**OSHA COVID-19 Healthcare Emergency Temporary Standard

Crosswalk of Regulatory Text and Inspection and Citation Guidance

*Prepared by Iroquois Healthcare Association – July 2021*

The regulatory text in the crosswalk below is extracted from pages 872-916 of the [interim final rule](https://www.osha.gov/sites/default/files/covid-19-healthcare-ets-preamble.pdf) published in the federal register. The regulatory text may also be accessed [here](https://www.osha.gov/sites/default/files/covid-19-healthcare-ets-reg-text.pdf).

The complete Inspection and Citation Guidance procedures may be found [here](https://www.osha.gov/sites/default/files/enforcement/directives/DIR_2021-02_CPL_02.pdf).

Additional information including a plan template, tools and fact sheets are available on OSHA’s Emergency Temporary Standard (ETS) [webpage](https://www.osha.gov/coronavirus/ets).

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| ***Regulatory Text*** | ***Inspection Procedures*** | ***Citation Guidance*** | ***Notes*** |
| § 1910.502 Healthcare. |  |  |  |
| Scope and application. | NA | NA |  |
| * 1. Except as otherwise provided in this paragraph, this section applies to all settings where any employee provides healthcare services or healthcare support services. |  |  |  |
| * 1. This section does not apply to the following: |  |  |  |
| * + 1. the provision of first aid by an employee who is not a licensed healthcare provider; |  |  |  |
| * + 1. the dispensing of prescriptions by pharmacists in retail settings; |  |  |  |
| * + 1. 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; |  |  |  |
| * + 1. 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; |  |  |  |
| * + 1. 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; |  |  |  |
| * + 1. healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or |  |  |  |
| * + 1. telehealth services performed outside of a setting where direct patient care occurs. |  |  |  |
| *Note to paragraphs (a)(2)(iv) and (a)(2)(v): OSHA does not intend to preclude the employers of employees who are unable to be vaccinated from the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v). Under various anti-discrimination laws, workers who cannot be vaccinated because of medical conditions, such as allergies to vaccine ingredients, or certain religious beliefs may ask for a reasonable accommodation from their employer. Accordingly, where an employer reasonably accommodates an employee who is unable to be vaccinated in a manner that does not expose the employee to COVID-19 hazards (e.g., telework, working in isolation), that employer may be within the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v).* |  |  |  |
| * 1. (i) Where a healthcare setting is embedded within a non-healthcare setting (e.g., medical clinic in a manufacturing facility, walk-in clinic in a retail setting), this section applies only to the embedded healthcare setting and not to the remainder of the physical location. |  |  |  |
| (ii) Where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, this section applies only to the provision of the healthcare services by that employee. |  |  |  |
| * 1. In well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, paragraphs (f), (h), and (i) of this section do not apply to employees who are fully vaccinated. |  |  |  |
| *Note 1 to paragraph (a): Nothing in this section is intended to limit state or local government mandates or guidance (e.g., executive order, health department order) that go beyond the requirements of and are not inconsistent with this section.* |  |  |  |
| *Note 2 to paragraph (a): Employers are encouraged to follow public health guidance from the Centers for Disease Control and Prevention (CDC) even when not required by this section.* |  |  |  |
| ***Definitions*** | NA | NA |  |
| The following definitions apply to this section: |  |  |  |
| *Aerosol-generating procedure* means a medical procedure that generates aerosols that can be infectious and are of respirable size. For the purposes of this section, only the following medical procedures are considered 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. |  |  |  |
| *Airborne infection isolation room (AIIR)* means a dedicated negative pressure patient-care room, with special air handling capability, which is used to isolate persons with a suspected or confirmed airborne-transmissible infectious disease. AIIRs include both permanent rooms and temporary structures (e.g., a booth, tent or other enclosure designed to operate under negative pressure). |  |  |  |
| *Ambulatory care* means healthcare services performed on an outpatient basis, without admission to a hospital or other facility. It is provided in settings such as: offices of physicians and other health care professionals; hospital outpatient departments; ambulatory surgical centers; specialty clinics or centers (e.g., dialysis, infusion, medical imaging); and urgent care clinics. Ambulatory care does not include home healthcare settings for the purposes of this section. |  |  |  |
| *Assistant Secretary* means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee. |  |  |  |
| *Clean/cleaning* means the removal of dirt and impurities, including germs, from surfaces using soap and water or other cleaning agents. Cleaning alone reduces germs on surfaces by removing contaminants and may also weaken or damage some of the virus particles, which decreases risk of infection from surfaces. |  |  |  |
| *Close contact* means being within 6 feet of any other person for a cumulative total of 15 minutes or more over a 24-hour period during that person’s potential period of transmission. The potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. |  |  |  |
| *Common areas* means indoor or outdoor locations under the control of the employer that more than one person may use or where people congregate (e.g., building lobbies, reception areas, waiting rooms, restrooms, break rooms, eating areas, conference rooms). |  |  |  |
| *COVID-19 (Coronavirus Disease 2019)* means the respiratory disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). For clarity and ease of reference, this section refers to “COVID-19” when describing exposures or potential exposures to SARS-CoV-2. |  |  |  |
| *COVID-19 positive* and *confirmed COVID-19* refer to a person who has a confirmed positive test for, or who has been diagnosed by a licensed healthcare provider with, COVID-19. |  |  |  |
| *COVID-19 symptoms* mean the following: 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. |  |  |  |
| *COVID-19 test* means a test for SARS-CoV-2 that is:   1. Cleared or approved by the U.S. Food and Drug Administration (FDA) or is authorized by an Emergency Use Authorization (EUA) from the FDA to diagnose current infection with the SARS-CoV-2 virus; and 2. Administered in accordance with the FDA clearance or approval or the FDA EUA as applicable. |  |  |  |
| *Direct patient care* means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring. |  |  |  |
| *Disinfect/disinfection* means using an EPA-registered, hospital-grade disinfectant on EPA’s “List N” (incorporated by reference, § 1910.509), in accordance with manufacturers’ instructions to kill germs on surfaces. |  |  |  |
| *Elastomeric respirator* means a tight-fitting respirator with a facepiece that is made of synthetic or rubber material that permits it to be disinfected, cleaned, and reused according to manufacturer’s instructions. It is equipped with a replaceable cartridge(s), canister(s), or filter(s). |  |  |  |
| *Facemask* means a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as “medical procedure masks.” |  |  |  |
| *Face shield* means a device, typically made of clear plastic, that:   1. is certified to ANSI/ISEA Z87.1 (incorporated by reference, § 1910.509); or 2. covers the wearer’s eyes, nose, and mouth to protect from splashes, sprays, and spatter of body fluids, wraps around the sides of the wearer’s face (i.e., temple-to-temple), and extends below the wearer’s chin. |  |  |  |
| *Filtering facepiece respirator* means a negative pressure particulate respirator with a non-replaceable filter as an integral part of the facepiece or with the entire facepiece composed of the non-replaceable filtering medium. |  |  |  |
| *Fully vaccinated* means 2 weeks or more following the final dose of a COVID-19 vaccine. |  |  |  |
| *Hand hygiene* means the cleaning and/or disinfecting of one’s hands by using standard handwashing methods with soap and running water or an alcohol-based hand rub that is at least 60% alcohol. |  |  |  |
| *Healthcare services* mean services that are provided to individuals by professional healthcare practitioners (e.g., doctors, nurses, emergency medical personnel, oral health professionals) for the purpose of promoting, maintaining, monitoring, or restoring health. Healthcare services are delivered through various means including: hospitalization, long- term care, ambulatory care, home health and hospice care, emergency medical response, and patient transport. For the purposes of this section, healthcare services include autopsies. |  |  |  |
| *Healthcare support services* mean services that facilitate the provision of healthcare services. Healthcare support services include patient intake/admission, patient food services, equipment and facility maintenance, housekeeping services, healthcare laundry services, medical waste handling services, and medical equipment cleaning/reprocessing services. |  |  |  |
| *High-touch surfaces and equipment* means any surface or piece of equipment that is repeatedly touched by more than one person (e.g., doorknobs, light switches, countertops, handles, desks, tables, phones, keyboards, tools, toilets, faucets, sinks, credit card terminals, touchscreen-enabled devices). |  |  |  |
| *Physical location* means a site (including outdoor and indoor areas, a structure, or a group of structures) or an area within a site where work or any work-related activity (e.g., taking breaks, going to the restroom, eating, entering, or exiting work) occurs. A physical location includes the entirety of any space associated with the site (e.g., workstations, hallways, stairwells, breakrooms, bathrooms, elevators) and any other space that an employee might occupy in arriving, working, or leaving. |  |  |  |
| *Powered air-purifying respirator (PAPR)* means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering. |  |  |  |
| *Respirator* means a type of personal protective equipment (PPE) that is certified by NIOSH under 42 CFR part 84 or is authorized under an EUA by the FDA. Respirators protect against airborne hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Common types of respirators include filtering facepiece respirators, elastomeric respirators, and PAPRs. Face coverings, facemasks, and face shields are not respirators. |  |  |  |
| *Screen* means asking questions to determine whether a person is COVID-19 positive or has symptoms of COVID-19. |  |  |  |
| *Surgical mask* means a mask that covers the user’s nose and mouth and provides a physical barrier to fluids and particulate materials. The mask meets certain fluid barrier protection standards and Class I or Class II flammability tests. Surgical masks are generally regulated by FDA as Class II devices under 21 CFR 878.4040 – Surgical apparel. |  |  |  |
| *Vaccine* means a biological product authorized or licensed by the FDA to prevent or provide protection against COVID-19, whether the substance is administered through a single dose or a series of doses. |  |  |  |
| *Workplace* means a physical location (e.g., fixed, mobile) where the employer’s work or operations are performed. |  |  |  |
| COVID-19 plan. |  |  |  |
| * 1. The employer must develop and implement a COVID-19 plan for each workplace. If the employer has multiple workplaces that are substantially similar, its COVID- 19 plan may be developed by workplace type rather than by individual workplace so long as all required site-specific information is included in the plan.   *Note to paragraph (c)(1): For those employers who do not already have a COVID-19 plan in place, OSHA's website contains significant compliance assistance materials, including a* [*model plan*](https://www.osha.gov/sites/default/files/COVID-19_Healthcare_ETS_Model_Written_Plan.docx)*.* | a. Written COVID-19 Plan: CSHOs must request and review the employer's written COVID-19 plan to determine that it includes each of the required elements in paragraphs (c) 1-7. If the employer has multiple facilities with substantially similar operations, its COVID-19 plan may be developed by facility type rather than by individual workplace so long as all required sites specific information is included in the plan. Employers may also develop a single comprehensive plan in instances where employees are performing the same task(s) at different facilities as long as any required site-specific information is included. | a. If the employer has not developed and/or implemented a COVID19 plan for each worksite in its jurisdiction, the Area Office should issue citations for 29 CFR § 1910.502(c)(1). If a facility is lacking a COVID-19 plan and other requirements of the standard have not been implemented, those paragraphs should be cited as separate violations in addition to paragraph (c).  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| If the employer has more than 10 employees, the COVID-19 plan must be written. |  | c. Where the employer has more than 10 employees on the effective date of the ETS, 29 CFR § 1910.502(c)(1), for lack of a COVID19 plan, may be grouped with 29 CFR § 1910.502(c)(2), for lack of a written plan . These violations should normally be classified as serious.  d. If the employer has more than 10 employees on the effective date of the ETS, and if no written COVID-19 plan exists, but all other provisions of the standard have been met, and it is unlikely that the deficiency would result in a serious hazard, the Area Office may consider the lack of the written program to be other-than-serious. Also, see the general citation guidance.  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| * 1. The employer must designate one or more workplace COVID-19 safety coordinators to implement and monitor the COVID-19 plan developed under this section. The COVID-19 safety coordinator(s) must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations. The identity of the safety coordinator(s) must be documented in any written COVID-19 plan. The safety coordinator(s) must have the authority to ensure compliance with all aspects of the COVID-19 plan. | f. COVID-19 Safety Coordinator(s): CSHOs should inquire if employers designated one or more COVID-19 safety coordinators to implement, monitor, and report on the COVID-19 plan developed under this section. CSHOs should review the written COVID-19 plan (where required) to ensure that the safety coordinator(s) is identified in writing and has the authority to ensure compliance with all aspects of the COVID-19 plan including to implement and update the plan as needed. The CSHO should interview the COVID-19 safety coordinator(s) regarding their professional knowledge and background in infection control principles and practices applied to the workplace and employee job operations. This facilitates in determining if they are qualified through training, education, work experience or a combination thereof. Management of the COVID-19 plan may be performed by a team of infection control personnel. | e. If the employer developed and implemented a site-specific (or task-specific) COVID-19 plan but the written plan failed to address one or more of the elements under 29 CFR § 1910.502(c)(3) - (c)(7), respectively, the Area Office may issue citations for the specific provisions as appropriate. Violations for deficiencies or omissions of one or more elements of the COVID-19 plan should normally be grouped, where appropriate. For example, in circumstances such as multi-employer worksites, violations of 29 CFR § 1910.502(c)(4), for failure to identify all COVID-19-related exposure hazards in the workplace, would normally be grouped with violations for failure to communicate and coordinate with other employers, i.e., 29 CFR § 1910.502(c)(7)(ii).  f. If the employer has not designated a COVID-19 safety coordinator in its plan, the Area Office may consider a citation for 29 CFR § 1910.502(c)(3). If deficiencies in the COVID-19 safety coordinator(s)’ knowledge and expertise in infection control practices and principles are established, but all other provisions of the standard have been met, and it is unlikely that this deficiency would result in a failure to follow proper practices, the Area Office should generally not issue any citations for these deficiencies.  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| * 1. (i) The employer must conduct a workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19. | h. CSHOs must make a determination whether the COVID-19 plan contains adequate workplace-specific policies and procedures to address potential workplace hazards related to COVID-19 at the worksite being inspected.  j. Workplace Specific Hazard Assessment: A workplace-specific hazard assessment must be conducted. This requirement extends to the employer’s own employees and to employees of other employers when multiple employers share the same physical location. Employers should follow basic and well-known hazard assessment techniques including:   * Identify potential risks and sources of exposure: Identify worker categories or job tasks with exposure, and classify the risk of worker exposure. * CSHOs should determine whether all reasonably anticipated workplace hazards related to COVID-19 have been identified. Exposure risk depends in part on the physical environment of the workplace, the type of work activity, the health status of the worker, the ability of workers to wear facemasks and abide by CDC guidelines, and the need for close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people, including those known to have or suspected of having 17 COVID-19, and those who may be infected with—and able to spread—SARS-CoV-2 without knowing it. * The hazard assessment and classification of risk should include all of the employees’ duties in the workplace, such as: patient-facing tasks; the need to share tools or medical equipment (e.g., radios or computer terminal); and sharing common areas. In healthcare, risks are typically associated with direct patient care including but not limited to patient screening (e.g., at the hospital or clinic entrance); patient medical care (e.g., in the dedicated COVID-19 ward); the type of care (e.g., assistance with feeding or bathing) or the type of medical procedures to be performed (e.g., intubation, bronchoscopy); etc. See also [www.osha.gov/coronavirus/hazards](http://www.osha.gov/coronavirus/hazards) | b. If the employer has failed to make the COVID-19 plan either sitespecific (or task-specific), the Area Office may issue a citation for 29 CFR § 1910.502(c)(1).  e. If the employer developed and implemented a site-specific (or task-specific) COVID-19 plan but the written plan failed to address one or more of the elements under 29 CFR § 1910.502(c)(3) - (c)(7), respectively, the Area Office may issue citations for the specific provisions as appropriate. Violations for deficiencies or omissions of one or more elements of the COVID-19 plan should normally be grouped, where appropriate. For example, in circumstances such as multi-employer worksites, violations of 29 CFR § 1910.502(c)(4), for failure to identify all COVID-19-related exposure hazards in the workplace, would normally be grouped with violations for failure to communicate and coordinate with other employers, i.e., 29 CFR § 1910.502(c)(7)(ii).  g. Violations for deficiencies or omissions in the workplace-specific hazard assessment which fail to identify workplace hazards, exposures, job tasks or worker categories may be cited under 29 CFR § 1910.502(c)(4)(i). For failure to include policies and procedures to determine employee vaccination status in the COVID-19 plan, the Area Office may issue a citation for 29 CFR § 1910.502(c)(4)(ii).  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| (ii) In order for an employer to be exempt from providing controls in a well-defined area under paragraph (a)(4) of this section based on employees’ fully vaccinated status, the COVID-19 plan must include policies and procedures to determine employees’ vaccination status. | b. In order for an employer to be exempt from providing controls (e.g., facemasks, physical distancing, physical barriers) in a well defined area of the workplace on the basis that employees are fully vaccinated, the employer must have policies and procedures in its COVID-19 plan to determine employees’ vaccination status. These policies and procedures may exist independently of any formal written COVID-19 response; may be part of an HR (Human Resources) portfolio; and may be accomplished in multiple ways, including, but not limited to, a verbal instruction to employees; a staff meeting discussing vaccination; a written staff memo or a 15 formal change to conditions of employment. CSHOs should verify the existence and effectiveness of these procedures for determining vaccination status by reviewing relevant proof or records, if available, or through interviews of employer and employees representatives.  d. Employers have latitude in how they determine vaccination status. They may choose to verbally ask the employee and document the status, may keep photocopies of the vaccination card or may request that the employee provide other evidence of vaccination such as a letter from a physician or vaccination provider (e.g., retail pharmacy). Depending on the nature of the evidence maintained by the employer (e.g., photocopies of vaccination cards), CSHOs may need a Medical Access Order (MAO) to verify vaccination status.  e. CSHOs should interview a sufficient number of affected employees on multiple shifts (where applicable) as part of the overall assessment of the employer’s COVID-19 plan and, in cases where an employer makes an exemption claim, to verify that the employer assessed the vaccination status of the affected workforce. As defined in the standard, “Fully vaccinated” means 2 weeks or more following the final dose of a COVID-19 vaccine. CSHOs should inquire about each element of the program and document the employee’s answers to determine whether the employer’s COVID-19 plan follows the prescribed guidelines. | e. If the employer developed and implemented a site-specific (or task-specific) COVID-19 plan but the written plan failed to address one or more of the elements under 29 CFR § 1910.502(c)(3) - (c)(7), respectively, the Area Office may issue citations for the specific provisions as appropriate. Violations for deficiencies or omissions of one or more elements of the COVID-19 plan should normally be grouped, where appropriate. For example, in circumstances such as multi-employer worksites, violations of 29 CFR § 1910.502(c)(4), for failure to identify all COVID-19-related exposure hazards in the workplace, would normally be grouped with violations for failure to communicate and coordinate with other employers, i.e., 29 CFR § 1910.502(c)(7)(ii).  h. If an employer claims an exemption from the standard based on workforce vaccination status and if during the course of the inspection CSHOs document the presence of unvaccinated employees, the Area Office may issue citations for all deficiencies found, including the COVID-19 plan and applicable (feasible) controls.  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| * 1. The employer must seek the input and involvement of non-managerial employees and their representatives, if any, in the hazard assessment and the development and implementation of the COVID-19 plan. | g. Employee input: CSHOs should determine through private interviews if non-managerial employees and their representatives if any, had input into the hazard assessment and plan’s development, whether the plan was provided to employees for input and whether a mechanism for feedback and continuous improvement exists. | e. If the employer developed and implemented a site-specific (or task-specific) COVID-19 plan but the written plan failed to address one or more of the elements under 29 CFR § 1910.502(c)(3) - (c)(7), respectively, the Area Office may issue citations for the specific provisions as appropriate. Violations for deficiencies or omissions of one or more elements of the COVID-19 plan should normally be grouped, where appropriate. For example, in circumstances such as multi-employer worksites, violations of 29 CFR § 1910.502(c)(4), for failure to identify all COVID-19-related exposure hazards in the workplace, would normally be grouped with violations for failure to communicate and coordinate with other employers, i.e., 29 CFR § 1910.502(c)(7)(ii).  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| * 1. The employer must monitor each workplace to ensure the ongoing effectiveness of the COVID-19 plan and update it as needed. | i. Monitoring and updating: CSHOs should establish, through employee interviews, the means by which the employer ensures the continued effectiveness of its plan, and how quickly corrective actions are taken if/when necessary. The standard does not define the frequency with which to update the COVID-19 plan. However, the workplace must be monitored and, as needed, updates must be made to ensure continued effectiveness of the COVID-19 plan. At a minimum, updates may be necessary when changes in tasks or processes create new or previously unidentified exposures or the vaccination status (including any possible booster shots recommended by the CDC) of the affected workforce changes. Through interviews, document review, and walkaround observations, CSHOs should determine whether there are any unaddressed hazards not covered in the COVID-19 plan. CSHOs should discuss observed deficiencies in the plan with the employer’s designated COVID-19 safety coordinator(s) to determine what previous efforts, if any, may have been made to evaluate the plan and update it. | e. If the employer developed and implemented a site-specific (or task-specific) COVID-19 plan but the written plan failed to address one or more of the elements under 29 CFR § 1910.502(c)(3) - (c)(7), respectively, the Area Office may issue citations for the specific provisions as appropriate. Violations for deficiencies or omissions of one or more elements of the COVID-19 plan should normally be grouped, where appropriate. For example, in circumstances such as multi-employer worksites, violations of 29 CFR § 1910.502(c)(4), for failure to identify all COVID-19-related exposure hazards in the workplace, would normally be grouped with violations for failure to communicate and coordinate with other employers, i.e., 29 CFR § 1910.502(c)(7)(ii).  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| * 1. The COVID-19 plan must address the hazards identified by the assessment required by paragraph (c)(4) of this section, and include policies and procedures to: | g. Employee input: CSHOs should determine through private interviews if non-managerial employees and their representatives if any, had input into the hazard assessment and plan’s development, whether the plan was provided to employees for input and whether a mechanism for feedback and continuous improvement exists. | e. If the employer developed and implemented a site-specific (or task-specific) COVID-19 plan but the written plan failed to address one or more of the elements under 29 CFR § 1910.502(c)(3) - (c)(7), respectively, the Area Office may issue citations for the specific provisions as appropriate. Violations for deficiencies or omissions of one or more elements of the COVID-19 plan should normally be grouped, where appropriate. For example, in circumstances such as multi-employer worksites, violations of 29 CFR § 1910.502(c)(4), for failure to identify all COVID-19-related exposure hazards in the workplace, would normally be grouped with violations for failure to communicate and coordinate with other employers, i.e., 29 CFR § 1910.502(c)(7)(ii).  i. If policies and procedures are included in the written plan but not implemented, then the specific requirement that has not been implemented should be cited, per 29 CFR § 1910.502(d)-(n). |  |
| * + 1. Minimize the risk of transmission of COVID-19 for each employee, as required by paragraphs (d) through (n) of this section;   *Note to paragraph (c)(7)(i): Although the employer’s COVID-19 plan must account for the potential COVID-19 exposures to each employee, the plan can do so generally and need not address each employee individually.* | k. Minimizing Risks: 29 CFR § 1910.502 requires employers to establish policies and procedures to minimize the risk of transmission of COVID-19 for each employee through a multilayered approach of engineering and administrative controls as discussed in paragraphs (d) through (n) of the 29 CFR § 1910.502 standard, except where this section does not apply under paragraphs (a)(2)-(a)(4) of the standard. The plan does not need to address each employee individually; it may address employees generally.   * CSHOs should determine whether employers rely on use of face masks by affected employees as the only protective measure or if employees are protected from exposure to COVID-19 through additional engineering control measures including physical distancing and physical barriers. |  |
| * + 1. Effectively communicate and coordinate with other employers:        1. When employees of different employers share the same physical location, each employer must effectively communicate its COVID-19 plan to all other employers, coordinate to ensure that each of its employees is protected as required by this section, and adjust its COVID-19 plan to address any particular COVID-19 hazards presented by the other employees. This requirement does not apply to delivery people, messengers, and other employees who only enter a workplace briefly to drop off or pick up items.        2. An employer with one or more employees working in a physical location controlled by another employer must notify the controlling employer when those employees are exposed to conditions at that location that do not meet the requirements of this section; and | l. Communication with other employers: CSHOs should determine whether the COVID-19 plan includes policies and procedures on how to effectively communicate and coordinate with other on-site employers or contractors. This requirement may be accomplished through a combination of formal or informal procedures. For example, employers may use pre-planned meetings with document exchanges; a joint agreement to a common set of rules and work practices; contractual obligations; coordination of schedules / tasks to minimize personnel overlap and maximize physical distancing; erecting permanent or temporary barriers to restrict access, etc. The plan must also include a mechanism for notifications between employers on multi-employer sites whenever any employees of any employer are exposed to conditions that do not meet the requirements of the standard. (See also Section XI. of the Bloodborne Pathogens Directive for more information on multiple employer scenarios in healthcare).   * CSHOs should determine whether the COVID-19 plan addresses the protection of non-vaccinated employees who, in the course of 18 their employment (e.g., home health), enter into private residences or other physical locations controlled by a person not covered by the OSH Act (e.g., homeowners, sole proprietors). CSHOs should assess whether such employees have been trained to recognize hazards and possible mitigation solutions (e.g., requesting the homeowner to maintain a 6-foot distance; re-positioning a chair to create additional distance; requesting that doors be left open to minimize touching knobs; request opening of windows to increase ventilation). CSHOs should also determine if employees have been encouraged to discuss deficiencies with their supervisors and seek mitigating solutions. In circumstances where COVID-19 protections are insufficient or lacking, the affected employee(s) must be given the opportunity to withdraw from that location, without fear of retaliation. |  |
| * + 1. 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 (e.g., homeowners, sole proprietors). This must include procedures for employee withdrawal from that location if those protections are inadequate. |  |
| *Note to paragraph (c): The employer may include other policies, procedures, or information necessary to comply with any applicable federal, state, or local public health laws, standards, and guidelines in their COVID-19 plan.* |  |  |  |
| Patient screening and management |  |  |  |
| In settings where direct patient care is provided, the employer must:   * 1. Limit and monitor points of entry to the setting. This provision does not apply where emergency responders or other licensed healthcare providers enter a non- healthcare setting to provide healthcare services.   2. Screen and triage all clients, patients, residents, delivery people and other visitors, and other non-employees entering the setting.   3. Implement other applicable patient management strategies in accordance with CDC’s “COVID-19 Infection Prevention and Control Recommendations” (incorporated by reference, § 1910.509).   *Note to paragraph (d): The employer is encouraged to use telehealth services where available and appropriate in order to limit the number of people entering the workplace.* | a. This paragraph is in addition to health screening for employees required under paragraph 29 CFR § 1910.502(1)(1). Note: 29 CFR § 1910.502(d) does not apply to licensed health care providers and emergency responders entering a non-healthcare setting or private residence to provide healthcare services. This paragraph applies to home healthcare unless they meet the exemption in § 29 CFR 1910.502(a)(2)(v).  b. CSHOs should review a copy of the facility’s COVID-19 plan to ensure screening and management procedures are included.  c. CSHO should document procedures used to limit and monitor major points of entry (e.g., the main entrance(s) to the building, the emergency department, the entrance to receptionist, appointment desk, registration, or check-in, connecting entrances from the parking garage, receiving areas, and other entrances where nonemployees enter the facility). CSHOs should interview employees from various entry points (i.e., either in-person or through remote means) to verify adherence to the procedures.   * Methods to limit entrance to the facility are flexible but may include posting signs at the door instructing patients with fever, respiratory symptoms or other symptoms of COVID-19 to return to their vehicle (or remain outside if they are pedestrians) and call the telephone number for the healthcare center so that triage can be performed prior entering. d. CSHOs should determine how patients, residents or non-employee visitors are screened and document the findings. CSHOs should interview management (e.g., the person in charge of infection control) when making this determination.   e. Review documents used as guidance for determining the screening procedures implemented. CSHOs should obtain a copy of any checklist or protocol being used to screen non-employees coming into the facility.  f. CSHOs should investigate to determine if any group of nonemployees may be excluded from the employer’s screening program and document that screening is done on all shifts.   * All individuals entering the facility must be screened for COVID19 symptoms including clients, patients, residents, delivery people, and other visitors, and other non-employees. * Screening methods may be flexible and may include in person or self-monitoring temperature or health surveys, upon arrival. Screening policies could include requiring hand hygiene at screening stations and mandatory use of source control (such as face coverings) in accordance with CDC’s Infection Prevention and Control Recommendations (See also bullet h, below ) if inperson screening is performed. Screening may also include an electronic monitoring system that require non-employees selfreport symptoms or exposures (e.g., absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days), prior to arrival at the facility.   g. In addition to screening, paragraph 29 CFR § 1910.502(d)(2) requires triage of any individual who may be experiencing COVID-19 symptoms. CSHOs should inquire about any existing triage protocols and decision-making following triage.   * Triage enables the facility to make decisions about access restriction, isolation, and/or referral of symptomatic persons for further medical evaluations, testing or treatment. Triage also assures more effective implementation of the appropriate level of personal protective equipment and other protections for employees. Patient segregation in healthcare settings also reduces nosocomial (healthcare-acquired) infections for employees.   h. CSHOs should document patient management strategies including those listed below. Patient management strategies must be in accordance with the CDC’s COVID-19 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated February 23, 2021, at <https://www.osha.gov/sites/default/files/CDC's_COVID19_Infection_Prevention_and_Control_Recommendations.pdf>, which has been incorporated by reference in 29 CFR § 1910.509, and may include:   * Advising patients that they should put on their own well-fitting form of source control before entering the facility and taking steps to ensure that everyone adheres to source control measures (see www.cdc.gov/coronavirus/2019-ncov/hcp/infection-controlrecommendations.html#source-control) and hand hygiene practices while in a healthcare facility. * Screening and then isolating patients showing symptoms of COVID-19 in an examination room with the door closed to prevent close contact with healthcare workers who are not providing direct care to that patient; designating a well-ventilated space as a waiting area to allow waiting patients and waiting room employees to separate by 6 or more feet, with easy access to respiratory hygiene supplies (e.g., tissues and trash cans); * For inpatient or residential care of a COVID-19 positive or suspected COVID-19 patients, placing the patient in a singlepatient room, if available, or, where single-patient rooms are not available, cohort patients with COVID-19 to prevent close contact with healthcare workers who are not providing direct patient care to those COVID-19 patients.   NOTE: The standard encourages employers to use telehealth as a means to limit the number of people in the facility. Telemedicine or Telehealth is the use of electronic information and telecommunication technology to get the health care needed while practicing physical distancing. This often involves a phone or a device with internet capabilities. While telehealth minimizes the risk of transmission for healthcare personnel and patients, it also can reduce the strain on personal protective equipment supplies. If the employer needs assistance with telehealth, CSHOs should direct them to the CDC website: www.cdc.gov/coronavirus/2019- ncov/hcp/guidance-hcf. | a. If CSHOs find deficiencies in any portion of paragraph 29 CFR § 1910.502(d) (except for telehealth), cite the applicable provision in paragraph 29 CFR § 1910.502(d). NOTE: The telehealth recommendation is an optional portion of the standard and thus cannot be cited. However, it may be a form of abatement for a citation of 29 CFR § 1910.502(d)(2) if the employer is not adequately managing patients to minimize risk of transmission to employees.  b. If the employer did not include patient screening and management in the written COVID-19 plan, the Area Office may cite for that deficiency and group this citation with specific deficiencies of this paragraph if patient screening and/or management was not provided.  c. If employees with direct patient care responsibilities are not trained on patient screening and management, 29 CFR § 1910.502(n)(1)(ii) should be cited. |  |
| 1. Standard and Transmission-Based Precautions***.*** |  |  |  |
| Employers must develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC’s “Guidelines for Isolation Precautions” (incorporated by reference, § 1910.509). | a. In accordance with 29 CFR § 1910.502(e)(1), employers in settings where healthcare services or healthcare support services are provided, must develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with “CDC's Guidelines for Isolation Precautions,” dated 2007, which is incorporated by reference as specified in 29 CFR § 1910.509.   * Each Area Office should ensure that CSHOs are familiar with the above referenced guidelines prior to conducting inspections.   b. CSHOs should request the transmission-based policies and procedures and conduct interviews with the designated employer representative(s). Conduct employee interviews to determine whether the employer has developed and implemented these policies and procedures. Document whether or not the employer has developed and implemented the policies and procedures. | If CSHOs determine that the policies and procedures required by 29 CFR § 1910.502(e) have not been developed or implemented, the Area Office may consider issuing a citation for 29 CFR § 1910.502(e). |  |
| Personal protective equipment (PPE). | 29 CFR § 1910.502(f) establishes the requirements for healthcare employers to provide and ensure the use of PPE, such as facemasks, goggles, gowns in accordance with Subpart I. This section also covers respiratory protection requirements and the applicability of 29 CFR § 1910.134. 29 CFR § 1910.502(f)(1) requires a sufficient number of facemasks meeting the standard’s definitions to be provided and worn by each employee over the nose and mouth when indoors, and when riding in a vehicle with another person for work purposes. Employers may permit employees to wear their own facemasks as long as they meet the same specifications. The employer may provide or allow employees to provide their own respirators in lieu of using facemasks. Where respirators are used in lieu of required facemasks, 29 CFR § 1910.504 will apply. |  |  |
| * 1. Facemasks. |  |  |  |
| * + 1. Employers must provide, and ensure that employees wear, facemasks that meet the definition in paragraph (b) of this section; and     2. The employer must ensure a facemask is worn by each employee over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes. The employer must provide a sufficient number of facemasks to each employee to comply with this paragraph and must ensure that each employee changes them at least once per day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). | b. CSHOs should consider requesting the employer to provide a sample facemask for examination. CSHOs should refer to product labeling for evidence of the type(s) of facemasks in use at the facility along with the brand, model number(s), size, and any notable approval language. Purchase invoices or unopened inventory (boxes) of the product may also satisfy this requirement.  c. Where employers are allowing employees to use their own facemasks, CSHOs should ensure that they meet the required specifications. Note that employers are not required to reimburse for employee-provided facemasks. However, CSHOs should determine if and how the employer ensured that employee provided facemasks are compliant with the requirements.  d. CSHOs should observe facemask positioning during the walk around portion of the inspection noting any instances of improperly positioned facemasks.  e. Where facemasks are provided/used, CSHOs should determine if the employer is ensuring that employees change facemasks at least daily and whether the employer replaces them if soiled or damaged. In workplaces where facemasks may become wet, soiled or damaged and require replacement more frequently, employers may provide face shields to be worn over facemasks to reduce the frequency of changes throughout the workday.  NOTE 1: Facemask, as defined in paragraph (b) of the standard, is a term used by OSHA and is not synonymous with the same term when used by the FDA. It is important to note the differences when verifying the supplied facemask is cleared or authorized by an FDA EUA for use in accordance with paragraph (b) of this section. OSHA refers to these cleared or authorized surgical masks as facemasks. See also www.fda.gov/medical-devices/coronavirus-covid-19-and-medicaldevices/face-masks-including-surgical-masks-and-respirators-covid-19. | a. A serious violation may be considered when evidence supports deficiencies associated with any 29 CFR § 1910.502(f)(1) subparagraphs and may be grouped. For example:   * When facemasks are required, if employer-provided facemasks (or ones permitted employees to optionally provide their own) do not meet the required specifications, a citation for 29 CFR § 1910.502(f)(1) should be issued. * Where reusable facemasks are provided by the employer, if CSHOs determine that employees are unable to obtain clean units at least daily, and replacements if their current units get soiled or damaged, and replacements at the frequency specified by the manufacturer, the Area Office may issue a citation for 29 CFR § 1910.502(f)(1)(ii). |  |
| * + 1. The following are exceptions to the requirements for facemasks in paragraph (f)(1)(ii) of this section:        1. When an employee is alone in a room.        2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.        3. When employees are wearing respiratory protection in accordance with § 1910.134 or paragraph (f) of this section.        4. When it is important to see a person’s mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). In such situations, the employer must ensure that each employee wears an alternative to protect the employee, such as a face shield, if the conditions permit it.        5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to a religious belief.   Exceptions must be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disabilities Act and other applicable laws. In all such situations, the employer must ensure that any such employee wears a face shield for the protection of the employee, if their condition or disability permits it. Accommodations may also need to be made for religious beliefs consistent with Title VII of the Civil Rights Act.   * + - 1. When the employer can demonstrate that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). In such situations, the employer must ensure that each employee wears an alternative to protect the employee, such as a face shield, if the conditions permit it. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.   *Note to paragraph (f)(1)(iii)(F): With respect to paragraphs (f)(1)(iii)(D) through (F) of this section, the employer may determine that the use of face shields, without facemasks, in certain settings is not appropriate due to other infection control concerns.* | a. CSHOs should determine whether the use of facemasks is required under the standard, i.e., where healthcare employees work indoors around other individuals, or ride in a vehicle with another person for work purposes. This does not include commuting.  NOTE: Paragraph 29 CFR § 1910.502(f)(3)(1)(iii) allows exceptions to the required use of facemasks in the following circumstances: (A) where a worker is alone in a room; (B) where employees are eating and are separated at least 6 feet apart or with barriers; (C) where workers wear respirators; (D) when masks impede communication (e.g., communication with deaf or hearing impaired persons); (E) when employees have medical contraindications; or (F) when the mask creates a greater hazard. Where feasible, alternative measures such as use of a clear face shield must be used where these exceptions exist. However, for the exceptions D-F, if other infection control concerns exist that limit an employer’s ability to implement use of a clear face shield as an alternative to facemasks, other alternative options such as PAPRs should be considered and provided. |  |  |
| * + 1. Where a face shield is required to comply with this paragraph or is otherwise required by the employer, the employer must ensure that face shields are cleaned at least daily and are not damaged. When an employee provides a face shield that meets the definition in paragraph (b) of this section, the employer may allow the employee to use it and is not required to reimburse the employee for that face shield. | f. Where the employer requires the use of face shields, CSHOs should determine if face shields are cleaned at least daily and are not damaged, with cracks or voids |  |  |
| * 1. Respirators and other PPE for exposure to people with suspected or confirmed COVID-19. When employees have exposure to a person with suspected or confirmed COVID-19, the employer must provide:      1. a respirator to each employee and ensure that it is provided and used in accordance with § 1910.134 and      2. gloves, an isolation gown or protective clothing, and eye protection to each employee and ensure that the PPE is used in accordance with subpart I of this part.   *Note to paragraph (f)(2): When there is a limited supply of filtering facepiece respirators, employers may follow the CDC’s “Strategies for Optimizing the Supply of N95 Respirators” (available at:* [*https://*www.cdc.gov/coronavirus/2019-*ncov/hcp/respirators-strategy/index.html*](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html)*). Where possible, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators to prevent shortages and supply chain disruption.* | NOTE 2: The term “suspected,” for purposes of this standard, follows CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations. | b. The Area Office may cite 29 CFR § 1910.502(f)(2)(i) when respirator(s) are not provided when employees are exposed to suspected or confirmed COVID-19 people. In situations where respirators are not used in accordance with 29 CFR § 1910.134, the Area Office may group 29 CFR § 1910.502(f)(2)(i) with the applicable 29 CFR § 1910.134 paragraph(s).  c. When employee exposures to suspected or confirmed COVID-19 individuals are documented and the employer fails to provide PPE such as gloves, isolation gowns or protective clothing and/or eye protection the Area Offices may cite 29 CFR § 1910.502(f)(2)(ii). If employees are provided personal protective equipment, but the personal protective equipment is not used or maintained in accordance with 29 CFR § 1910 Subpart I, the Area Office may cite 29 CFR § 1910.502(f)(2)(ii) and group the respective Subpart I paragraph.  e. Where respirators and/or other PPE are required by this standard, the employer’s failure to provide or ensure their use should normally be classified as serious. |  |
| * 1. Respirators and other PPE during aerosol-generating procedures. For aerosol- generating procedures performed on a person with suspected or confirmed COVID-19, the employer must provide:      1. a respirator to each employee and ensure that it is provided and used in accordance with § 1910.134; and      2. gloves, an isolation gown or protective clothing, and eye protection to each employee and ensure that the PPE is used in accordance with subpart I of this part.   *Note 1 to paragraph (f)(3): For aerosol-generating procedures on a person suspected or confirmed with COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.*  *Note 2 to paragraph (f)(3): Additional requirements specific to aerosol-generating procedures on people with suspected or confirmed COVID-19 are contained in paragraph (g) of this section.* | g. CSHOs should evaluate the use of respirators to assure they are used in accordance with 29 CFR § 1910.134 and other PPE (e.g., gloves, isolation gowns or protective clothing, eye protection), to assure it is used in accordance with Subpart I, when employees are exposed to a suspected or known COVID-19 positive person as required by 29 CFR § 1910.502(f)(2).   * If document(s) and/or interview(s) provide evidence that employees are not protected in accordance with the standard while exposed to suspected or known COVID-19 positive individuals, CSHOs should note the finding(s) and gather evidence regarding specific task description(s), frequency, and duration.   h. CSHOs should evaluate whether the protective equipment required by 29 CFR § 1910.502(f)(3) (respirator, gloves, isolation gown or protective clothing, and eye protection) are provided and used for aerosol-generating procedures.   * When aerosol-generating procedures are performed on a patient who is suspected or confirmed to be COVID-19 positive, the employer must provide respiratory protective equipment in accordance with 29 CFR § 1910.134.   NOTE: Refer to 29 CFR § 1910.502(g) for additional requirements during aerosol-generating procedures.  NOTE 2: The term “suspected,” for purposes of this standard, follows CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations. | e. Where respirators and/or other PPE are required by this standard, the employer’s failure to provide or ensure their use should normally be classified as serious. |  |
| * 1. Use of respirators when not required.      1. The employer may provide a respirator to the employee instead of a facemask as required by paragraph (f)(1) of this section. In such circumstances, the employer must comply with § 1910.504.      2. Where the employer provides the employee with a facemask as required by paragraph (f)(1) of this section, the employer must permit the employee to wear their own respirator instead of a facemask. In such circumstances, the employer must also comply with § 1910.504. | i. 29 CFR § 1910.502(f)(4) allows the employer to provide a respirator (or permit the employee to provide his/her own) instead of a facemask for conditions covered under in 29 CFR § 1910.502(f)(1)(i) or 29 CFR § 1910.502(f)(1)(ii). However, the employer must follow requirements for a Mini-Respiratory Protection Program found in 29 CFR § 1910.504. | d. In accordance with 29 CFR § 1910.502(f)(4), where respirators are not required but the employer provides or allows employees to provide their own respirators instead of required facemasks, the employer must comply with 29 CFR § 1910.504. In most situations where an employer does not permit an employee to use their own respirators in lieu of facemasks, violations of 29 CFR § 1910.502(f)(4)(ii) would result in an other-than-serious violation (i.e., where employees are provided with and use facemasks.) The respective 29 CFR § 1910.504 standards may be cited and grouped accordingly. Note: While 29 CFR § 1910.504 does not require a separate written respirator program, optional use of respirators, instead of required facemasks must be addressed in the COVID-19 plan. |  |
| * 1. Respirators and other PPE based on Standard and Transmission-Based Precautions. The employer must provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC’s “Guidelines for Isolation Precautions” (incorporated by reference, § 1910.509) and ensure that the protective clothing and equipment is used in accordance with subpart I of this part. | j. 29 CFR § 1910.502(f)(5) requires that employers provide respirators and PPE for Standard and Transmission-Based Precautions in accordance with CDC’s guidelines for Isolation Precautions and Subpart I. | e. Where respirators and/or other PPE are required by this standard, the employer’s failure to provide or ensure their use should normally be classified as serious. |  |
| Aerosol-generating procedures on a person with suspected or confirmed COVID-19. |  |  |  |
| When an aerosol-generating procedure is performed on a person with suspected or confirmed COVID-19:   * 1. The employer must limit the number of employees present during the procedure to only those essential for patient care and procedure support.   2. The employer must ensure that the procedure is performed in an existing AIIR, if available.   3. After the procedure is completed, the employer must clean and disinfect the surfaces and equipment in the room or area where the procedure was performed. Note to paragraph (g): Respirators and other PPE requirements during aerosol-generating procedures are contained in paragraph (f)(3) of this section. | 29 CFR § 1910.502(g) describes the requirements for limiting personnel, use of AIIRs, and cleaning/disinfection for aerosol-generating procedures on a person with suspected or confirmed COVID-19. Aerosol-generating procedures present a very high-risk for exposure to respiratory infections. Workers in a wide range of settings, such as emergency responders, healthcare providers, lab technicians, and mortuary workers, are at risk during aerosol-generating procedures. Aerosol generating procedures covered by the scope of the standard, are described 29 CFR § 1910.502(b) Definitions.  a. 29 CFR § 1910.502(g)(1): CSHOs should determine whether the number of personnel present during aerosol-generating procedures on suspected or confirmed COVID-19 patients is limited such that only employees essential to patient care and procedure are present.  b. 29 CFR § 1910.502(g)(2): CSHOs should document the availability of an AIIR during an aerosol-generating procedure. The employer must offer justification if an available AIIR is not used during an aerosol-generating procedure on a suspected or confirmed COVID-19 patient.   * The Area Office, in coordination with the Regional Office, should consult the Office of Occupational Medicine and Nursing (OOMN), as necessary to make determinations about limitations in medical personnel during aerosol-generating procedures or appropriate use of AIIRs. * See additional AIIR guidance found in sections IX.C.7, General Inspection Procedures, and IX.L, Ventilation, of this Direction.   c. CSHOs should verify cleaning and disinfection procedures are performed in the room or area following aerosol-generating procedures on COVID-19 patients. Such cleaning and disinfection should be in accordance with 29 CFR § 1910.502(j)(1). | a. If CSHOs determine that the number of personnel present during aerosol generating procedures on suspected or confirmed COVID19 patients is not limited, then a citation of paragraph 29 CFR § 1910.502(g)(1) may be issued.  b. If CSHOs determine that aerosol generating procedures on suspected or confirmed COVID-19 patients are not done in available AIIRs, then a citation of paragraph 29 CFR § 1910.502(g)(2) may be issued.  c. With the exception of 29 CFR § 1910.502(g)(3), generally violations issued for these subparagraphs will result in single, nongrouped violation. Violations issued for 29 CFR § 1910.502(g)(3) may be grouped with the appropriate subparagraph in 29 CFR § 1910.502(j). |  |
| Physical distancing. |  |  |  |
| * 1. The employer must ensure that each employee is separated from all other people by at least 6 feet when indoors unless the employer can demonstrate that such physical distancing is not feasible for a specific activity (e.g., hands-on medical care). This provision does not apply to momentary exposure while people are in movement (e.g., passing in hallways or aisles).   2. When the employer establishes it is not feasible for an employee to maintain a distance of at least 6 feet from all other people, the employer must ensure that the employee is as far apart from all other people as feasible.   *Note to paragraph (h): Physical distancing can include methods such as: telehealth; telework or other remote work arrangements; reducing the number of people, including non-employees, in an area at one time; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures to allow greater distance between employees.* | a. 29 CFR § 1910.502(h) requires employers to create physical distancing between employees. CSHOs shall establish, through employer and employee interviews, the means by which the employer ensures that physical distancing is maintained between employees, and how quickly corrective actions are taken if/when necessary. This provision does not apply to momentary exposure while people are in movement (e.g., passing in hallways or aisles) or for brief interactions dictated by operational necessities (e.g., checking patient vitals or monitoring equipment). The employer must ensure that each employee is separated from all other people by at least 6 feet unless the employer can demonstrate that such physical distancing is not feasible for a specific activity (e.g., direct patient care).  Physical distancing can include methods such as: telework or other remote work arrangements; reducing the number of people, including visitors, in an area at one time; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures, to allow greater distance between employees.  b. CSHOs should determine whether the employer has designated eating and drinking areas with sufficient space to accommodate physical distancing or install appropriate physical barriers.  c. For activities other than direct patient care, if an employer claims it is infeasible to separate employees, the CSHOs should interview the employer to determine why physical distancing is not feasible and what alternative measures were implemented. The CSHOs should request any relevant documentation, which supports the employer’s position regarding infeasibility and document this in the casefile.  d. When the employer establishes it is not feasible for an employee to maintain a distance of at least 6 feet from all other people, the employer must ensure that the employee is as far apart as feasible and implement the remaining layers of overlapping controls, including physical barriers, source control, hand hygiene, and ventilation, required by the standard to reduce the risk of COVID19 transmission.  CSHOs should obtain photos and measurements during the walkaround of the affected area as necessary to document the workspace layout, and the physical distance between people. CSHOs must ensure that the privacy of residents/patients is taken into account prior to taking any photos during the walk-around.  e. Where the AD has authorized a remote only inspection, CSHOs should request from the employer the relevant measurements and photographs of work areas along with the workspace layout (e.g., from an emergency escape plan diagram or a floor plan), CSHOs should follow up with employee interviews to verify implementation of physical distancing measures. | a. If the employer has not instituted any feasible physical distance measures, or if the measures taken are inadequate, consider issuing a citation for 29 CFR § 1910.502(h)(1).  b. If, during the course of the inspection, the CSHO determines that employees were not physically distanced and the employer was not complying with other sections of the standard, such as wearing facemask or respiratory protection, then the Area Office should issue a citation for 29 CFR § 1910.502(h) and may consider grouping it with the other section(s) of the standard that was/were not implemented if abatement is the same. Note: Source controls (such as facemasks and face coverings) are not a substitute for physical distancing. Both practices should be used together, where feasible, with other protective measures as part of a multi-layered infection prevention strategy. |  |
| Physical barriers. |  |  |  |
| At each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance, the employer must install cleanable or disposable solid barriers, except where the employer can demonstrate it is not feasible. The barrier must be sized (e.g., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit. The barrier may have a pass-through space at the bottom for objects and merchandise.  *Note to paragraph (i): Physical barriers are not required in direct patient care areas or resident rooms.* | (D.1.) k. Minimizing Risks: 29 CFR § 1910.502 requires employers to establish policies and procedures to minimize the risk of transmission of COVID-19 for each employee through a multilayered approach of engineering and administrative controls as discussed in paragraphs (d) through (n) of the 29 CFR § 1910.502 standard, except where this section does not apply under paragraphs (a)(2)-(a)(4) of the standard. The plan does not need to address each employee individually; it may address employees generally.   * CSHOs should determine whether employers rely on use of face masks by affected employees as the only protective measure or if employees are protected from exposure to COVID-19 through additional engineering control measures including physical distancing and physical barriers.   a. At each fixed work location in outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance, the employer must install cleanable solid barriers, except where the employer can demonstrate it is not feasible at the worksite. CSHOs shall establish, through employee interviews and observations, that barriers are present where appropriate. CSHOs should assess whether barriers are at an appropriate height and positioned to block anticipated face-to-face pathways between individuals.  b. Barriers may not create another hazard such as hindering employee egress from an area during an emergency. See part 29 CFR §1910 Subpart E – Exit Routes and Emergency Planning - for additional considerations.  c. Where the Area Director has authorized remote-only inspections, CSHOs should request the relevant measurements and photographs of the area and follow up with employee interviews to verify and document implementation of barriers.  d. If an employer is claiming it is not feasible to separate employees with barriers in fixed locations where employees are not separated by physical distancing, CSHOs should determine what alternative measures were implemented, and document that in the casefile. CSHOs should request any relevant documentation that supports the employer’s position regarding infeasibility. | a. Where physical distancing is not feasible, and if an employer has not installed feasible barriers, the Area Office may cite 29 CFR § 1910.502(i).  b. In rare situations where both physical distancing and physical barriers are not feasible, employers can still implement the remaining layers of overlapping controls, including facemasks or respirators, hand hygiene, and ventilation, required by the standard to reduce the risk of COVID-19 transmission.  c. If the CSHO determines that physical barriers were not installed where feasible and the employer was not complying with other sections of the standard, such as wearing facemasks or respiratory protection, then the Area Office may issue a citation for 29 CFR § 1910.502(i). In some cases, the Area Office may group it with the other appropriate section(s) of the standard. |  |
| Cleaning and disinfection. | c. CSHOs should interview a sufficient number of affected employees on multiple shifts (where applicable) as part of the overall assessment of the employer’s efforts to ensure cleaning and disinfecting (where appropriate) are taking place. | a. If CSHOs document that the employer took no steps to clean and disinfect the facility in accordance with the standard, the Area Office should issue a citation for 29 CFR § 1910.502(j)(1) and (j)(2), as appropriate. |  |
| * 1. In patient care areas, resident rooms, and for medical devices and equipment, the employer must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC’s “COVID-19 Infection Prevention and Control Recommendations” and CDC’s “Guidelines for Environmental Infection Control,” pp. 86–103, 147-149 (both incorporated by reference, § 1910.509). | d. In a healthcare setting, cleaning and disinfecting may be needed on a frequent basis throughout the day. This section requires that in patient care areas, resident rooms, and for medical devices and equipment, the employer must follow standard practices for cleaning and disinfecting surfaces and equipment in accordance with CDC’s “COVID-19 Infection Prevention and Control Recommendations” and CDC’s “Guidelines for Environmental Infection Control,” pp. 86–103, 147-149 (both incorporated by reference, 29 CFR § 1910.509(b)(4)). CSHOs should determine whether employers follow manufacturers’ instructions for application of cleaners and disinfectants. | c. Where disinfection is required, if CSHOs document that the employer did not use an EPA “List N” disinfectant for Coronavirus or a bleach solution, the Area Office should issue a citation for 29 CFR § 1910.502(j)(1) and/or (j)(2)(ii).  d. If CSHOs determine that the employer did not follow standard practices and CDC’s COVID-19 Infection Prevention and Control Recommendations and Guidelines for Environmental Infection Control when cleaning and disinfecting surfaces and equipment in patient care areas, resident rooms, and medical devices, the Area Office should cite 29 CFR § 1910.502(j)(1).  e. If CSHOs determine that cleaning and disinfecting was inadequate, i.e., did not follow the cleaning/disinfecting chemical manufacturers’ instructions for lapse time on surfaces, the Area Office should cite 29 CFR § 1910.502(j)(2)(i). |  |
| * 1. In all other areas, the employer must: |  |  |  |
| * + 1. clean high-touch surfaces and equipment at least once a day, following manufacturers’ instructions for application of cleaners; and | a. CSHOs should determine whether the employer is cleaning high- touch areas and equipment at least once per day, and must determine if cleaning is in accordance with CDC guidance and with the manufacturers’ instructions for the cleaners used. Some examples of high touch surfaces include but are not limited to tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks, and touch screens. |  |  |
| * + 1. When the employer is aware that 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” (incorporated by reference, § 1910.509), any areas, materials, and equipment under the employer’s control that have likely been contaminated by the person who is COVID-19 positive (e.g., rooms they occupied, items they touched). | b. CSHOs should determine whether cleaning and disinfecting are performed when a COVID-19 positive person has been in the workplace within the last 24 hours, and must determine whether this is done in accordance with CDC’s “Cleaning and Disinfecting Guidance” (incorporated by reference, 29 CFR § 1910.509(b)(1)). CSHOs should request documentation such as the employer’s COVID-19 log or verify through interviews when determining whether COVID-19 positive persons have been in the workplace. | b. If the employer was aware of a COVID-19 positive person in the work area within the last 24 hours and did not conduct cleaning and disinfecting in accordance with CDC guidelines, a citation for 29 CFR § 1910.502 (j)(2)(ii) may be issued. In accordance with the CDC guidance, if more than three (3) days have passed since the person who was sick or diagnosed has been in the workplace, then the cleaning and disinfection would not be necessary. A violation would not exist if the employer isolated the affected work area and restricted access to that area for at least three days following the presence of a COVID-19 positive person.  c. Where disinfection is required, if CSHOs document that the employer did not use an EPA “List N” disinfectant for Coronavirus or a bleach solution, the Area Office should issue a citation for 29 CFR § 1910.502(j)(1) and/or (j)(2)(ii).  e. If CSHOs determine that cleaning and disinfecting was inadequate, i.e., did not follow the cleaning/disinfecting chemical manufacturers’ instructions for lapse time on surfaces, the Area Office should cite 29 CFR § 1910.502(j)(2)(i). |  |
| * 1. The employer must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. | e. CSHOs should determine if hand washing facilities are readily available at the worksite or that alcohol-based hand rubs that contain at least 60% alcohol are provided. | f. If CSHOs document that the employer did not provide appropriate hand washing facilities or alcohol-based hand rubs that contained at least 60% alcohol, the Area Office should cite 29 CFR §1910.502(j)(3). |  |
| Ventilation. |  |  |  |
| * 1. Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s) must ensure that:      1. The HVAC system(s) is used in accordance with the HVAC manufacturer’s instructions and the design specifications of the HVAC system(s);      2. The amount of outside air circulated through its HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;      3. All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s). If MERV-13 or higher filters are not compatible with the HVAC system(s), employers must use filters with the highest compatible filtering efficiency for the HVAC system(s);      4. All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system(s); and      5. All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s).   2. Where the employer has an existing AIIR, the employer must maintain and operate it in accordance with its design and construction criteria.   *Note 1 to paragraph (k): This section does not require installation of new HVAC systems or AIIRs to replace or augment functioning systems.*  *Note 2 to paragraph (k): In addition to the requirements for existing HVAC systems and AIIRs, all employers should also consider other measures to improve ventilation in accordance with “CDC’s Ventilation Guidance,” (available at* [www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)](http://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)) *(e.g., opening windows and doors). This could include maximizing ventilation in buildings without HVAC systems or in vehicles.* | This section does not require installation of new HVAC systems or AIIRs for healthcare to replace or augment functioning systems. See [Section H](#_bookmark18) on Aerosol Generating procedures and [Appendix A](#_bookmark37) for additional information on AIIRs.  a. Where employers own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s), and AIIRs, CSHOs should evaluate if employers have implemented and maintained the ventilation controls in order to meet the requirements of this section. Facility industrial hygienists, building maintenance and facility engineering personnel, should be interviewed to determine if these systems are being operated and maintained in accordance with the manufacturers’ instructions and design specifications.  b. In healthcare, facility engineering personnel maybe certified by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) as a certified health care facility design manager, and/or certified healthcare physical environment worker, and should be interviewed. CSHOs should review documents to verify maintenance and testing of AIIRs in healthcare when necessary.  c. Employers must ensure that existing HVAC systems including in exam rooms and AIIRs are used in accordance with the HVAC manufacturers’ instructions and specifications. Employers must maximize outside air, use air filters rated MERV 13 or higher where required and compatible with HVAC systems, maintain and replace filters, and ensure that intake ports are clear of debris. CSHOs should request and examine documentation, such as HVAC system maintenance and filter change schedules and records, to ensure systems are properly maintained and air filters are replaced as necessary. CSHOs should also request and review purchase orders, which may indicate the compatible types of filters and filter efficiency ratings.  d. CSHOs should visually inspect air intake ports for cleanliness and debris and CSHOs should consult the Salt Lake Technical Center (SLTC) for assistance in evaluating the adequacy of ventilation systems, as necessary. CSHOs may also consult ASHRAE guidance on the topic available at [https://www.ashrae.org/technical- resources/filtration-disinfection#replacement](https://www.ashrae.org/technical-%20resources/filtration-disinfection%23replacement)  NOTE: In addition to the requirements for existing HVAC systems, all employers should also consider other measures to improve ventilation in accordance with “CDC’s Ventilation Guidance,” <www.cdc.gov/coronavirus/2019-ncov/community/ventilation>. This could include maximizing ventilation in buildings without HVAC systems or in vehicles. | a. If CSHOs determine that the employer is not adequately implementing and/or maintaining its ventilation system and filters, violations for the specific paragraph of this section should be cited. This includes observations of HVAC systems that are not maintained according to manufacturer’s instructions, use of inadequate filtration, and/or intakes that are blocked with debris.  b. Violations may be grouped if more than one deficiency in the HVAC system or AIIRs were identified. Citations for this paragraph should normally be classified as serious where employees have tested positive for COVID-19. See also sections on [Patient Management,](#_bookmark15) on [Aerosol Generating Procedures](#_bookmark18), and [Appendix A](#_bookmark37) - Additional Specifications for AIIRs. |  |
| Health screening and medical management. |  |  |  |
| * 1. Screening.      1. The employer must screen each employee before each work day and each shift. Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.      2. If a COVID-19 test is required by the employer for screening purposes, the employer must provide the test to each employee at no cost to the employee. | a. Screening: In accordance with 29 CFR § 1910.502(l)(1)(i)-(ii), employers must screen each employee before each workday and each shift. Through interviews and records review, CSHOs should determine if COVID-19 symptom screenings are being conducted before each workday and each shift.   * Each workday refers to an 8-hour day or shift. For example if an employee enters the facility in the morning, works for 8 hours then leaves, but returns at a later time during the same 24 hour period to work a night shift, then two screenings are required, one for each time the employee begins a new workday or shift. * Screening methods can be flexible. Employers may screen employees in-person or ask employees to self-monitor before reporting to work. Some acceptable methods of COVID-19 screening and self-monitoring include temperature checks, employee questionnaires, and electronic screening app * Health screening personnel may need to be in close physical proximity to employees during in person screening. To ensure screeners and employees waiting to be screened are protected, an employer must continue to maintain compliance with all requirements of this standard for physical distancing, physical barriers, and facemask or other source control use. Screening personnel may use touchless digital thermometers. Note that during the course of their work shift, employees have to wear at a minimum facemasks in accordance with 29 CFR § 1910.502(f)(1)(i), or respiratory protection as dictated by the type of patient care they are engaged in. * If the employer requires a COVID-19 test, it must be provided at no cost to the employee. In such cases, CSHOs should verify that the employer does not require employees to pay for screening tests. * Records of test results are medical records and must be handled in accordance with 29 CFR § 1910.1020. Screening records, such as temperature readings or responses to symptom screening questions, that are made or maintained by a physician, nurse, other healthcare personnel, or a technician are also considered to be employee medical records, as defined 29 CFR § 1910.1020. CSHOs should verify that such records are being retained in accordance with 29 CFR § 1910.1020(d)(1)(i) (i.e., records must generally be preserved and maintained for at least the duration of the workers’ employment, plus 30 years). | a. Paragraph 29 CFR § 1910.502(l)(i) should be cited if the employer failed to screen each employee in person or ask each employee to self-monitor before each workday and each shift.   * Paragraph 29 CFR § 1910.502(l)(1)(ii) should be cited if the employer required COVID-19 screening test(s) and failed to provide it at no cost to employees. |  |
| * 1. Employee notification to employer of COVID-19 illness or symptoms. The employer must require each employee to promptly notify the employer when the employee:      1. is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19); or      2. has been told by a licensed healthcare provider that they are suspected to have COVID-19; or      3. is experiencing recent loss of taste and/or smell with no other explanation; or      4. is experiencing both fever (≥100.4° F) and new unexplained cough associated with shortness of breath. | b. Notification of symptoms: In accordance with 29 CFR § 1910.502(l)(2)(i)-(iv), the employer must require employees to promptly notify the employer of a confirmed positive COVID-19 test, a diagnosis or reported suspicion of COVID-19 infection by a licensed healthcare provider, or serious symptoms such as loss of taste, loss of smell, or when experiencing high fever (≥100.4° F) combined with an unexplained cough. Prompt notification to the employer means as soon as possible after the employee became aware that they were experiencing one or more of the reportable conditions.   * The employer has flexibility in the methods employees use to notify them and mechanisms and procedures they implement to notify employees. As long as the requisite notifications are made, the employer has satisfied the requirement. Some suggested acceptable forms of notification of symptoms to the employer include verbal, e-mail/text, voice mail, written letter from the employee, a family member, and/or physician or other licensed health care provider. CSHOs should determine through management and employee interviews whether the employers have implemented procedures that required and encouraged employees to notify them of COVID- 19 diagnoses, suspected infections or symptoms | b. If the employer failed to require employees to notify the employer of COVID-19 illness, suspected infections or symptoms, then the applicable paragraph of 29 CFR § 1910.502(l)(2) should be cited.   * If the employer has a policy requiring symptom notification, but employees fail to notify the employer of COVID-19 illness or symptoms, CSHOs should determine whether employees received training on employer-specific policies and procedures for making such notifications. If it is determined that the employee(s) did not receive training, the Area Office may cite 29 CFR § 1910.502(n)(1)(ix) which can be grouped with employee notification violations. |  |
| * 1. Employer notification to employees of COVID-19 exposure in the workplace.      1. Except as provided for in paragraph (l)(3)(iii) of this section, when the employer is notified that a person who has been in the workplace(s) (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, the employer must, within 24 hours:         1. Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with that person in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) that contact occurred.         2. Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present during the potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.         3. Notify other employers whose employees were not wearing respirators and any other required PPE and have been in close contact with that person, or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.      2. The notifications required by paragraph (l)(3)(i) of this section must not include any employee’s name, contact information (e.g., phone number, email address), or occupation.      3. The notification provisions are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals). | b. In accordance with 29 CFR § 1910.502(l)(3)(i)(A)-(C), the employer must notify all employees within 24 hours of becoming aware of COVID-19 exposures in the workplace. Employers must notify affected employers and employees who were not wearing a respirator of their close contacts with a COVID-19 positive person and must include the date(s) that the contact occurred and location where the infected person was in the workplace. The notifications are not required by the presence of a COVID-19 positive patient where services are normally provided to suspected or confirmed COVID-19 patients.   * CSHOs should determine through a combination of interviews and document reviews whether employees were notified of workplace exposures to COVID-19 positive individuals within 24 hours after the employer was notified that a person at its workplace(s) (including vendors, contractors, customers, visitors or other non- employees) is COVID-19 positive. CSHOs should also determine if the notifications included the required dates and locations and did not include any employee’s name, contact information or occupation of the person who is COVID-19 positive. | * If the employer failed to notify employees or employers of other exposed employees, or failed to make a timely notification (i.e., within 24 hours of becoming aware of a notifiable exposure), the Area Office may issue a citation of the specific applicable paragraph of 29 CFR § 1910.502(l)(3)(i)(A)-(C). * If the employer made timely notifications (i.e., within 24 hours) but failed to communicate all requisite information (e.g., missing exposure locations and/or dates), then the Area Office may issue an other-than-serious citation of the specific applicable paragraph of 29 CFR § 1910.502(l)(3)(i)(A)-(C). If evidence indicates that the omission of exposure locations and/or dates contributed to a serious condition, such as additional cases of COVID-19 infections, then a serious citation may be warranted and grouped with other relevant paragraphs of this section. * Employers shall not disclose confidential information in their notification to other employees. If the notifications included name, contact information, or occupation of infected employees, then paragraph 29 CFR § 1910.502(l)(3)(ii) may be cited. |  |
| * 1. Medical removal from the workplace.      1. If the employer knows an employee meets the criteria listed in paragraph (l)(2)(i) of this section, then the employer must immediately remove that employee and keep the employee removed until they meet the return to work criteria in paragraph (l)(6) of this section. | a. CSHOs should determine employer knowledge of employees’ COVID-19 status by interviewing managers and employees and reviewing documents such as the OSHA 300 log, the COVID-19 log, employee and employer notification records (e.g., e-mails and/or letters) and any existing screening forms.   * The employer is considered to have knowledge of an employee’s COVID-19 status if: 1) the employee notified the employer as required in notification requirements sections; 2) the employer was notified by close contacts or contact tracers; 3) the employer notified close contacts; or 4) the employer notified employers of other employees working in the facility. Employer knowledge may also be established if the employee was visibly displaying symptoms of COVID-19 during daily screenings. | a. If the employer failed to remove employees who are suspected of being infected or showing symptoms, are positive for COVID-19, or were notified by the employer as a close contact, then the appropriate paragraph of 29 CFR § 1910.502(l)(4)(i)-(iii) should be cited. Consider the facts of each case, such as whether the employee who had a close contact was previously vaccinated, when determining whether an employer’s failure to remove the worker is citable.  b. Citations of relevant sections should be considered on a case-by- case basis where employers removed workers but failed to fully observe the requisite follow up procedure (*e.g.*, testing) and/or timeframes for returning employees to work (*e.g.*, requiring employees to return before the return to work period has ended). |  |
| * + 1. If the employer knows an employee meets the criteria listed in paragraphs (l)(2)(ii) through (l)(2)(iv) of this section, then the employer must immediately remove that employee and either: | b. Employees must be immediately removed from the workplace if the employer knows they are COVID-19 positive, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing the symptoms specified in 29 CFR § 1910.502(l)(2)(iii) and (iv), or were in close contact in the workplace to a person who was found to be COVID-19 positive. CSHOs should determine whether the employer is adhering to the requirement to remove workers who have been COVID-19 positive, had a COVID-19 diagnosis, suspected infection or reported symptoms as provided by paragraphs 29 CFR § 1910.502(l)(2)(iii)-(iv).  NOTE: Employers may choose to use a more comprehensive [list of](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html) [COVID-19 symptoms provided by CDC](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html) in deciding whether to remove or test employees who report additional symptoms that are not included in the OSHA standard. |  |  |
| *Note to paragraph (l)(4)(ii): This partial symptom list in paragraphs (l)(2)(iii) and (l)(2)(iv) of this section informs the employer of the minimum requirements for compliance. The full list of COVID-19 symptoms provided by CDC includes additional symptoms not listed in paragraphs (l)(2)(iii) through (l)(2)(iv) of this section. Employers may choose to remove or test employees with additional symptoms from the CDC list, or refer the employees to a healthcare provider.* |  |  |  |
| * + - 1. Keep the employee removed until they meet the return to work criteria in paragraph (l)(6) of this section; or | c. Employees who are medically removed must remain away from the workplace until the return to work criteria in 29 CFR § 1910.502(l)(6) are met, or kept removed until the employer provides a polymerase chain reaction (PCR) test at no cost to the employee.   * The employer may require the employee(s) who were subject to medical removal to work remotely or in isolation if suitable work is available. Suitable work means any work that can be done with no contact with others. If an employee is too ill to work, remote work should not be required; and sick leave or other leave should be made available as consistent with the employer’s general policies and any applicable laws. * CSHOs should determine through interviews and document reviews what procedures were implemented for removal (i.e., whether employees were given the opportunity to work remotely or in isolation if suitable work was available.) |  |  |
| * + - 1. Keep the employee removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee.          1. If the test results are negative, the employee may return to work immediately.          2. If the test results are positive, the employer must comply with paragraph (l)(4)(i) of this section.          3. If the employee refuses to take the test, the employer must continue to keep the employee removed from the workplace consistent with paragraph (l)(4)(ii)(A) of this section, but the employer is not obligated to provide medical removal protection benefits in accordance with paragraph (l)(5)(iii) of this section. Absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons. |  |  |  |
| * + 1. (A) If the employer is required to notify the employee of close contact in the workplace to a person who is COVID-19 positive in accordance with paragraph (l)(3)(i)(A) of this section, then the employer must immediately remove that employee and either:  1. Keep the employee removed for 14 days; or 2. Keep the employee removed and provide a COVID-19 test at least five days after the exposure at no cost to the employee.    1. If the test results are negative, the employee may return to work after seven days following exposure.    2. If the test results are positive, the employer must comply with paragraph (l)(4)(i) of this section.    3. If the employee refuses to take the test, the employer must continue to keep the employee removed from the workplace consistent with paragraph (l)(4)(iii)(A)(*1*) of this section, but the employer is not obligated to provide medical removal protection benefits in accordance with paragraph (l)(5)(iii) of this section. Absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws. |  |  |  |
| 1. Employers are not required to remove any employee who would otherwise be required to be removed under paragraph (i)(4)(iii)(A) of this section if the employee does not experience the symptoms in paragraph (l)(2)(iii) or (l)(2)(iv) of this section and has:    1. been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose); or    2. had COVID-19 and recovered within the past 3 months. | d. Employers are not required to remove any employee who has been fully vaccinated (i.e., 2 weeks or more following the final dose); or who recovered from COVID-19 within the past 3 months, if the employee is not COVID-19 positive and does not experience symptoms. |  |  |
| * 1. Any time an employee is required to be removed from the workplace for any reason under paragraph (l)(4) of this section, the employer may require the employee to work remotely or in isolation if suitable work is available. | c. Employees who are medically removed must remain away from the workplace until the return to work criteria in 29 CFR § 1910.502(l)(6) are met, or kept removed until the employer provides a polymerase chain reaction (PCR) test at no cost to the employee.   * The employer may require the employee(s) who were subject to medical removal to work remotely or in isolation if suitable work is available. Suitable work means any work that can be done with no contact with others. If an employee is too ill to work, remote work should not be required; and sick leave or other leave should be made available as consistent with the employer’s general policies and any applicable laws. * CSHOs should determine through interviews and document reviews what procedures were implemented for removal (i.e., whether employees were given the opportunity to work remotely or in isolation if suitable work was available.) |  |  |
| * 1. Medical removal protection benefits.      1. Employers with 10 or fewer employees on the effective date of this section are not required to comply with paragraphs (l)(5)(iii) through (l)(5)(iv) of this section.      2. When an employer allows an employee to work remotely or in isolation in accordance with paragraph (l)(4)(iv) of this section, the employer must continue to pay the employee the same regular pay and benefits the employee would have received had the employee not been absent from work, until the employee meets the return to work criteria specified in paragraph (l)(4)(iii) or (l)(6) of this section.      3. When an employer removes an employee in accordance with paragraph (l)(4) of this section:         1. the employer must continue to provide the benefits to which the employee is normally entitled and must also pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to $1,400 per week, until the employee meets the return to work criteria specified in paragraph (l)(4)(iii) or (l)(6) of this section.         2. For employers with fewer than 500 employees, the employer must pay the employee up to the $1,400 per week cap but, beginning in the third week of an employee’s removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to $200 per day ($1,000 per week in most cases).      4. The employer’s payment obligation under paragraph (l)(5)(iii) of this section is reduced by the amount of compensation that the employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave), for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee’s removal.      5. Whenever an employee returns to the workplace after a COVID-19-related workplace removal, that employee must not suffer any adverse action as a result of that removal from the workplace and must maintain all employee rights and benefits, including the employee’s right to their former job status, as if the employee had not been removed. | 29 CFR § 1910.502(l)(5)(iii) – (l)(5)(iv) and (q)(2)-(q)(3) do not apply where the employer has 10 or fewer employees on the effective date of the ETS. Although the number of employees may change after the effective date of the ETS, the number of employees on the effective date determines the employer’s compliance obligations for the duration of the ETS.  The size of the employer is based on the total number of employees for the company nationwide and not per establishment. All individuals who are “employees” under the OSH Act are counted in the total; the count includes all full-time, part-time, temporary, and seasonal employees. For businesses that are sole proprietorships or partnerships, the owners and partners would not be considered employees and would not be  counted. Other individuals who are not considered to be employees under the OSH Act are uncompensated volunteers, except for those working in a federal agency (see 29 CFR 1975.4(b)(2), and 66 Fed. Reg. 5916, 6038).  a. Employers are required to reimburse medically removed workers up to $1,400 per week. These requirements are modified after the second week based on the size of company. Employers with fewer than 500 employees are required to pay medically removed employees for only two thirds of the regular pay, up to $200 per day ($1,000 per week in most cases) after the second week. Further, the employer’s payment obligation is reduced by the amount of compensation the employee received from any other source.  b. CSHOs should request any documentation (e.g. emails, meeting minutes, chat discussions, memos, policy statements, medical records) that would help verify that an employee who was removed, working remotely, in isolation, or not working, was on medical removal as provided by this section.  c. CSHOs should determine through interviews and document reviews whether employees who were removed, working remotely or in isolation due to conditions in paragraph 29 CFR § 1910.502(l)(4) received the regular pay and benefits mandated per paragraphs 29 CFR § 1910.502(l)(5)(i-iv) of this section.  d. CSHOs should determine whether the employer is appropriately compensating employees who are medically removed due to COVID-19. The determination regarding compensation for medical removal may depend on various factors including the size of the company, other sources of compensation to the employee, and payroll records.   * If the size of the company nationwide is ten employees or less at the effective date of this section, paragraphs 29 CFR § 1910.502(l)(5)(iii) – (l)(5)(iv) do not apply.   f. The paragraph also provides that employees must not experience adverse action when they return to work. See paragraph 29 CFR § 1910.502(l)(5)(v) for specific guidance.   * If CSHOs determine that an employee (or former employee, if they were fired) experienced adverse action or threat of averse action as a result of medical removal, then a referral should be made to the Whistleblower Protection Program. CSHOs will follow the steps outlined in the anti-retaliation section of this directive. | a. The employers with ten employees or less nationwide, are encouraged but not required to abide by 29 CFR § 1910.502(l)(5)(iii) – (l)(5)(iv).  b. If the employer did not pay the employee their regular rate of pay when working remotely or in isolation as part of medical removal, the Area Office may issue a citation for 29 CFR § 1910.502(l)(5)(ii). The citation will be classified as serious due to the potential for discouraging reporting COVID-19 and exposing other employees to the disease. |  |
| * 1. Return to work. The employer must make decisions regarding an employee’s return to work after a COVID-19-related workplace removal in accordance with guidance from a licensed healthcare provider or CDC’s “Isolation Guidance” (incorporated by reference, § 1910.509); and CDC’s “Return to Work Healthcare Guidance” (incorporated by reference, § 1910.509). | e. Paragraph 29 CFR § 1910.502(l)(6) requires that the employer follow guidance from a licensed healthcare provider or CDC’s “Isolation Guidance” (incorporated by reference, 29 CFR § 1910.509); and CDC’s “Return to Work Healthcare Guidance” (incorporated by reference in 29 CFR § 1910.509) when making employee’s return to work decisions.   * CSHOs should determine through interviews and document reviews if an employee’s return to work after a COVID-19 related workplace removal followed appropriate CDC or licensed health care provider guidance. | c. If an employee was returned to work prior to the CDC or health care providers guidance, then the Area Office may cite 29 CFR § 1910.502(l)(6) . |  |
| *Note to paragraph (l): OSHA recognizes that CDC’s “Strategies to Mitigate Healthcare Personnel Staffing Shortages” (available at* [www.cdc.gov/coronavirus/2019-](http://www.cdc.gov/coronavirus/2019-) *ncov/hcp/mitigating-staff-shortages.html) allows elimination of quarantine for certain healthcare workers, but only as a last resort****,*** *if the workers' absence would mean there are no longer enough staff to provide safe patient care, specific other amelioration strategies have already been tried, patients have been notified, and workers are utilizing additional PPE at all times.* |  |  |  |
| Vaccination. |  |  |  |
| The employer must support COVID-19 vaccination for each employee by providing reasonable time and paid leave (e.g., paid sick leave, administrative leave) to each employee for vaccination and any side effects experienced following vaccination. | Generally, OSHA presumes that, if an employer makes available up to four hours of paid leave for each dose of the vaccine, as well as up to 16 additional hours of leave for any side effects of the dose(s) (or 8 hours per dose), the employer would be in compliance with this requirement. OSHA understands that employers may be able to provide much less than four hours if employees do not need to travel for vaccinations, for example, if they are provided onsite, and that side effects will generally last less than two days, but may in some cases last longer.  a. CSHOs should determine through interviews and document review that employers support vaccination efforts by providing reasonable time off and paid leave. CSHOs should determine through interviews whether the employer actively discourages or hinders employees from getting vaccinated.   * Reasonable time off may include, but would not be limited to, time spent during work hours related to the vaccination appointment(s), such as registering, completing required paperwork, all time spent at the vaccination site (e.g., receiving the vaccination dose, post- vaccination monitoring by vaccine provider), and time spent traveling to and from the location for vaccination (including travel to an off-site location (e.g., a pharmacy). Reasonable time also may include situations in which an employee working remotely (e.g., telework) or in an alternate location must travel to the workplace to receive the vaccine. * Employers are not obligated to reimburse employees for transportation costs (e.g., gas money, train/bus fare, etc.) incurred to receive the vaccination, such as the costs of travel to an off-site vaccination location, or travel from an alternate work location to the workplace to receive a vaccination dose.   b. CSHOs should determine when vaccination or travel for vaccination took place to confirm whether the activities took place during work hours.   * If an employee chooses to receive the vaccine outside of work hours, employers are not required to grant time and paid leave for the time that the employee spent receiving the vaccine during non- work hours. However, employers must still afford them reasonable time and paid leave to recover from any side effects that they experience during scheduled work time.   NOTE: Nothing in the ETS precludes an employer from taking steps beyond the requirements of this standard to encourage employees to get vaccinated, as appropriate under applicable laws and/or labor management contracts. The EEOC provides guidance on COVID-19 vaccination as it relates to equal employment opportunity laws. See EEOC, December 16, 2020, [www.eeoc.gov/newsroom/eeoc-issues-updated-covid-19-technical- assistance-publication-3](www.eeoc.gov/newsroom/eeoc-issues-updated-covid-19-technical-%20assistance-publication-3).  Employees may decline vaccination for a number of reasons, including underlying medical conditions or conscience-based objections (moral or religious). There is no requirement that employees who decline the vaccination sign a declination form. | a. If employees incurred costs such as loss of pay or were required to take unpaid leave for the vaccination or adverse effects from the vaccination, Area Offices should consider citing 29 CFR § 1910.502(m). |  |
| Training |  |  |  |
| * 1. The employer must ensure that each employee receives training, in a language and at a literacy level the employee understands, and so that the employee comprehends at least the following:      1. COVID-19, including how the disease is transmitted (including pre-symptomatic and asymptomatic transmission), the importance of hand hygiene to reduce the risk of spreading COVID-19 infections, ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth, the signs and symptoms of the disease, risk factors for severe illness, and when to seek medical attention;      2. employer-specific policies and procedures on patient screening and management;      3. tasks and situations in the workplace that could result in COVID-19 infection;      4. workplace-specific policies and procedures to prevent the spread of COVID- 19 that are applicable to the employee’s duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);      5. employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;      6. employer-specific policies and procedures for PPE worn to comply with this section, including:         1. when PPE is required for protection against COVID-19;         2. limitations of PPE for protection against COVID-19;         3. how to properly put on, wear, and take off PPE;         4. how to properly care for, store, clean, maintain, and dispose of PPE; and         5. any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;      7. workplace-specific policies and procedures for cleaning and disinfection;      8. employer-specific policies and procedures on health screening and medical management;      9. available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);      10. the identity of the safety coordinator(s) specified in the COVID-19 plan,      11. this section; and      12. how the employee can obtain copies of this section and any employer-specific policies and procedures developed under this section, including the employer’s written COVID-19 plan, if required.   *Note to paragraph (n)(1): Employers may rely on training completed prior to the effective date of this section to the extent that it meets the relevant training requirements under this paragraph.*   * 1. The employer must ensure that each employee receives additional training whenever:      1. changes occur that affect the employee’s risk of contracting COVID-19 at work (e.g., new job tasks);      2. policies or procedures are changed; or      3. there is an indication that the employee has not retained the necessary understanding or skill.   2. The employer must ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee’s job duties.   3. The employer must ensure that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee’s job duties. | Standard Guidance:  a. 29 CFR § 1910.502(n)(1)(i)-(xii): Employers must provide training, including reasonable accommodation as required by the Americans with Disabilities Act if needed by an employee with a disability, at no cost to the employee. The employee must be paid for time spent receiving training. If the employee must travel away from the workplace to receive training, the employer is required to pay for the cost of travel, and the employee must be paid for travel time.  b. 29 CFR § 1910.502(n)(3): An employer must ensure training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the duties required of employees.  c. 29 CFR § 1910.502(n)(4): An employer could utilize a virtual or online training, but will need to ensure that the training method allows for employees to ask questions and receive answers promptly. Video- or computer -based trainings may require the employer to make available a qualified trainer to address questions after the training, or to offer a telephone hotline where employees can ask questions.  Inspection Guidance:  a. Review employer-provided training materials (e.g., presentation slides, signs, posters, handouts) to determine if the company provided materials that are written in languages and literacy levels that employees understand, speak and read.  b. When the employer provided training, CSHOs should pay particular attention to the times trainings were conducted. Establish whether employees were offered training during scheduled work times and at no cost to the employee.  c. Employees play a particularly important role in reducing exposures because appropriate application of work practices and controls limit exposure levels. Employees therefore need to be informed of the grave danger of COVID-19, as well as the workplace measures included in their employers’ COVID-19 plans because those measures are necessary to reduce risk and provide protection to employees. Employees must know what specific protective measures are being utilized and be trained in their use so that those measures can be effectively implemented.  d. The CSHO should determine, through a number of interviews, whether employees can demonstrate knowledge and comprehension of training materials and items denoted in the respective standard.   * Document whether training was provided in a language and manner the employee could understand. * Determine whether employees can describe tasks and situations where exposure could occur. * Determine whether employees can describe PPE donning/doffing, cleaning, disinfecting, and storage procedures. * Determine whether employees can describe available sick leave policies. * Ask if employees can identify the designated Safety Coordinator for the COVID-19 Plan * Ask if employees were offered an opportunity to ask questions and receive answers; and * Ask whether employees can describe any changes that have occurred that would require retraining such as changes in the workplace that would increase risk to COVID-19 transmission. | a. 29 CFR § 1910.502(n) does not require the employer to maintain training records. In the event that the employer cannot provide training records, the CSHO will note accordingly and continue to gather evidence sufficient to establish any trend (e.g., material review, observations, and employee interviews) establishing a violative condition.  b. When employees received inadequate information or training (e.g., training was insufficient for a significant number of employees to be able to demonstrate knowledge of the required information or employees’ inability to practice safety measures), cite the applicable paragraph(s).  c. Consider grouping violations for deficient training with a related paragraph. For example, 29 CFR § 1910.502(n)(1)(vii) requires employers to train each employee on workplace-specific policies and procedures for cleaning and disinfection. This training must be consistent with the cleaning and disinfection requirements in paragraph (j). Training must include instruction on the proper and safe use of cleaning and disinfection supplies provided by the employer. Therefore, the employer must train an employee who is tasked to clean their work area, tools or equipment on the supplies to use, as well as how to properly and safely use those supplies.  d. The Area Office may issue a serious violation when an employer fails to educate and train their employees. |  |
| Anti-Retaliation |  |  |  |
| * 1. The employer must inform each employee that:      1. employees have a right to the protections required by this section; and      2. employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to the protections required by this section, or for engaging in actions that are required by this section.   2. The employer must not discharge or in any manner discriminate against any employee for exercising their right to the protections required by this section, or for engaging in actions that are required by this section.   *Note to paragraph (o): In addition, section 11(c) of the OSH Act also prohibits the employer from discriminating against an employee for exercising rights under, or as a result of actions that are required by, this section. That provision of the Act also protects the employee who files a safety and health complaint, or otherwise exercises any rights afforded by the OSH Act.* | a. Employers have flexibility regarding how they will inform employees of their rights and the prohibition on retaliation. Employers are able to choose any method of informing employees, so long as each employee is apprised of the information specified in the standard. Employees can be informed in writing, verbally during a staff meeting, or using other methods. This information can be provided along with other training required under the standard, or it can be provided separately.  b. Through management and a sufficient number of private employee interviews, CSHOs should determine if employees have been told of their rights to protection under this section.  c. In accordance with paragraph 29 CFR § 1910.502(o)(2), employers are prohibited from discharging or discriminating against any employee for exercising their right to protections required by this section or for engaging in actions required by this section. CSHOs should gather information regarding alleged discrimination against employees for exercising their right to protections required by this section or for engaging in actions required by this section.  d. In general, allegations of retaliation potentially violating this section will be handled on a case-by-case-basis as this section overlaps with section 11(c) of the OSH Act. However, some employees may not have the time or knowledge necessary to file a timely section 11(c) complaint or may fear additional retaliation from their employer if they file a complaint.   * Investigations of allegations for a violation of this standard and section 11(c) should involve close collaboration between the Compliance Safety and Health Officer, Assistant Area Directors, and the Area Director in the Area Office and the Whistleblower Investigator, the Regional Supervisory Investigator, and Assistant Regional Administrators in the WPP Section.   e. The standard allows OSHA to issue citations to employers for retaliating against employees, and require abatement including back pay and reinstatement, even if no employee has filed a section 11(c) complaint within 30 days of the retaliation. Also, this section of the standard allows OSHA to issue a single citation addressing retaliation against multiple employees.   * However, an employee who wishes to file a complaint under section 11(c) may do so within the statutory 30-day period regardless of whether OSHA is investigating an alleged violation of the standard involving the same underlying conduct. | a. If employees have not been informed of their rights to protections required by this standard, the Area Office may issue a citation for 29 CFR § 1910.502(o)(1).  b. If an investigation establishes evidence where the employer either discharged, or otherwise discriminated against, an employee for exercising their right to protections under this section, a determination will be made (in consultation with the complainant, where appropriate) whether to pursue a remedy under section 11(c) or through a citation under 29 CFR § 1910.502(o)(2), but not both. The Regional Administrator has the discretion to determine under which avenue the resulting remedy is ultimately pursued. |  |
| Requirements implemented at no cost to employees |  |  |  |
| The implementation of all requirements of this section, with the exception of any employee self-monitoring conducted under paragraph (l)(1)(i) of this section, must be at no cost to employees. | a. OSHA considers costs to include not only direct monetary expenses to the employee, but also the time and other expenses necessary to perform required tasks.  b. The term “no cost” means, among other things, no out of pocket expense(s) to the employee. The preamble recognizes that required training is provided at no cost to employees. Examples of violative conditions may include, but are not limited to, an employer requiring employees to:   * Purchase COVID-19-related protective equipment and devices; * Purchase COVID-19-related cleaning and/or disinfectant materials; and * Purchase COVID-19-related training and/or training materials.   c. CSHOs should determine through interviews and document reviews if employees incurred any monetary cost(s) during the review of the respective standards. Documentation may include purchase receipts, or medical bills from the employee. | a. 29 CFR § 1910.502(p) will usually be cited as an other-than- serious violation when/if employees incur monetary costs associated with this section.  b. Based on specific circumstances of a case, if the Area Office determines that it is appropriate to achieve the necessary deterrent effect, the unadjusted penalty may be up to the maximum penalty allowed for an other-than-serious violation.  c. Violations under this paragraph may be grouped with other relevant sections (e.g., 29 CFR § 1910.502(m) for costs incurred by the employee to obtain the COVID-19 vaccination). |  |
| Recordkeeping |  |  |  |
| * 1. Small employer exclusion. Employers with 10 or fewer employees on the effective date of this section are not required to comply with paragraph (q)(2) or (q)(3) of this section.   2. Required records. Employers with more than 10 employees on the effective date of this section must:      1. retain all versions of the COVID-19 plan implemented to comply with this section while this section remains in effect.      2. establish and maintain a COVID-19 log to record each instance identified by the employer in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.         1. The COVID-19 log must contain, for each instance, the employee’s name, one form of contact information, occupation, location where the employee worked, the date of the employee’s last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.         2. The information in the COVID-19 log must be recorded within 24 hours of the employer learning that the employee is COVID-19 positive and must be maintained as though it is a confidential medical record and must not be disclosed except as required by this ETS or other federal law.         3. The COVID-19 log must be maintained and preserved while this section remains in effect.   *Note to paragraph (q)(2)(ii): The COVID-19 log is intended to assist employers with tracking and evaluating instances of employees who are COVID-19 positive without regard to whether those employees were infected at work. The tracking will help evaluate potential workplace exposure to other employees.*   * 1. Availability of records. By the end of the next business day after a request, the employer must provide, for examination and copying:      1. All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.      2. The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee.      3. A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee’s positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their personal representatives, and their authorized representatives.      4. All records required to be maintained by this section to the Assistant Secretary.   *Note to paragraph (q): Employers must continue to record all work-related confirmed cases of COVID-19 on their OSHA Forms 300, 300A, and 301, or the equivalent forms, if required to do so under 29 CFR part 1904.* | 29 CFR § 1910.502(l)(5)(iii) – (l)(5)(iv) and (q)(2)-(q)(3) do not apply where the employer has 10 or fewer employees on the effective date of the ETS. Although the number of employees may change after the effective date of the ETS, the number of employees on the effective date determines the employer’s compliance obligations for the duration of the ETS.  The size of the employer is based on the total number of employees for the company nationwide and not per establishment. All individuals who are “employees” under the OSH Act are counted in the total; the count includes all full-time, part-time, temporary, and seasonal employees. For businesses that are sole proprietorships or partnerships, the owners and partners would not be considered employees and would not be  counted. Other individuals who are not considered to be employees under the OSH Act are uncompensated volunteers, except for those working in a federal agency (see 29 CFR 1975.4(b)(2), and 66 Fed. Reg. 5916, 6038).  a. CSHOs should verify that the employer is maintaining all versions (not drafts) of its COVID-19 plan.  b. CSHOs should determine whether the employer had more than 10 employees at the time of the effective date of this section. Interviews with management, employee representatives, and review of payroll records may be necessary to determine whether the employer meets the threshold for maintaining a COVID-19 log.  c. Where logs are required, CSHOs should review the employer’s COVID-19 log and verify that all required information is recorded. The CSHO should interview the person responsible for maintaining the log, management, and a sufficient number of employees to determine if the logs are correct.   * CSHOs should examine the log and ensure that employers recorded each instance identified in which an employee is COVID- 19 positive (according to the definition in the standard) regardless if it is work-related. It is important for an employer to examine COVID-19 cases among workers and respond appropriately to protect workers, regardless of whether a case is ultimately determined to be work-related. CSHOs should inquire if the employer utilized the log to aid in identifying trends of the hazard in the workplace. * However, the COVID-19 log should not record incidences for employees who work exclusively from home and thus could not expose others in the workplace.   d. The CSHO shall review the employer's injury and illness records to identify recordable illnesses or symptoms among employees with exposure(s) to patients with suspected or confirmed COVID-19. The review of the OSHA 300 log can aid in pinpointing any inconsistencies on the COVID-19 log and can provide insight on personnel who should be interviewed.   * CSHOs shall examine additional injury and illness logs and ensure that employers who are required to maintain injury/illness records under 29 CFR part 1904 continue to record all work-related confirmed cases of COVID-19 on their OSHA Forms 300, 300A, and 301, or the equivalent forms. Note: The partial exemption for some NAICS codes in 29 CFR § 1904.2 does not apply to the recordkeeping requirements in paragraph 29 CFR § 1910.502(q) – all employers covered by this section must maintain a COVID-19 log. CSHOs must ensure the OSHA 300 log is not used as a substitute for the COVID-19 log required by this section. Note: So as not to discourage vaccination, employers are not required to record instances of adverse reactions to vaccinations on the OSHA 300 log effective through May 2022.   e. CSHOs should verify that, at a minimum, each instance recorded on the COVID-19 log contains the following information: the employee’s name; contact information; occupation; location where the employee worked; the date of the employee’s last day at the workplace; the date of the positive test for, or diagnosis of, COVID-19; and, the date the employee first had one or more COVID-19 symptoms, if any were experienced, and that entries were made within 24 hours of the employer learning that an employee is COVID-19 positive.   * The log may be kept in any manner that the employer chooses as long as the information required to be on the log is present and understandable and can be obtained and shared within the timeframes mentioned in the standard. The log must be maintained as a confidential medical record. The disclosure of personal information entered on the COVID-19 log is limited to the access provisions set forth in paragraph 29 CFR § 1910.502(q)(3). There is no requirement for the log to be kept at the establishment as long as the timeframes for availability can be met.   f. CSHOs should verify through interviews and/or document reviews that the employer provides access to the COVID-19 log to employees and their representatives.  g. CSHOs should also interview others not on the COVID-19 log to determine if there are any cases that should have been recorded but were not placed on the log.   * Through interviews and document review, CSHOs should determine if employees, former employees, and their representatives have access rights to all versions (not drafts) of the written COVID-19 plan at any workplace where the employee or former employee has worked. Employees or former employees also have access to the COVID-19 log entry pertaining to their own illness(es) and to a version of the COVID-19 log that maintains employee privacy by removing personally identifiable information (e.g., names, contact information and occupation) of other employees. The location where the employee worked, the date of the employee’s last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had COVID-19 symptoms must be included in the privacy-protected log. * CSHOs should document where employers fail to provide OSHA with access to the records required to be created and maintained by this section when requested. * The employer must provide these records (one free copy of each requested record) upon request for examination and copying not later than by the end of the next business day after the request was made. * If an inspection reveals that a business changed ownership while the ETS is in effect, the CSHO shall inquire to determine if the employer (i.e., the predecessor) transferred information on the COVID-19 log to the new owner (i.e., the successor). | a. Where the employer fails to maintain all versions (not drafts) of their COVID-19 plan, the employer may be cited for a violation of 29 CFR § 1910.502(q)(2)(i).  b. Where the employer fails to establish or maintain the COVID-19 log or fails to record entries on the COVID-19 log, the employer may be cited for a violation of 29 CFR § 1910.502(q)(2)(ii).   * If there are no known COVID-19 positive cases at the establishment, the employer shall not be cited for not having a COVID-19 log. * The employer shall not be cited for recording any additional information not mandated by the standard on the COVID-19 log.   c. When the employer fails to have all of the information required for an entry on the COVID-19 log, the deficiency should be documented and the employer may be cited for a violation of 29 CFR § 1910.502(q)(2)(ii)(A).  d. Where the employer has not maintained the log to ensure employee privacy and confidentiality, the employer may be cited for a violation of 29 CFR § 1910.502(q)(2)(ii)(B).  e. When the employer does not maintain the COVID-19 log for the time that the standard exists, the employer may be cited for a violation of 29 CFR § 1910.502(q)(2)(ii)(C).  g. A citation against the previous employer may be issued if the previous employer did not transfer all of the information entered on the COVID-19 log to the new owner. This is applicable if six months has not passed since the change of ownership and if the predecessor is still in business. The current employer may be cited if they did not retain the log if the CSHO can show that they did receive the log from the previous employer.  h. If a work-related COVID-19 illness was not entered into the 300 log and the COVID-19 log, both standards would be cited.  i. OSHA shall not cite for failure to comply with § 29 CFR 1904.5 and § 29 CFR 1904.7 mandates requiring employers to record worker side effects from a COVID-19 vaccination through May 2022.  j. Where citations are issued, penalties will be proposed only in the following cases:   * Where OSHA can document that the employer was previously informed of the requirements to keep records; or, * Where the employer's deliberate decision to deviate from the recordkeeping requirements, or the employer's plain indifference to the requirements, can be documented. |  |
| Reporting COVID-19 fatalities and hospitalizations to OSHA |  |  |  |
| * 1. The employer must report to OSHA:      1. Each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality.      2. Each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.   2. When reporting COVID-19 fatalities and in-patient hospitalizations to OSHA in accordance with paragraph (r)(1) of this section, the employer must follow the requirements in 29 CFR part 1904.39, except for 29 CFR part 1904.39(a)(1) and (2) and (b)(6). | a. CSHOs should gather information through employer and employee interviews, and CSHOs should review documents such as the COVID-19 log and the OSHA 300 log when documenting apparent deficiencies in the reporting requirements.  b. CSHOs and Area Offices shall evaluate that when reporting work- related COVID-19-related fatalities or hospitalizations to  OSHA, the employer followed the requirements in 29 CFR § 1904.39 except for 29 CFR § 1904.39(a)(1) and (2) and (b)(6) at [https://www.osha.gov/laws- regs/regulations/standardnumber/1904/1904.39](https://www.osha.gov/laws-%20regs/regulations/standardnumber/1904/1904.39), in accordance with 29 CFR § 1910.502(r)(2).   * Note: An employer may “learn” of a work-related COVID-19 fatality or inpatient hospitalization when a family member or medical professional reports it to the employer or through another employee at the company. It is the employer’s responsibility to ensure that appropriate instructions and procedures are in place so that managers, supervisors, company medical personnel, as well as other employees or agents of the company, who learn of an employee’s death or in-patient hospitalization due to work-related COVID-19 have been instructed that the company must make a report to OSHA.   c. Note: Employers must give OSHA the following information for each fatality or in-patient hospitalization: the establishment name, the location of the work-related incident, the time of the work- related incident, the type of reportable event (i.e., fatality or in- patient hospitalization), the number of employees who died or were hospitalized, the names of the deceased or hospitalized employees, the employer’s contact person and his/her phone number, and a brief description of the work-related incident.  d. Note: If an employer makes a report to OSHA concerning a COVID-19 in-patient hospitalization within the 24-hour period and that employee subsequently dies from the illness, the employer does not need to make an additional fatality report to OSHA, but must still record the fatality.  e. Note: OSHA defines in-patient hospitalization as a formal admission to the in-patient services of a hospital or clinic for care or treatment (see 29 CFR § 1904.39(b)(9) and (b)(10)). The determination as to whether an employee is formally admitted into the in-patient service is made by the hospital or clinic. Treatment in an Emergency Room only is not reportable. | a. When an employer fails to report within 8 hours of learning of the death of an employee resulting from a work related exposure to COVID-19, the employer may be cited for a violation of 29 CFR § 1910.502(r)(1)(i).  b. When an employer fails to report within 24 hours of learning of a work related exposure to COVID-19 hospitalization, the employer may be cited for a violation of 29 CFR § 1910.502(r)(1)(ii).  c. If the Area Office becomes aware of an incident required to be reported through some means other than an employer report, prior to the lapse of the 8-hour or 24-hour reporting period and an inspection of the incident is made, a citation for failure to report will normally not be issued.  Due to the COVID-19 pandemic, an OSHA Area Office may be temporarily closed to the public. If an Area Office is closed for any reason, per 1904.39(b)(1) an employer must use the OSHA 24-hour hotline at 1-800-321-6742 (OSHA) or complete and submit a [Serious Event Reporting Online Form](https://www.osha.gov/pls/ser/serform.html) at the OSHA website, and must not make the report to OSHA by fax, email, or by leaving an Area Office voice mail. |  |
| Dates.  * 1. Effective date. This section is effective as of June 21, 2021.   2. Compliance dates.      1. Employers must comply with all requirements of this section, except for requirements in paragraph (i), paragraph (k), and paragraph (n) of this section by July 6, 2021.      2. Employers must comply with the requirements of this section in paragraph (i), paragraph (k), and paragraph (n) of this section by July 21, 2021. |  |  |  |
| 1910.504 Mini Respiratory Protection Program. |  |  |  |
| 1. Scope and application. This section applies only to respirator use in accordance with § 1910.502 (f)(4). |  |  |  |
| 1. Definitions. The following definitions apply to this section:   *COVID-19 (Coronavirus Disease 2019)* means the respiratory disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). For clarity and ease of reference, this section refers to “COVID-19” when describing exposures or potential exposures to SARS-CoV-2.  *Elastomeric respirator* means a tight-fitting respirator with a facepiece that is  made of synthetic or rubber material that permits it to be disinfected, cleaned, and reused according to manufacturer’s instructions. It is equipped with a replaceable cartridge(s), canister(s), or filter(s).  *Filtering facepiece respirator* means a negative-pressure particulate respirator  with a non-replaceable filter as an integral part of the facepiece or with the entire facepiece composed of the non-replaceable filtering medium.  *Hand hygiene* means the cleaning and/or disinfecting of one’s hands by using  standard handwashing methods with soap and running water or an alcohol-based hand rub that is at least 60% alcohol.  *Respirator* means a type of personal protective equipment (PPE) that is certified by the National Institute for Occupational Safety and Health (NIOSH) under 42 CFR part 84 or is authorized under an Emergency Use Authorization (EUA) by the US Food and Drug Administration. Respirators protect against airborne hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Common types of respirators include filtering facepiece respirators, elastomeric respirators, and PAPRs. Face coverings, facemasks, and face shields are not respirators.  *Powered air-purifying respirator (PAPR)* means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.  *Tight-fitting respirator* means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator (e.g., filtering facepiece).  *User seal check* means an action conducted by the respirator user to determine if the respirator is properly seated to the face. |  |  |  |
| Respirators provided by employees. Where employees provide and use their own respirators, the employer must provide each employee with the following notice: Respirators can be an effective method of protection against COVID-19 hazards when properly selected and worn. Respirator use is encouraged to provide an additional level of comfort and protection for workers even in circumstances that do not require a respirator to be used. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. If your employer allows you to provide and use your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:   * 1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.   2. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.   3. Do not wear your respirator where other workplace hazards (e.g., chemical exposures) require use of a respirator. In such cases, your employer must provide you with a respirator that is used in accordance with OSHA’s respiratory protection standard (29 CFR part 1910.134).   For more information about using a respirator, see OSHA’s respiratory protection safety and health topics page (<https://www.osha.gov/respiratory-protection>). Respirators provided by employers. Where employers provide respirators to their employees, the employer must comply with the following requirements:   1. Training. The employer must ensure that each employee wearing a respirator receives training prior to first use and if they change the type of respirator, in a language and at a literacy level the employee understands, and comprehends at least the following:    * 1. How to inspect, put on and remove, and use a respirator;      2. The limitations and capabilities of the respirator, particularly when the respirator has not been fit tested;      3. Procedures and schedules for storing, maintaining, and inspecting respirators;      4. How to perform a user seal check as described in paragraph (d)(2) of this section; and      5. 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. 2. User seal check. 3. The employer must ensure that each employee who uses a tight-fitting respirator performs a user seal check to ensure that the respirator is properly seated to the face each time the respirator is put on. Acceptable methods of user seal checks include:    * + 1. Positive pressure user seal check (i.e., blow air out). Once you have conducted proper hand hygiene and properly donned the respirator, place your hands over the facepiece, covering as much surface area as possible. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the facepiece without any evidence of outward leakage of air at the seal. Examples of evidence that it is leaking could be the feeling of air movement on your face along the seal of the facepiece, fogging of your glasses, or a lack of pressure being built up inside the facepiece. If the particulate respirator has an exhalation valve, then performing a positive pressure check may not be possible unless the user can cover the exhalation valve. In such cases, a negative pressure check must be performed.        2. Negative pressure user seal check (i.e., suck air in). Once you have conducted proper hand hygiene and properly donned the respirator, cover the filter surface with your hands as much as possible and then inhale. The facepiece should collapse on your face and you should not feel air passing between your face and the facepiece. 4. The employer must ensure that each employee corrects any problems discovered during the user seal check. In the case of either type of user seal check (positive or negative), if air leaks around the nose, use both hands to readjust how the respirator sits on your face or adjust the nosepiece, if applicable. Readjust the straps along the sides of your head until a proper seal is achieved.   *Note to paragraph (d)(2)(i) and (ii): When employees are required to wear a respirator and a problem with the seal check arises due to interference with the seal by an employee’s facial hair, employers may provide a different type of respirator to accommodate employees who cannot trim or cut facial hair due to religious belief.*   1. Reuse of respirators*.* 2. The employer must ensure that a filtering facepiece respirator used by a particular employee is only reused by that employee, and only when: 3. the respirator is not visibly soiled or damaged; 4. the respirator has been stored in a breathable storage container (e.g., paper bag) for at least five calendar days between use and has been kept away from water or moisture; 5. the employee does a visual check in adequate lighting for damage to the respirator’s fabric or seal; 6. the employee successfully completes a user seal check as described in paragraph (d)(2) of this section; 7. the employee uses proper hand hygiene before putting the respirator on and conducting the user seal check; and 8. the respirator has not been worn more than five days total.   *Note to paragraph (d)(3)(i): The reuse of single-use respirators (e.g., filtering facepiece respirators) is discouraged.*   1. The employer must ensure that an elastomeric respirator or PAPR is only reused when: 2. the respirator is not damaged; 3. the respirator is cleaned and disinfected as often as necessary to be maintained in a sanitary condition in accordance with § 1910.134, Appendix B-2; and 4. a change schedule is implemented for cartridges, canisters, or filters. 5. Discontinuing use of respirators. Employers must require employees to discontinue use of a respirator when either the employee or a supervisor reports medical signs or symptoms (e.g., shortness of breath, coughing, wheezing, chest pain, any other symptoms related to lung problems, cardiovascular symptoms) that are related to ability to use a respirator. Any employee who previously had a medical evaluation and was determined to not be medically fit to wear a respirator must not be provided with a respirator under this standard unless they are re-evaluated and medically cleared to use a respirator. | The “Respiratory Protection Guidance by Activity and Standard” table in [Appendix B](#_bookmark38) of this directive contains a breakdown of respiratory protection usage and requirements, including a listing of the specific requirements applicable to common, foreseeable situations. Note that 29 CFR § 1910.504 only requires a user seal check and training, while medical and fit testing requirements are only performed if the employer is required to follow the Respiratory Protection Standard, 29 CFR § 1910.134.  a. CSHOs shall determine through workplace observations and interviews whether respirators are required by 29 CFR § 1910.502(f)(2), (f)(3), or (f)(5).  b. If respirators are not required under 1910.502(f)(2), (f)(3), or (f)(5), the CSHO shall determine whether the employer provides a respirator to an employee instead of the required facemask under 29 CFR § 1910.501(f)(4)(i). The CSHO shall determine whether the employer provided the training required by 29 CFR § 1910.504 to each employee wearing a respirator under 29 CFR § 1910.502(f)(4)(i).   * CSHOS shall determine through interviews and document review that when the employer provides employees with respirators for use in lieu of required facemasks, the employer must provide training as described in 29 CFR § 1910.504(d)(1)(i)-(v). Note: Training is particularly important since fit testing and medical evaluation provisions are not included in 29 CFR § 1910.504.   c. If respirators are not required under 1910.502(f)(2), (f)(3), or (f)(5), the CSHO shall determine whether the employer permits an employee who is required to wear a facemask to wear their own respirator instead of the required facemasks, under 29 CFR § 1910.502(f)(4)(ii). The CSHO shall determine whether the employer has provided to the employee a notice containing the standardized text from 29 CFR § 1910.504(c).  d. The CSHO shall determine if employees wearing elastomeric respirators have previously been medically evaluated and found medically unable to wear a respirator, CSHOs should advise the employer of the hazard and to discontinue the practice until a new medical evaluation is performed as required by 29 CFR § 1910.504.  e. CSHOs should determine whether such employees using tight- fitting respirators perform user seal checks to ensure the respirator is properly sealed to the face. CSHOs should evaluate by asking employees to describe (or demonstrate) the procedures, focusing on whether the employees recognize the signs that leakage is occurring.  f. CSHOs should ensure that employers correct any problems discovered by employees during User Seal Check procedures. If employee(s) report that a user seal check fails, CSHOs should make a determination whether the employer provided alternate models or sizes of respirators.  NOTE: In circumstances where an employer requires respirator usage in an effort to offer a higher degree of protection to workers not otherwise required to wear respirators, the employer must comply with the requirements of 29 CFR § 1910.134. Please refer to CPL 02-00-158, Inspection Procedures for the Respiratory Protection Standard, dated June 26, 2014, for agency interpretations and enforcement policies.  g. CSHOs should determine whether respirators used in accordance with 29 CFR § 1910.504 are being reused by healthcare employees. Employers must ensure that FFRs used by a particular employee is only reused by that employee. Note: Reuse is discouraged unless the employer is experiencing a shortage.  h. If reuse is observed, CSHOs should verify that FFRs are only reused by the original wearer and that previously used FFRs are not shared among multiple employees.   * Reuse of FFRs is only allowed for healthcare associated industries during times of shortages in the respirator supply chain.   i. In the unexpected situation that an employer is asserting a shortage of respirators, CSHOs should request evidence of this claim by obtaining a daily inventory of respirators and the “burn rate” calculations along with applicable invoices and purchase orders.  NOTE: The employer may only use CDC strategies for N95 FFR shortages for a limited period of time and must take immediate steps to purchase and use other NIOSH-approved respirators, such as elastomeric respirators and PAPRs. CDC’s Strategies for Optimizing the Supply of N95 Respirators are found on the following webpage: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators- strategy/index.html.  j. CSHOs should verify that re-used respirators are not visibly soiled or damaged; and determine how the end-user verifies the integrity of respirator (i.e., fabric, straps, seal, nose bridge); whether the employee hygienically handles the respirator and successfully completes a user seal check on the re-used respirator; and whether the respirator has been used more than five (5) days in total.  k. CSHOs should verify the storage conditions of the respirators. Re- usable respirators must be stored in a breathable container (e.g. paper bag), away from water or moisture for at least five (5) calendar days prior to re-use. In practice, this means that an employer must provide at least five (5) FFRs to be used on different days.  NOTE: For FFRs, the exhalation process combined with environmental factors (i.e., increased temperature and/or humidity) may lead to higher moisture content in the fabric of the respirator and may promote the growth of pathogens. Respirators that are soiled or grossly contaminated with blood, respiratory secretions, or other bodily fluids, shall not be stored for later re-use. | a. If the employer did not provide affected employees who provide and use their own respirators with the notice listed at 29 CFR § 1910.504(c), the Area Office may consider issuing an other-than- serious citation.  b. If the employer failed to provide training in accordance with the requirements of 29 CFR § 1910.504(d)(1), the Area Office may consider issuing citation(s) for any documented deficiencies listed in paragraphs 1910.504(d)(1)(i) through (v) of this section. Violations of multiple training provisions under 29 CFR § 1910.504(d)(1) should normally be grouped in a single citation.  c. If the employer has not ensured employees are conducting user seal checks as outlined in 29 CFR § 1910.504(d)(2), the Area Office may consider issuing citation(s) for any deficiencies as listed in paragraphs 1910.504(d)(2)(i)(A) and (B). If the employer fails to correct any problems with the user seal check process, a citation for 29 CFR § 1910.504(d)(2)(ii) may be considered.  d. If the reuse of respirators was not compliant with the requirements of 29 CFR § 1910.504(d)(3)(i), the Area Office may consider issuing citation(s) for any documented deficiencies listed in paragraphs 1910.504(d)(3)(i)(A) through (F) of this section. Violations of multiple reuse provisions under 29 CFR § 1910.504(d)(3)(i) should normally be grouped in a single citation. Deficiencies associated with the reuse of elastomeric respirators or PAPRs may be cited under 29 CFR § 1910.504(d)(3)(ii).  e. If the employer does not require employees to discontinue use of respirators when employees report or experience signs and symptoms that are related to their ability to use a respirator, a citation for 29 CFR § 1910.504(d)(4) should be cited. If employees are allowed to wear respirators and have previously had a medical evaluation that determined they were not medically fit to wear a respirator, a citation for 29 CFR § 1910.504(d)(4) should be cited. |  |
| 1. Effective date. This section is effective as of June 21, 2021. |  |  |  |