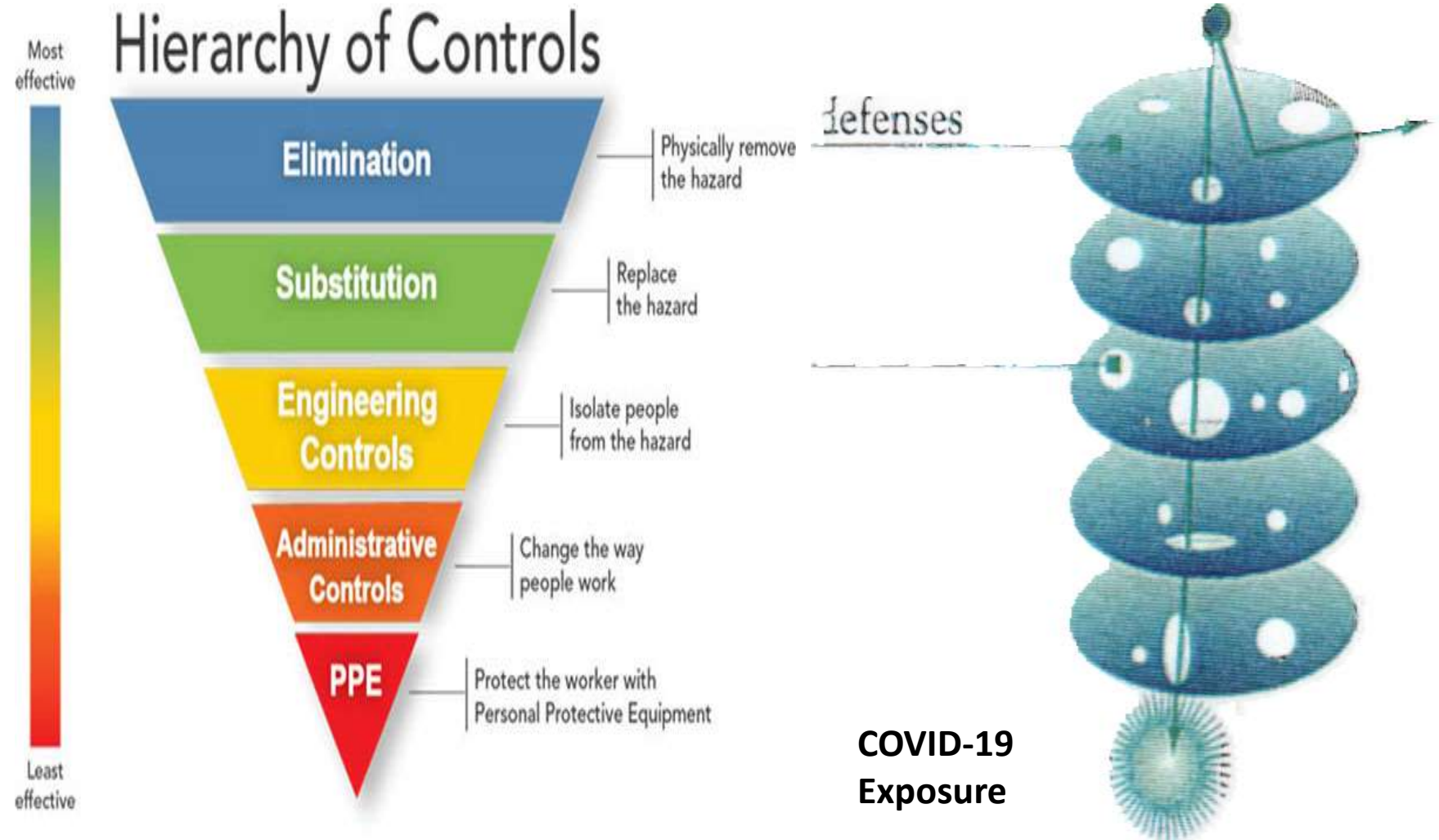
You may use the "Is your workplace covered by the COVID-19 Healthcare ETS?" flow chart to determine whether and how OSHA's COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

Exempt Entities - Still Need to Follow CDC Guidelines

- **Non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings:**
- **Well-defined hospital ambulatory care settings where all employees are fully vaccinated, and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;**
- Home healthcare settings where all employees are fully vaccinated, and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;
- **Healthcare support services not performed in a healthcare setting (*e.g.*, off-site laundry, off-site medical billing);**
- Telehealth services performed outside of a setting where direct patient care occurs
- Retail pharmacies

Hierarchy of Controls = Multi Layered Approach

- Layered approach better ensures that there is no inherent weakness in any one approach
- James Reason's model of accident causation dynamics, more commonly referred to as the "Swiss Cheese Model of Accident Causation" (Reason, April 12, 1990).



Conducting a Hazard Assessment

Activity: Who, what, when, where

Hazard: Potential COVID-19 exposure

Existing Safeguards: Mask usage in healthcare, social distancing, hand hygiene, medical screening and monitoring, vaccination

Additional Requirements: What else do we need for protection based on the activity – review ventilation? Barriers?

Elements of the ETS



Conduct a hazard
assessment; identify
Safety Coordinators

Patient screening and
management

Standard and
transmission
precautions;
respirators and PPE

Limiting exposure to
aerosol-generating
procedures

Social distancing
Physical barriers

Ventilation

Cleaning and disinfection

Training

Employee health
screening, medical
management,

Access to
vaccination;
reasonable time and
paid leave

Anti-retaliation
provisions, medical
removal protection
(MRP)

Recordkeeping and
reporting

ETS Elements: Hazard Assessments, Safety Coordinator, Limit Entry, Patient Screening:

- **Conduct a hazard assessment and implement a COVID-19 plan for each workplace. Engage employees in the development of the plan.** One plan for multiple similar locations acceptable – list facility locations in the plan.
- **Designate workplace safety coordinator(s)**, knowledgeable in infection control principles and practices, with authority to implement, monitor, and ensure compliance with the plan.
- **Limit and monitor points of entry to settings where direct patient care is provided;** screen and triage patients/clients/residents, delivery people and other visitors and non-employees entering the setting for symptoms of COVID-19; and implement patient management strategies.



Assessing the Risk of COVID-19 Exposure



Very High Exposure Risk Potential for exposure

- HCP (doctors, nurses, dentists, paramedics, emergency medical technicians) performing **aerosol-generating procedures**
- **Healthcare or laboratory personnel collecting or testing COVID-19 specimens**
- ***High Exposure Risk Potential***
- HCP/support staff who must enter patients' rooms
- Medical transport workers (EMS) moving patients in enclosed vehicles
- Mortuary workers involved in preparing bodies for burial/cremation

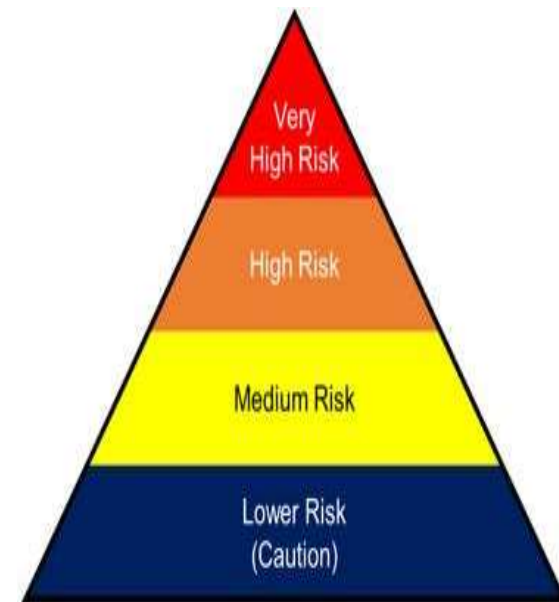
Assessing the Risk of COVID-19 Exposure

Medium Exposure Risk Frequent/close/sustained contact (within 6 feet) of people who may be infected, but who are not known to have/suspected of having COVID-19

- Those who may have contact with the general public
- Environmental (janitorial, EVS) services
- Pastoral, social, or public health workers in contact with community members

Lower Exposure Risk (Caution) Does not require contact with people known or suspected of being, infected with SARS-CoV-2

- Minimal occupational contact with the public/other coworkers
- May be impacted by community transmission rates
- **Remote workers, office workers, HCP providing telemedicine services**



www.OSHA.gov

Standard and Transmission Precautions Following CDC Guidelines

The CDC recommends that healthcare personnel (including healthcare support services) who enter the room or area of a patient with suspected or confirmed COVID-19:

Adhere to Standard Precautions plus gown, gloves, and eye protection, **and** use a NIOSH-approved N95 filtering facepiece or equivalent or higher-level respirator.

Use of N95 respirator requires fit testing, medical screening and a written respiratory protection program (29 CFR 1910.134)

ETS Elements: PPE

Provide and ensure employees wear facemasks when indoors and when occupying a vehicle with other people for work purposes;

Provide and ensure employees use respirators and other personal protective equipment (PPE) for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19; and

Provide respirators and other PPE in accordance with Standard and Transmission-Based Precautions.

Perform Aerosol Generating Procedures (AGPs) on persons with suspected or confirmed COVID-19 in an airborne infection isolation room, if available; limit employees present to only those essential; and clean and disinfect surfaces and equipment promptly after the procedure is completed.



Surgical Masks

Are used to protect against splashes/sprays (droplets) containing potentially infectious materials

Approved by the FDA as a medical device

Should be placed on sick individuals to prevent the transmission of respiratory infections that spread by large droplets

Will not protect the wearer against airborne transmissible infectious agents *due to loose-fit and lack of seal or inadequate filtration*

May be used by almost anyone (no medical screening or fit-testing required)

Should be properly disposed of after use



Improving the Fit of Medical Masks



Start

Start with clean hands — always wash them before handling a new mask (and after taking off a used one).

Fold

Fold the mask in half, lengthwise, so that the bottom and top strip are edge-to-edge.

Take

Take one ear loop and make a knot as close as possible to the corners of the mask; repeat on the other side.

Unfold

Unfold the mask and adapt the flexible nose bridge to your nose. You will see that the mask puffs out more than before.

Fold in

Fold in the corners and put on your better-fitting mask. Adjust as needed.

Voluntary Use of N-95 Respirators

1910.504

The training requirements for voluntary use:

a) how to inspect, put on and remove, and use a respirator;

b) the limitations and capabilities of the respirator, when the respirator has not been fit tested;

c) procedures and schedules for storing, maintaining, and inspecting respirators;

d) how to perform a user seal check

e) how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators and what to do if the employee experiences signs and symptoms

These training requirements for respirator use are similar to the training requirements mandated under the Respiratory Protection standard for required respirator use. (See 29 CFR 1910.134(k)).

ETS Elements: Cleaning and Disinfection (CDC)

Follow CDC Guidelines for cleaning and disinfection of surfaces and equipment and medical devices and equipment or in all other areas when a person who is COVID-19 positive has been in the workplace in the last 24 hours

Allow for adequate air exchanges prior to cleaning on Pages 86-103 and 147-149 with focus on Environmental Services in Healthcare Settings. 2003 (www.osha.gov/sites/default/files/CDC's_Guidelines_for_Environmental_Infection_Control.pdf)

In all other areas, clean high-touch surfaces and equipment at **least once a day**

Provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible handwashing facilities.



Effects of Air Changes per Hour (ACHs) on Filtration

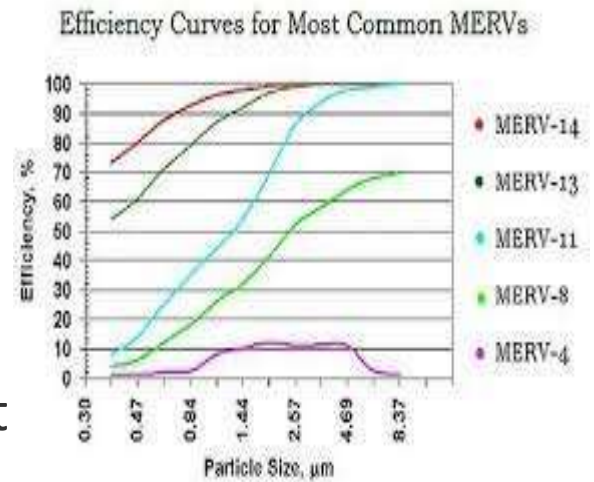
Time (in minutes) required for removal			
Air changes per hour	90-percent Efficiency (~MERV 14)	99-percent Efficiency	99.9-percent Efficiency (MERV 17)
2	69	138	207
4	35	69	104
6	23	46	69
8	17	35	52
10	14	28	41
12	12	23	35
15	9	18	28
20	7	14	21
50	3	6	8

ETS Elements: Ventilation

Ensure adequate ventilation in accordance with the ETS, if the employer owns or controls buildings or structures with an existing HVAC system(s) and/or existing AIIR(s).

- Maximize the system's ventilation and air filtration capabilities and ensure the system is operating according to the HVAC system's design specifications.
- Filters with MERV ratings of 13 or greater are at least 85% efficient at capturing particles similar in size to those carrying the virus that causes COVID-19.

All HEPA filters have a rating of a **MERV 17 or higher**. A HEPA filter with a MERV 17 rating will trap 99.97% of air particles that are 0.3-1.0 micron in size and are most used in hospitals and medical centers



Ventilation Hazard Assessment

- **Activity:** Changing HVAC filters
- **Hazard:** Potential COVID-19 exposure
- **Existing Safeguards:** Mask usage in healthcare, social distancing, use of filters
- **Additional Requirements:** Use of N95 masks, turn off HVAC system; evaluate filters with higher MERV ratings

✓ Ventilation in Your Workplace			
<p>This section will assist you in improving ventilation at your workplace.</p> <ul style="list-style-type: none"> 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 manufacturer's instructions and the design specifications of the system(s); the amount of outside air circulated through the system(s) and the number of air changes per hour are maximized to the extent appropriate; air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); air filters are maintained and replaced as necessary; intake ports are cleaned, maintained, and cleared of debris; and airborne infection isolation rooms (AIIRs) are maintained and operated in accordance with their design and construction criteria. Does your workplace have a HVAC system that you own or control? Who is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of the OSHA COVID-19 ETS? (e.g., Maintenance staff, HVAC service contractor) <p><u>Name/Contact Information:</u></p>			
Have you taken these measures where/when possible?	YES	NO	Follow-up Action
Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities ?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the HVAC air filters that are installed rated at least Minimum Efficiency Reporting Value (MERV) 13, or the highest level compatible with the system?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all air supply diffusers and return air grilles open, clean, and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all existing AIIRs maintained in accordance with design and construction criteria?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Ventilation Strategies (Best Practices) to Consider	YES	NO	Notes
Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks?	<input type="checkbox"/>	<input type="checkbox"/>	
Are automatic settings that reduce outside air intake disabled?	<input type="checkbox"/>	<input type="checkbox"/>	
Are HVAC system(s) operated at least two hours before people arrive and at least two hours after everyone has left in order to help flush the building?	<input type="checkbox"/>	<input type="checkbox"/>	

Maintenance on HEPA filters



- Performed only by adequately trained/protected personnel, and only while the ventilation system or room-air recirculation unit is off while **wearing appropriate respiratory protection in addition to eye and hand protection**
- Filters and other potentially contaminated materials should be disposed of in accordance with applicable local or state regulations. Pre-filters should be handled and disposed in the same manner as HEPA filters.
- All outside air intake ports are clean, maintained and cleared of any debris that may affect the function and performance of the HVAC system.
- Ensure the fan can handle the increased pressure load and that air does not bypass the filters. Increased maintenance and filter changes will likely be needed. Restroom fans are being maintained.

Ventilation References

- CDC: Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in HealthCare Settings, 2005, December 30, 2005/Vol. 54/No. RR-17.
www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air
- American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE): Negative Pressure Rooms www.ashe.org/negative-pressure-rooms
- American Industrial Hygiene Association: Reducing the Risk of COVID-19 Using Engineering Controls (September 9, 2020) [aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/GuidanceDocuments/Reducing-the-Risk-of-COVID-19-using-Engineering-Controls-GuidanceDocument.pdf](https://assets.sfo2.digitaloceanspaces.com/AIHA/resources/GuidanceDocuments/Reducing-the-Risk-of-COVID-19-using-Engineering-Controls-GuidanceDocument.pdf)

ETS Elements: Social Distancing

Keep employees at least 6 feet apart from others when indoors, unless not feasible for a specific activity (e.g., hands-on medical care)

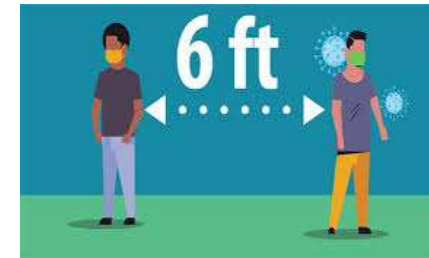
6 ft spacing in the waiting rooms

Traffic Control – limited entry points

One way traffic

Staggered shifts/breaks – reduce employee exposure to others

Online video and phone communication instead of in-person contact- **telemedicine**



ETS Elements: Physical Barriers



Install cleanable or disposable solid barriers at fixed work locations in non-patient care areas where employees are not separated from other people by at least 6 feet.

- May have a small pass-through space positioned away from the breathing zones of both users for passing items (e.g., medical screening questionnaire, COVID -19 testing materials) between users, or where employees need to have physical contact with another individual.
- Physical barriers with a sliding door may be installed when the items being transferred are larger (e.g., food service window, package or parcel counter).
- If a sliding door is used, it must be kept closed except when necessary to transfer items.

Physical Barrier Assessment

- **Activity:** Employees that cannot physically distance
- **Hazard:** Potential COVID-19 exposure
- **Existing Safeguards:** Mask usage in healthcare
- **Additional Requirements:** Evaluated use of fixed barriers and additional PPE

Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing			
<p>Use this Fixed Work Location and Job Task Inventory and input from employees to identify any fixed work locations outside of direct patient care areas where employees cannot maintain at least 6 feet of physical distancing from all other people when indoors. Direct patient care means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.</p> <p>Note: The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.</p> <p>Fixed work locations are workstations where an employee is assigned to work for significant periods of time. Protective measures can often be implemented at fixed workstations to minimize potential exposure to COVID-19.</p> <ul style="list-style-type: none"> ○ Take an inventory of all fixed work locations outside of direct patient care areas where employees <u>cannot maintain 6 feet of physical distance</u> from all other people. Note the number of workers at each location. <i>For example: 5 administrative employees work at an outpatient medical office with fixed work locations at:</i> <ul style="list-style-type: none"> ■ The reception area ■ Employee desk area not in direct patient care areas ○ For each fixed work location, describe the job tasks where employees <u>cannot maintain 6 feet of physical distance</u> from all other people. <i>For example: For the outpatient medical office:</i> <ul style="list-style-type: none"> ■ 2 employees in the reception area interact with patients, families, and the public to conduct administrative tasks at the reception desk ■ 3 employees work at their desks not in direct patient care areas 			
Fixed Work Location		No. of Workers	Job Tasks and Descriptions
<i>For example: Outpatient medical office</i>	<i>The reception area</i>	2	<i>Interact with patients, families, and the public to conduct administrative tasks at the reception desk</i>
	<i>Employee desk area</i>	3	<i>Work at their desks not in direct patient care areas</i>

ETS Elements: 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, provide medical removal protection benefits in accordance with the standard to workers who must isolate or quarantine.



Recognizing Symptoms of COVID-19 for Sick Employees or Patients or Family Members

Symptoms may appear in 2-14 days

- Fever or chills; cough
- Shortness of breath or difficulty breathing
- Fatigue; muscle or body aches/headache
- New loss of taste or smell
- Sore throat; congestion or runny nose
- Nausea or vomiting; diarrhea

Delta Variant: headache, followed by sore throat, runny nose, and then fever.

Seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

If you are sick: Notify your employer, stay at home, and isolate yourself from others.

- Contact your local healthcare provider and get tested if you have symptoms of COVID-19

ETS Elements: Vaccination, Training

- **Vaccination:** Provide reasonable time and paid leave for vaccinations and vaccine side effects
- **Training:** Ensure all employees receive training so they comprehend COVID-19 transmission, tasks and situations in the workplace that could result in infection, and relevant policies/procedures. Repeat training is required when risks, PPE, disinfectants and policies/procedures change



Training Topics – Initial and Ongoing

Training/Education point person recommended for consistent information dissemination and coordination

- The symptoms associated with Covid-19
- The sources of exposure to the virus – *changing jobs may change risk*
- Appropriate administrative/workplace protocols and PPE in place to prevent or reduce the likelihood of exposure – especially for different styles of PPE and as disinfectants change
- How to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases
- How to report possible exposures/cases
- How COVID-19 updates will be communicated
- Protocols for employee sick leave or caring for sick family members
- Process for reporting to Covid-19 cases to OSHA

Training for Employees

- Use of a check list for the items covered during an employee orientation reduces onboarding variation
- Include OSHA regulations and site-specific information for employee safety
- Explain how CDC recommendations connected to patient/employee safety and CMS regulations are connected to reimbursement as well as patient safety
- **Best practice training includes a competency demonstration for donning/doffing PPE**
- Maintain employee training records



ETS Elements: Anti-Retaliation

- National Emphasis Program updated in 7/21 to focus on OSHA enforcement and for employers that engage in retaliation against employees who complain about unsafe or unhealthful conditions or exercise other rights under the Act
- Whistleblower Protection Program established in 1970
- Section 11(c) of the Occupational Safety and Health Act protects employees against retaliation or adverse action because of their involvement in protected safety and health related activity
- New emphasis to ensure that workers are protected from retaliation and prevents retaliation where possible
- Promptly referring allegations of retaliation to the Whistleblower Protection Program



Prohibited Actions and Timelines for Filing

An employer cannot take an adverse action against employees for engaging in activities protected by OSHA's whistleblower laws. Examples:

-- firing or laying off, demoting, denying overtime or promotion or reducing pay or hours, threats, intimidation, harassment, blacklisting or disciplining

Must file claim of retaliation within 30 days of the adverse action for general health and safety issues



How to File a Whistleblower Complaint

Federal OSHA
Regional Offices:
Appleton, Eau Claire,
Madison, Milwaukee

Online - Submit completed form to OSHA

Fax/Mail/Email form
Include mailing address, email address, and telephone or fax number for follow-up contact

Telephone - Call your local OSHA Regional or Area Office.

In person – Visit your local OSHA Regional or Area Office

OSHA accepts complaints in any language

Forms at www.OSHA.gov/workers/file-complaint

ETS Elements: Recordkeeping and Reporting

If an employer has more than 10 employees on the effective date of this ETS, record all employee cases of COVID-19 on a COVID-19 log without regard to occupational exposure.

Report work-related COVID-19 fatalities to OSHA within 8 hours of employer knowledge and in-patient hospitalizations within 24 hours of employer knowledge.

ETS Elements: Fully Vaccinated Employees

- ETS exempts fully vaccinated employees from the requirements for PPE, physical distancing, and physical barriers **in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.**(e.g., breakroom)
- For an employer to be exempt from providing these 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.



OSHA's Hazard Communication Standard 1910.1200

Requires every facility have a written HazCom Plan

Includes a current list of every hazardous chemical in the facility (including EPA disinfectants)

Documents employee training on the hazardous chemicals used – signs/symptoms of exposure

Safety Data Sheet (SDS) are readily available to all staff for each chemical

SDS identifies chemical name, hazard, PPE, first aid and chemical spill cleanup and disposal procedures

Documented annual review required

Regulated Medical Waste aka “Red Bag Waste”

CDC indicates that :

"Medical waste (red bag waste) coming from healthcare facilities treating COVID-19 patients is no different than waste coming from facilities without COVID-19 patients."

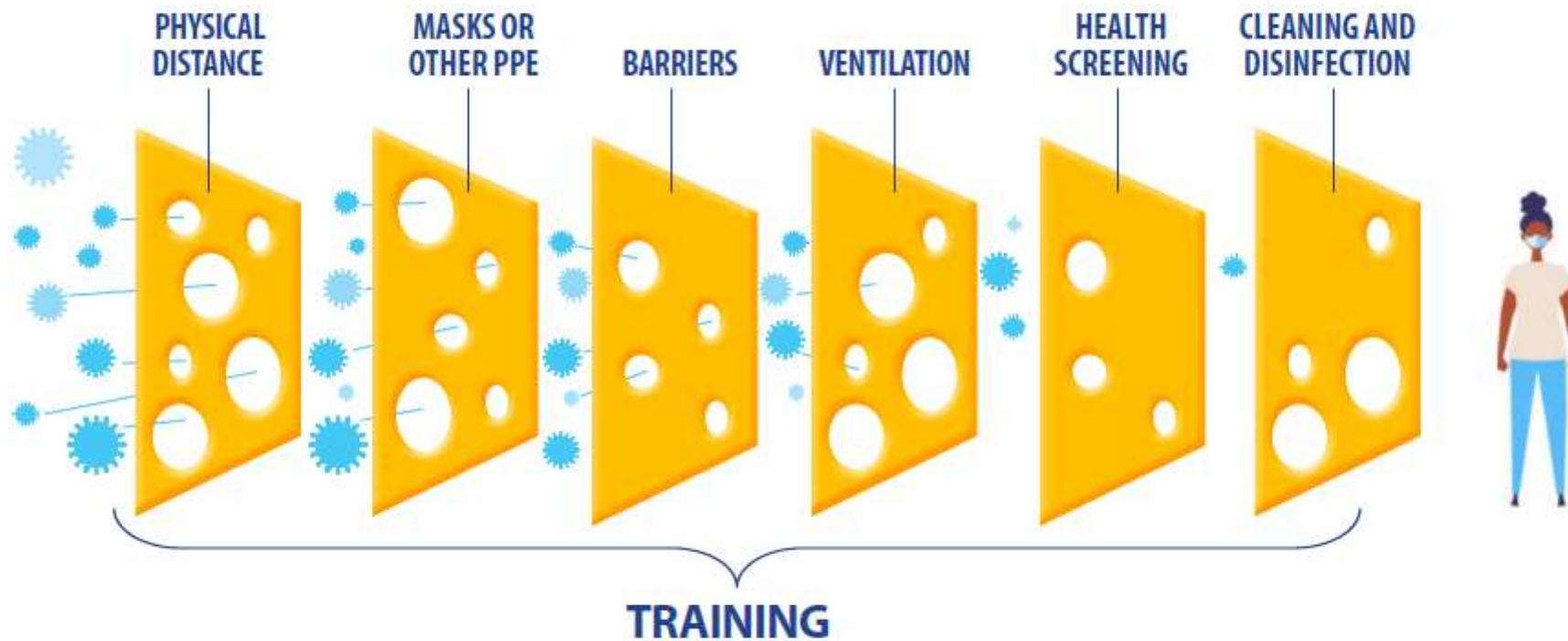
COVID-19 medical waste is not Category A waste (Ebola produces Category A waste)

Individual states regulate manifests and tracking of regulated medical waste

GUIDE TO MANAGING MEDICAL WASTE DISPOSAL



SLOW THE SPREAD OF COVID-19 AT WORK



**No single protective layer can prevent the spread.
The more safeguards, the better.**

[osha.gov/coronavirus](https://www.osha.gov/coronavirus)

Timeline and Enforcement

- Most elements of ETS must be implemented by July 6, 2021
- Except physical barriers, ventilation and training which must be implemented by July 21, 2021.
- COVID-19-specific ETS makes clear OSHA's authority to separately cite employers for each instance of the employer's failure to protect employees and for each affected employee, where appropriate.
- Serious vs willful citations
- \$13,653 per **violation** vs \$136,532 per **violation**

2020 OSHA Inspections with COVID Related Citations

As of January 4, 2021, initial penalties at \$4,034,288

<https://www.osha.gov/enforcement/covid-19-data/inspections-covid-related-citations>

Most frequent citations: respiratory protection (29 CFR 1910.134) and recordkeeping (29 CFR 1904)

Website lists facility name, location, citation and proposed fines

Fines ranging from ~\$ 2,000 to \$26,000

Inspections and citations are public records

References

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Vaccinations 4/23/21

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

COVID-19 ETS Materials Incorporated by Reference in § 1910.502

- <https://www.osha.gov/coronavirus/ets/ibr>
- Discusses CDC cleaning/disinfection guidance, COVID-19 Infection prevention and control guidelines, ventilation, return to work and other key topics.

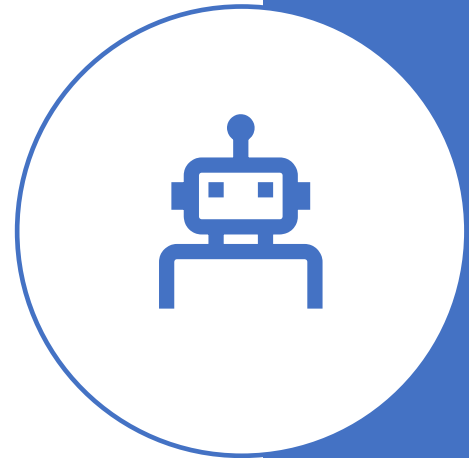
ETS Implementation Tools and Checklists – including sample COVID 19 plan template, worksite hazard assessment, screening checklists and respiratory plan templates and training tips. <https://www.osha.gov/coronavirus/ets>

Facility Specific Information: aka, Homework

We have discussed general information. **You are required to know the following information for each facility at which you work.**

Download the form from the resource files and complete the questions:

- 1) To whom do I report a potential COVID-19 exposure?
- 2) Who do I tell if I am experiencing COVID-19 symptoms?
- 3) Where are extra PPE, hand sanitizer and supplies kept?
- 4) What equipment/environments am I responsible for cleaning?
- 5) What is the “contact or dwell time” for the disinfectant(s) I am using?
- 6) How do I get information on changing protocols and policies? (e.g., entrances, temperature screening, staggered shifts/breaks, one-way traffic, social distancing, etc.)



Questions?

If you have any questions, please do not hesitate to contact me:

- mcfarlane.marge@gmail.com

Thank you for your time!

I would appreciate any feedback you may have.

