

JUNE 10, 2021

*If you have any questions
about this Advisory,
please contact:*

MICHAEL L. MILLER
203.498.4438
mmiller@wiggin.com

CAROLINE B. PARK
203.498.4317
cpark@wiggin.com

OSHA ISSUES COVID-19 STANDARDS FOR HEALTH CARE EMPLOYERS

The first nationwide emergency workplace safety rule, requiring health-care employers to protect workers from occupational exposure to COVID-19 in settings where people with COVID-19 are reasonably expected to be present, has been published on OSHA's website. The **emergency temporary standard** (ETS) released Thursday applies only in the health-care sector and will be supplemented by voluntary guidance for other industries.

The ETS applies broadly to "all settings where any employee provides health-care services or healthcare support services," but there are several notable exceptions. The ETS does not apply to the following:

- First aid performed by an employee who is not a licensed healthcare provider;
- Dispensing of prescriptions by pharmacists in retail settings;
- Non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;
- Well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees

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

The technical standards are complex, and health care employers should carefully review the ETS to ensure compliance. The following is a high-level summary of some of the requirements health care employers must undertake:

- Conduct a workplace specific hazard assessment, with input from non-managerial employees and their union, if applicable;
- Develop a COVID-19 plan for each workplace and designate a safety coordinator to implement and monitor compliance with the plan;

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This publication is a summary of legal principles. Nothing in this article constitutes legal advice, which can only be obtained as a result of a personal consultation with an attorney. The information published here is believed accurate at the time of publication, but is subject to change and does not purport to be a complete statement of all relevant issues.

- Limit and monitor points of entry in direct patient care settings and screen and triage all non-employees upon entry;
- Provide and ensure employees wear facemasks when indoors, and respirators and other PPE when exposed to people with suspected or confirmed COVID-19;
- Follow specific protocol for aerosol-generating procedures on persons with suspected or confirmed COVID-19;
- Ensure employees are following physical distancing rules while indoors, and install physical barriers at work locations in non-patient care areas where employees are not separated by at least 6 feet;
- Follow CDC guidelines on cleaning and disinfecting;
- Use HVAC systems in accordance with manufacturer's directions and with a filter with a MERV rating of 13 or higher if possible;
- Screen and monitor employees, including notification to employees;
- Support employee vaccination with reasonable time and paid leave for vaccination and any side effects;
- Train employees on disease transmission and relevant policies and procedures;
- Inform employees of their rights under the ETS;
- Maintain a log to record each instance in which an employee is COVID-19 positive, regardless of whether it is connected to occupational exposure; and
- Report hospitalizations and fatalities to OSHA.

The ETS is effective immediately upon publication in the Federal Register. Employers must comply with most provisions within 14 days, and with the remaining provisions within 30 days. OSHA has also published nearly 100 [FAQs](#) regarding the ETS.

Employers with questions regarding the applicability of the ETS to their workplace or compliance with the ETS may contact [Mike Miller](#) or [Caroline Park](#).