

OSHA's ETS for Healthcare

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COVID-19 ETS (29 CFR 1910.502)

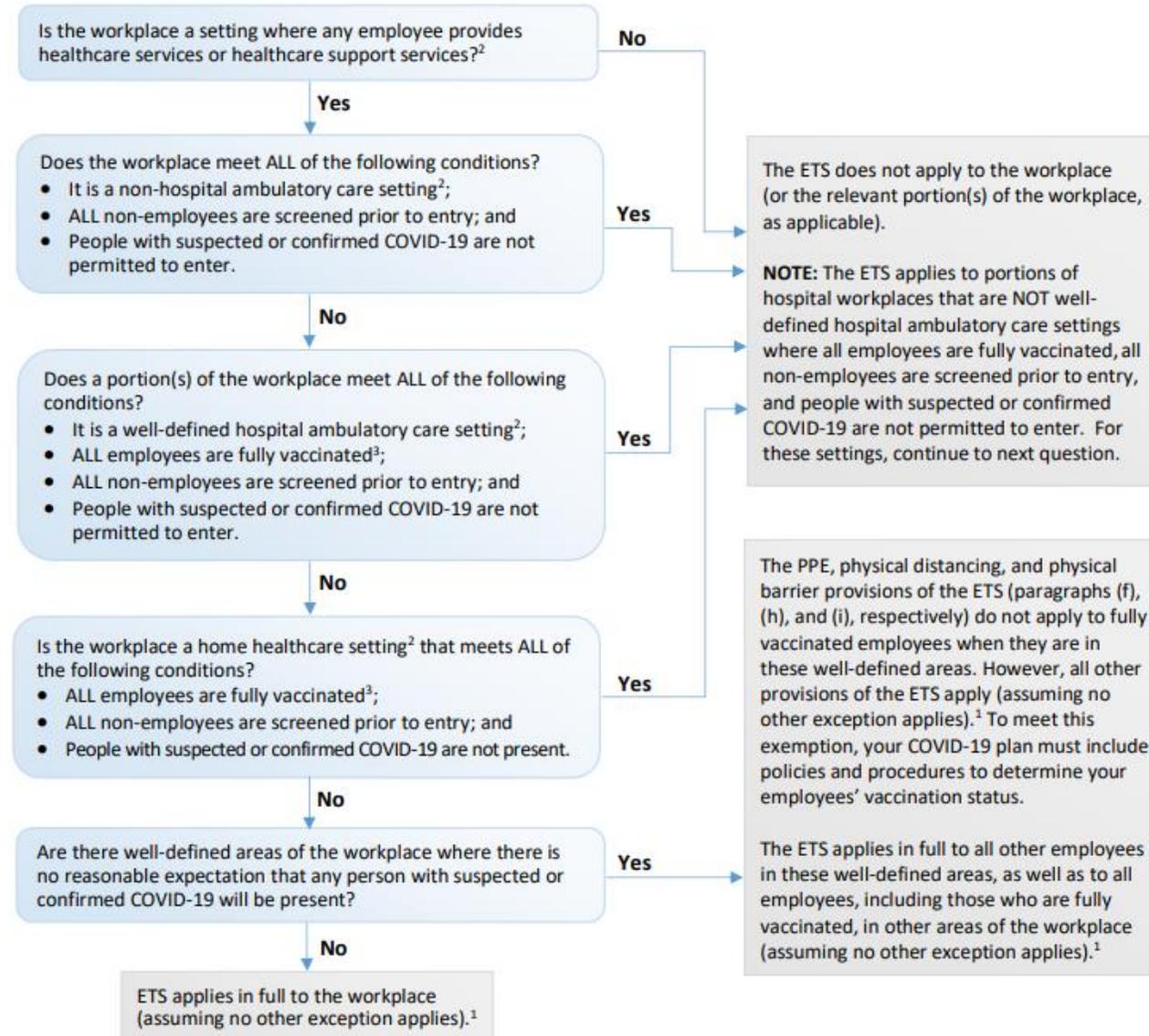
- 6/21/21- Effective date (published in Federal Register)
- All sections currently enforceable by Federal OSHA in the private sector
- Pending- Adoption for the public sector

- As part of OSHA's commitment to protect workers and deliver stronger worker safety protections, the agency has issued a COVID-19 Healthcare ETS that establishes new requirements to protect workers from exposure to COVID-19 in all settings, with some exceptions, where any employee provides healthcare or healthcare support services.

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



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



Overview of COVID-19 ETS

The ETS requires employers to:

- ❑ Conduct a hazard assessment and implement a COVID-19 plan for each workplace. Engage employees in the development of the plan.
- ❑ Designate workplace safety coordinator(s), knowledgeable in infection control principles and practices, with authority to implement, monitor, and ensure compliance with the plan.
- ❑ Limit and monitor points of entry to settings where direct patient care is provided; screen and triage patients, clients, residents, delivery people and other visitors and non-employees entering the setting for symptoms of COVID-19; and implement patient management strategies.
- ❑ Develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with Centers for Disease Control (CDC) guidelines.

Overview of COVID-19 ETS (continued)

- ❑ Provide and ensure employees wear **facemasks** when indoors and when occupying a vehicle with other people for work purposes; provide and ensure employees use **respirators** and other personal protective equipment (PPE) for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19; and provide respirators and other PPE in accordance with Standard and Transmission-Based Precautions.
- ❑ Perform AGPs on persons with suspected or confirmed COVID-19 in an airborne infection isolation room, if available; limit employees present to only those essential; and clean and disinfect surfaces and equipment promptly after the procedure is completed.
- ❑ Keep employees at least 6 feet apart from others when indoors, unless not feasible for a specific activity (e.g., hands-on medical care).
- ❑ Install cleanable or disposable solid barriers at fixed work locations in non-patient care areas where employees are not separated from other people by at least 6 feet.
- ❑ Follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC guidelines in patient care areas, resident rooms, and for medical devices and equipment or in all other areas when a person who is COVID-19 positive has been in the workplace in the last 24 hours; in all other areas, clean high-touch surfaces and equipment at least once a day; and provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible handwashing facilities.

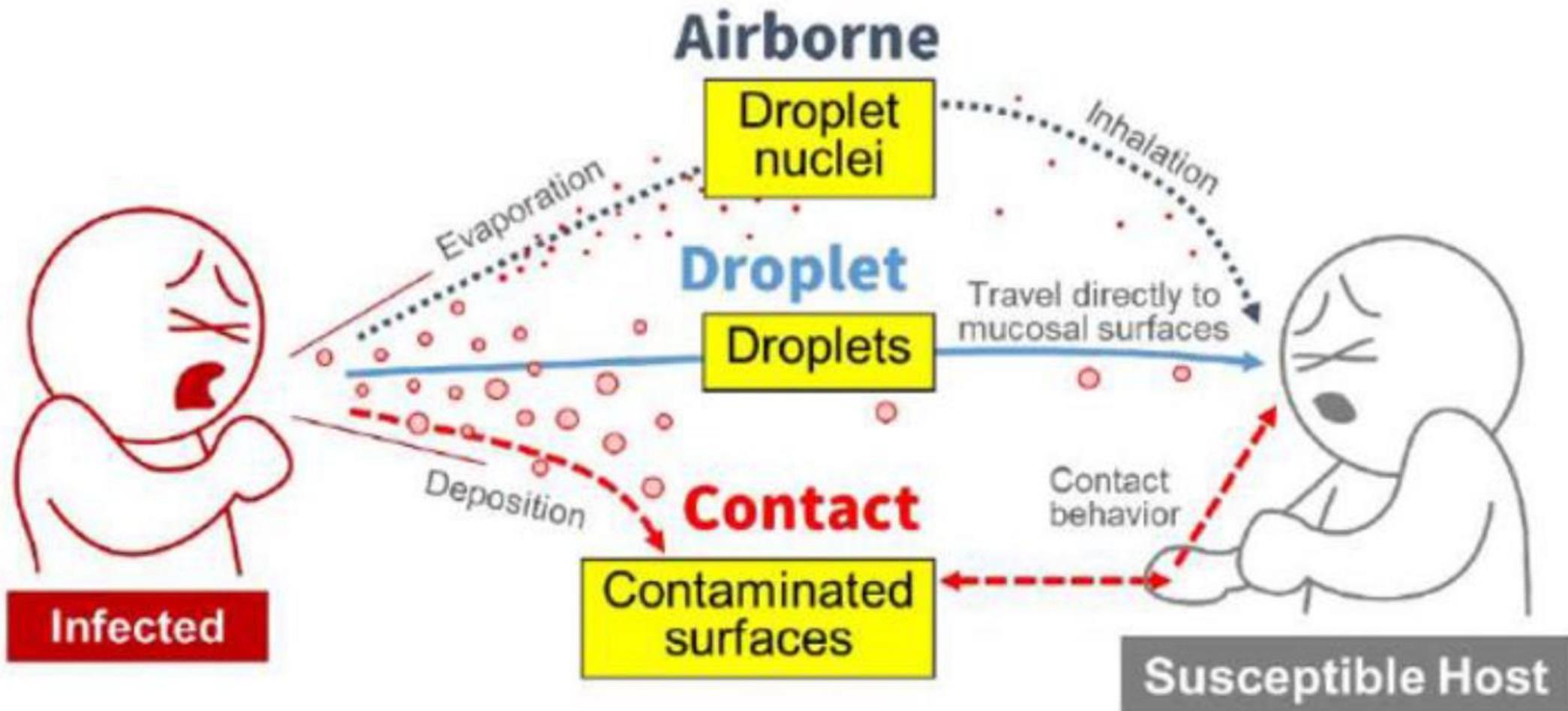
Overview of COVID-19 ETS (continued)

- ❑ Ensure adequate ventilation in accordance with the ETS, if the employer owns or controls buildings or structures with an existing HVAC system(s) and/or existing AIR(s).
- ❑ Screen employees before each work day and shift for COVID-19 symptoms; require each employee to promptly notify the employer when the employee is COVID-19 positive, has been told by a licensed healthcare provider that they are suspected to have COVID-19, or experiencing certain symptoms; and notify potentially exposed employees within 24 hours when a person who has been in the workplace is COVID-19 positive.
- ❑ Remove any employee who is COVID-19 positive or has been told by a licensed healthcare provider that they are suspected to have COVID-19, certain COVID-19 symptoms, or have had close contact with a person who is COVID-19 positive in the workplace; in some cases, provide pay and benefits to employees removed from the workplace.
- ❑ Provide paid time off for vaccinations and vaccine side effects.
- ❑ Train employees on workplace policies and procedures regarding COVID-19 in accordance with the ETS.
- ❑ If an employer has more than 10 employees on the effective date of this ETS, record all employee cases of COVID-19 on a COVID-19 log without regard to occupational exposure.
- ❑ Report work-related COVID-19 fatalities to OSHA within 8 hours of employer knowledge and in-patient hospitalizations within 24 hours of employer knowledge.

Facemasks vs. Respirators

How is COVID-19 spread?

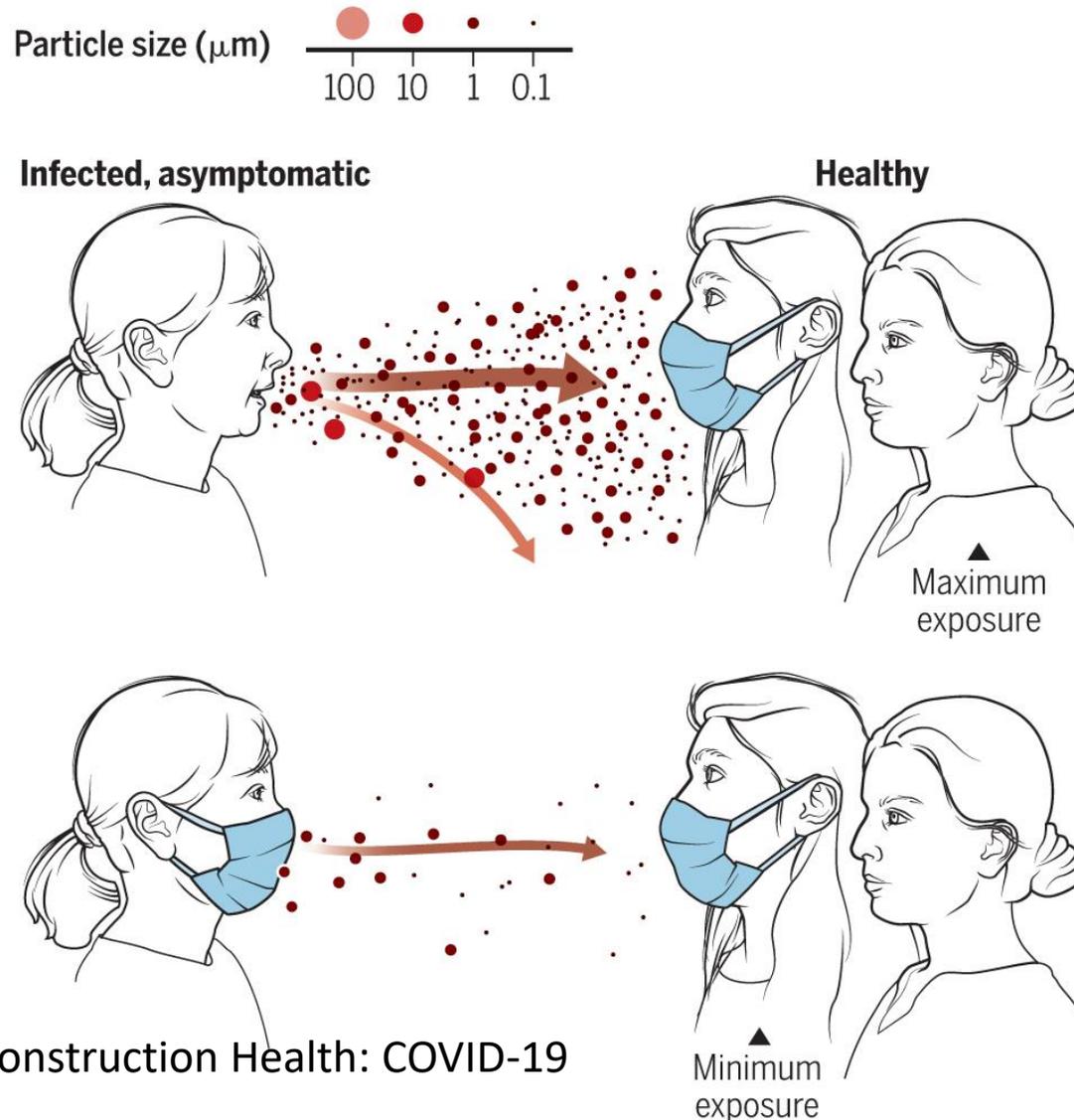
- Droplet transmission*: Propulsion of large infectious droplets generated from coughing and sneezing directly into the face, nose, eyes and mouth of someone nearby.
- Aerosol transmission: Inhalation of infectious particles generated by breathing, talking, singing, coughing and sneezing that remain suspended for lengthy periods.
- Contact transmission: Touching something with SARS-2 virus on it and then touching mouth, nose or eyes
- Other possible routes- through fecal matter.



Modes of Transmission from Exhaled Pathogens (adapted from leaflet of the Office of the Prime Minister and the Ministry of Health, Labor and Welfare of Japan (2020))

Masks reduce airborne transmission

Infectious aerosol particles can be released during breathing and speaking by asymptomatic infected individuals. No masking maximizes exposure, whereas universal masking results in the least exposure.



Source- AIHA Focus on Construction Health: COVID-19

Table A: Comparison of Face Coverings, Face Masks, and Filtering Facepiece Respirators

Comparison Feature	Cloth Face Covering	Face Mask (Procedure/Surgical)	Filtering Facepiece Respirators (FFRs)
Photo			
Description	Cloth face covering used to cover mouth and nose.	Disposable mask used to cover nose and mouth. Surgical mask also provides fluid barrier.	Disposable respirator used to cover nose and mouth.
Fit on face	Loose	Loose	Tight
Intended Use	<p>MAY HELP PROTECT OTHERS</p> <p>Per CDC, may help contain large respiratory droplets emitted from coughs, sneezes, or speech by wearers who don't yet know they have the virus.²⁴</p> <p>Effectiveness depends on mask materials and design.²⁵</p> <p>Not intended to protect the wearer.²⁶</p> <p>Public Health measure</p>	<p>HELP PROTECT OTHERS</p> <p>Designed to help reduce the number of large respiratory droplets introduced into the surrounding area as a wearer talks, sneezes, or coughs.²⁷</p> <p>HELP PROTECT WEARER</p> <p>Surgical mask includes fluid barrier to help protect the wearer's nose and mouth from splashes and sprays of bodily fluids.²⁸</p>	<p>HELP PROTECT WEARER</p> <p>Designed to help reduce wearer's inhalation of both large droplets and small airborne particles (aerosols).²⁹</p> <p>HELP PROTECT OTHERS</p> <p>May help reduce the emission of respiratory droplets and small airborne particles (aerosols) into the air as wearers sneeze, cough, or talk.³⁰</p>
Reduce the wearer's exposure to airborne particulate hazards when properly selected and worn	No Not intended to protect wearer. ³¹	No Do not protect wearer against small airborne particles (aerosols). ³²	Yes NIOSH approved N95 respirators are at least 95% efficient in filtering particulates per NIOSH 42 CFR 84
PPE Certification	Not considered PPE	FDA (Surgical masks only)	NIOSH



What to Use and When to Use it

- Task Based Hazard Assessment
- **Identify where your employees could be exposed to COVID-19 and the control measures that will be used to protect them and prevent exposure.**

If N95 respirators or a higher level of respiratory protection are provided, are they:

- Used in accordance with the respiratory protection standard (1910.134) when a respirator is required by the ETS?
- Used in accordance with the COVID -19 mini respirator program (1910.504) when used in place of a facemask in situations when a respirator is not required

EMERGENCY TEMPORARY STANDARD

COVID-19 Healthcare ETS



The ETS was officially filed in the Office of the Federal Register on June 17, 2021, and it became effective when it was published on June 21, 2021.

Written comments on any aspect of the ETS must be submitted by August 20, 2021 in Docket number OSHA-2020-0004. Written comments on the information collection determination as described in VII.K of the ETS preamble (86 FR 32560) must be submitted by August 20, 2021 in Docket number OSHA-2021-0003.

August Report

August: To assess the ongoing need for an Emergency Temporary Standard for healthcare and related industries, the Occupational Safety and Health Administration (OSHA) has reviewed the latest guidance, science and data on COVID-19 and has consulted with the Centers for Disease Control and Prevention (CDC) (through the National Institute for Occupational Safety and Health (NIOSH)). OSHA has determined that CDC's guidance on healthcare settings has not changed and that the requirements of the healthcare ETS released on June 10, 2021, remain necessary to address the grave danger of COVID-19 in healthcare. OSHA will continue to monitor and assess the need for changes in the healthcare ETS each month.

About the Rule

ETS Regulatory Text (29 CFR 1910, Subpart U)

- 1910.502 - Healthcare.
- 1910.504 - Mini Respiratory Protection Program.
- 1910.505 - Severability.
- 1910.509 - Incorporation by Reference.

Federal Register

Federal Register - Correction

Materials Incorporated by Reference

News Release

NEW Webinar - COVID-19 ETS

Fact Sheet – Subpart U – COVID-19 Healthcare ETS

Summary – COVID-19 Healthcare ETS *(Spanish)*

Fact Sheet – COVID-19 Healthcare ETS *(Spanish)*

Fact Sheet – Mini Respiratory Protection Program

Fact Sheet – Workers' Rights *(Spanish)*

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ETS FAQs

Executive Order

Implementing the ETS

COVID-19 Plan Template

COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis

Sample COVID-19 Log

Reporting COVID-19 Fatalities and In-Patient Hospitalizations to OSHA

Employer Notification Tool

Communication and Coordination Between Employers

Sample Employee COVID-19 Health Screening Questionnaire *(Spanish)*

Notification Removal and Return to Work Flow Chart for Employees

Notification Removal and Return to Work Flow Chart for Employers

Employee Training Presentation – Healthcare ETS

Employee Training Presentation – Mini Respiratory Protection Program

Enforcement

Inspection Procedures for the COVID-19 Emergency Temporary Standard

www.osha.gov

→ COVID-19

→ ETS

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