Engage PEO Client Alert:

OSHA Issues Emergency Temporary Standard for Healthcare And Updates Guidance for All Industries

On June 10, OSHA issued a long-awaited Emergency Temporary Standard (ETS) for healthcare employers to help protect healthcare workers in settings where suspected or confirmed COVID-19 patients are treated. OSHA also issued updated, voluntary guidance for other industries.

The ETS will be published in the Federal Register shortly and will take effect immediately upon publication. Covered employers must comply with most of the provisions within 14 days, but they will have 30 days to comply with the provisions involving physical barriers, ventilation, and training.

OSHA Resources

Employers can access the following resources for information on the ETS provided by OSHA:

- ETS summary
- FAQs
- ETS webpage

Overview

The ETS targets healthcare settings where COVID-19 patients are treated. It exempts fully vaccinated employees from wearing a mask, social distancing, and barrier requirements when the employer determines there is no reasonable expectation another person with suspected or confirmed COVID-19 would be present. It is unclear how this determination can be made, however.

The ETS does not apply to the following healthcare settings:

- Provision of first aid by an employee who is not a licensed healthcare provider;
- Pharmacists in retail settings;
- Non-hospital ambulatory care settings where non-employees are screened for suspected or confirmed COVID-19;
- Hospital ambulatory care settings where employees are fully vaccinated and non-employees are screened prior to entry;
- Home healthcare settings where employees are fully vaccinated and non-employees are screened prior to entry;
- Healthcare support services not performed in a healthcare setting;
- Telehealth services where direct patient care does not occur.

Written Plans

Covered employers with more than 10 employees will be required to develop and implement written COVID-19 plans. **The key requirements of the written plans are:**

- Assigning a designated safety coordinator with authority to ensure compliance, a workplace-specific hazard assessment, involvement of non-managerial employees in hazard assessment and plan development/implementation, and policies and procedures to minimize the risk of transmission of COVID-19 to employees.
- Patient screening and management, including limiting and monitoring points of entry to settings where direct patient care is provided; screen and triage patients, clients, and other visitors and nonemployees; and implement patient management strategies.
- Developing and implementing policies and procedures to adhere to Standard and Transmission-Based precautions based on CDC guidelines.
- PPE requirements, including providing and ensuring each employee wears a facemask when indoors and when occupying a vehicle with other people for work purposes; and providing and ensuring employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures on a person with suspected or confirmed COVID-19.
- Limiting employees present for aerosol-generating procedures on persons with suspected or confirmed COVID-19 to only those who are essential; performing aerosolizing procedures in an airborne infection isolation room, if available; and cleaning and disinfecting surfaces and equipment after aerosolizing procedures are completed.
- Keeping people physically distant, at least six feet apart, when indoors.
- Installing cleanable or disposable solid barriers at each fixed work location in non-patient care areas where employees are not separated from other people by at least six feet.
- Following 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; 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 percent alcohol or provide readily accessible handwashing facilities.
- Ensuring that employer-owned or controlled existing HVAC systems are used in accordance with manufacturer's instructions and design specifications for the systems and that air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it.
- Health screening and medical management, including:
    - Screening employees before each workday and shift;
    - Requiring each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms;

  - Notifying certain employees within 24 hours when a person who has been in the workplace is COVID-19 positive;
  - Following requirements for removing employees from the workplace;
  - For employers with more than 10 employees, providing medical removal protection benefits in accordance with the standard to workers who must isolate or quarantine.
- Providing reasonable time and paid leave for vaccinations and vaccine side effects.
- Ensuring all employees receive training so they comprehend COVID-19 transmission, tasks, and situations in the workplace that could result in infection, and relevant policies and procedures.
- Informing employees of their rights to the protections required by the standard and do not discharge or in any manner discriminate against employees for exercising their rights under the ETS or for engaging in actions required by the standard.
- Establishing a COVID-19 log (if more than 10 employees) of all employee instances of COVID-19 without regard to occupational exposure and following requirements for making records available to employees/representatives.
- Reporting work-related COVID-19 fatalities and in-patient hospitalizations to OSHA.
- All requirements must be implemented at no cost to employees.

If you have any questions, please contact Engage Risk Management at wc@engagepeo.com