COMPLIANCE WITH OSHA MANDATES FOR COVID-19

Jennie Hitchcock, President and Co-Founder

February 11, 2021

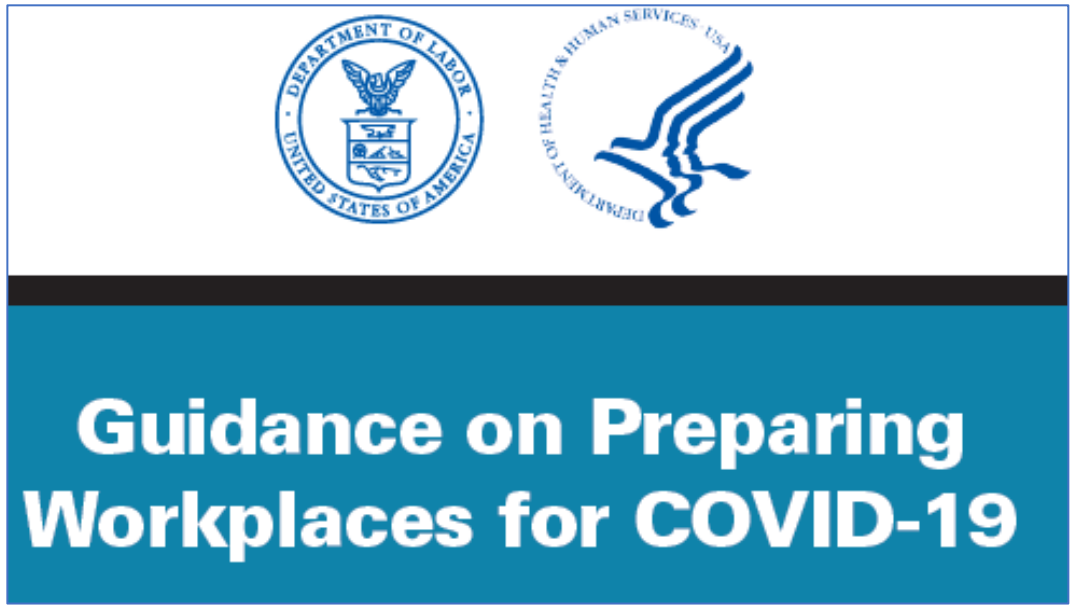
COMPASS

OSHA Guidance for ALL Employers

- Written Pandemic Plan
- Hazard Assessment & Work Role Classification
- Worker Training
- Infection Control Measures

OSHA 3990-03 202

"not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations."



Enforcement Instructions Effective 5/26/2020: https://www.osha.gov/memos/2020-05-19/updated-interim-enforcement-response-plan-coronavirus-disease-2019-covid-19

COMPASS

Recent Additional OSHA Guidance for Employers “Outside of Healthcare”

UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration

CONTACT US FAQ A TO Z INDEX ENGLISH ESPAÑOL

OSHA STANDARDS TOPICS HELP AND RESOURCES SEARCH OSHA

COVID-19 / Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

OSHA will update this guidance over time to reflect developments in science, best practices, and standards.

Guidance posted **January 29, 2021**

On this Page

Executive Summary

This guidance is intended to inform employers and workers in most workplace settings outside of healthcare to help them identify risks of being exposed to and/or contracting COVID-19 at work and to help them determine appropriate control measures to implement. Separate guidance is applicable to healthcare (CDC guidance) and emergency response (CDC guidance) settings. OSHA has additional industry-specific guidance. This guidance contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace.

COMPASS

OSHA Guidance for Healthcare Employers

UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration

CONTACT US FAQ A TO Z INDEX ENGLISH ESPAÑOL

OSHA STANDARDS TOPICS HELP AND RESOURCES SEARCH OSHA

COVID-19 - Control and Prevention / Healthcare Workers and Employers

Healthcare Workers and Employers

COVID-19 Control and Preventon

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

This section provides guidance for healthcare workers and employers. This guidance supplements the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2.

For the most update information on OSHA's guidance see Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace.

Employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. The table below provides examples of healthcare work tasks associated with the exposure risk levels in OSHA's occupational exposure risk pyramid, which may serve as a guide to employers in this sector.

Until more is known about how COVID-19 spreads, OSHA recommends using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles, face shields) to protect healthcare workers with exposure to the virus.

The CDC provides the most updated infection prevention and control recommendations for healthcare workers managing suspected or confirmed cases of COVID-19.

Employers of healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards. See the Standards page for additional information on OSHA requirements.

COMPASS

Bloodborne Pathogens Standard

OSHA® FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf
Accessed 2/10/2021

What is the Bloodborne Pathogens Standard?

OSHA's Bloodborne Pathogens Standard (**29 CFR 1910.1030**) as amended pursuant to the **2000 Needlestick Safety and Prevention Act**, is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens. It has provisions for exposure control plans, engineering and work practice controls, hepatitis B vaccinations, hazard communication and training, and recordkeeping. The standard imposes requirements on employers of workers who may be exposed to blood or other potentially infectious materials such as certain tissues and body fluids.

https://www.osha.gov/bloodborne-pathogens/standards
Accessed 2/10/2021

COMPASS

TUBERCULOSIS TESTING + TREATMENT OF U.S. HEALTH CARE PERSONNEL

	2005 Recommendations	2019 Recommendations — Key Changes
Screening	Recommended for all health care personnel pre-placement/upon hire* Annual screening may be recommended based on risk assessment of health care facility and setting	Individual baseline TB risk assessment added Annual TB screening no longer routinely recommended for most health care personnel unless occupational risk or ongoing exposure
Post-exposure testing	Recommended IGRA or TST test for all health care personnel when an exposure is recognized* If that test is negative, do another test 8–10 weeks after the last exposure*	No change
Treatment of positive TB test	Referral to determine whether latent TB infection (LTBI) treatment is indicated	Treatment is encouraged for all health care personnel with untreated LTBI Shorter course (3 to 4 month) treatments encouraged over the longer (6 or 9 month) regimens because they are easier to complete
TB education	Recommended annually for all health care personnel*	Annual education should include information about TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures

*No change in the 2019 recommendations

Full recommendations available at cdc.gov/tb/topic/testing/healthcareworkers.htm

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Step 1: Locate/Define Existing Plan(s)

EXAMPLE

Precautions to Control Exposure to Airborne Transmissible Disease (e.g., Tuberculosis, COVID-19)

Any patient with suspected airborne transmissible disease will be referred for evaluation and, if the patient is present in the site, they will be transferred immediately. In the event the patient cannot be immediately transferred, a surgical mask will be placed on the patient until they can be transported from the facility. While awaiting transport, the patient will be moved to a private area away from other patients and contact with other patients and Employees will be minimized to prevent exposure.

Employees with suspected or confirmed infectious disease will not be allowed to report to work.

Typical ECP Table of Contents

Table of Contents

COMPASS

Step 2: Update Exposure Determination to Include COVID Risk Classification

BBP Exposure Some or All

COVID-19 Risk Classifications

COMPASS

Exposure Risk in Healthcare Settings

Examples of healthcare work tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very High
▪ Performing administrative duties in non-public areas of healthcare facilities, away from other staff members. Note: For activities in the lower (caution) risk category, OSHA's *Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure* may be most appropriate.	▪ Providing care to the general public who are not known or suspected COVID-19 patients. ▪ Working at busy staff work areas within a healthcare facility.	▪ Entering a known or suspected COVID-19 patient's room. ▪ Providing care for a known or suspected COVID-19 patient not involving aerosol-generating procedures.	▪ Performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients. ▪ Collecting or handling specimens from known or suspected COVID-19 patients.

https://www.osha.gov/coronavirus/control-prevention/healthcare-workers
accessed 2/8/2021

COMPASS

Expanded Exposure Determination

Before

- Exposure Determination for BBP (Some and All)

After

- Exposure Determination and Risk Classification Permanent vs. Temporary

Job Title/Classification	Employees in Title/Class with Occupational Exposure (Circle one)	Permanent Department/Location(s)	Exposure Risk Classification for Airborne Infectious Disease	Temporary Location During an Infectious Disease Outbreak	Exposure Risk Classification for Airborne Infectious Disease
General Dermatology Physician, Physician Assistant, Nurse Practitioner	Some (All) None	Clinic/Lab – Patient Care and Laboratory Areas	Medium to High	Clinic/Lab – Patient Care and Laboratory Areas or Remote (telehealth)	Clinic - Medium Remote - Low
Clerical – Non-Patient Facing e.g. billing, scheduling	(Some) All None	Clinic – Front Office or Clinic – Separate Office	Front Office - Medium Separate Office – Low Remote - Low	Clinic – Separate Office or Remote	Separate Office – Low Remote - Low
Practice/Office Manager/Administrator	(Some) All None	Administrative Office Clinic – All Areas	Medium	Clinic – Separate Office or Remote	Separate Office – Low Remote - Low

COMPASS

Step 3: Update PPE Hazard Assessment

Task	Relevant Job Title(s)	Potential Exposure												Required PPE			
		Biological				Mechanical			Chemical				Laser				
		Bloodborne	Airborne	OPIM	Mucous Membranes	Flying Objects	Sharps	Abrasions	Burns	Poisons	Absorptions	Inhalations	Skin/Eyes	Inhalations	Type of Gloves	Surgical Gown/Cap	Face/Eye Protection	Appr oved Voluntary PPE
Processing Specimens	Physician Physician Assistant Nurse Practitioner Nurse Medical Assistant Mohs Histotechnologist	√		√			√								Medical	Not Required	Mask Eyewear	
Instrument Transport and Processing	Nurse Medical Assistant Instrument Technologist	√		√			√		√	√	√	√			Utility	Not Required	Wrap-around Eyewear	
Handling Biohazard Wastes, including spill clean up	All Associates	√	√	√					√	√	√	√			Utility	Not Required	Mask Eyewear	
Patient Check-in/Check out	All Associates		√												None	Not Required	Mask Eyewear	Eyewear not required if physical barrier (e.g. plexiglass) is in place

COMPASS

Cloth Face Coverings are NOT PPE

Since the CDC has determined that some cloth face coverings may both serve as source control and provide some personal protection to the wearer, will OSHA consider them to be personal protective equipment under 29 CFR 1910.132?

Not at this time. OSHA continues to strongly encourage workers to wear face coverings when they are in close contact with others to reduce the risk of spreading COVID-19, if it is appropriate for the work environment. As the agency has previously noted, employers may determine that cloth face coverings must be worn as a feasible means of abatement in a control plan designed to address hazards from COVID-19. Currently, however, OSHA's guidance is unchanged; OSHA does not consider cloth face coverings PPE and they are not required under OSHA's PPE standard (29 CFR 1910.132).

The recent CDC scientific brief shows that some cloth face coverings have the potential to provide personal protective benefits. However, the CDC also noted that additional "research is needed to expand the evidence base for the protective effect of cloth masks and in particular to identify the combinations of materials that maximize both their blocking and filtering effectiveness." Factors such as design, construction, and fabric selection will have a substantial impact on the overall effectiveness of a face covering for personal protection. At this time, OSHA does not think enough information is available to determine whether a particular cloth face covering provides sufficient protection from the hazard of COVID-19 to be personal protective equipment under OSHA's standard (29 CFR 1910.132). OSHA has typically considered protective equipment designed and constructed to meet a recognized consensus standard to meet the requirements of its PPE standards. OSHA is aware of ongoing efforts to develop an ASTM standard on the design and performance of barrier face coverings. If a consensus standard is developed, it could provide criteria to identify cloth face coverings that would provide effective personal protection.

https://www.osha.gov/coronavirus/faqs#cloth-face-coverings
Accessed 2/8/2021

COMPASS

Medical Masks and N-95 Respirators

If your PPE Hazard Assessment requires the N-95 for any job duty you are subject to the OSHA Respiratory Protection Standard

1910.134(a)(2) A respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section. The program shall cover each employee required by this section to use a respirator.

COMPASS

Voluntary N-95 Use

By Standard Number / 1910.134 App D - (Mandatory) Information for Employees Using Respirators When not Required Under Standard.

- **Part Number:** 1910
- **Part Number Title:** Occupational Safety and Health Standards
- **Subpart:** 1910 Subpart I
- **Subpart Title:** Personal Protective Equipment
- **Standard Number:** 1910.134 App D
- **Title:** (Mandatory) Information for Employees Using Respirators When not Required Under Standard.
- **GPO Source:** e-CFR

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide 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 heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

COMPASS

Step 4: Housekeeping

Example for BBP

Housekeeping

Employees shall perform housekeeping tasks as outlined in this exposure control plan. Employees will use designated PPE while performing all housekeeping tasks. The work and common areas will be kept in sanitary condition.

Examination Rooms

Examination rooms should be disinfected between each patient. Surfaces should be disinfected with a hospital grade disinfectant. The manufacturer's recommended contact times must be followed to achieve disinfection. Areas that may be contaminated by blood or other bodily fluids that are difficult or impossible to disinfect will be covered with impervious-backed paper.

Additional Areas for Airborne Transmissible

Reception Area

The reception area should be disinfected at the beginning and end of each patient session with a hospital grade disinfectant. The manufacturer's recommended contact times must be followed to achieve disinfection.

See CDC Guidance:
https://www.epa.gov/sites/production/files/2020-04/documents/316485-c_reopeningamerica_guidance_4.19_6pm.pdf
Accessed 2/10/2021

COMPASS

Step 5: Assign a Coordinator for Each Site

COMPASS

Step 6: Perform and Document Annual Sharps Inventory and Evaluation

Sharps Inventory Log

- Add any new sharps added since last review.
- Delete or cross out any sharps discontinued since last review.
- Record date of review and retain with OSHA documents.

Sharps Evaluation

•Choose sharps to evaluate, preferable an item that has caused sharps injuries in the past year.
•Select team of evaluators, including non-managerial employees.
•Evaluate item and document the evaluation.
•Retain forms with OSHA documents.

Step 7: Training and Documentation

OSHA Enforcement Memo

"Review employee training records, including any records of training related to COVID-19 exposure prevention or in preparation for a pandemic, if available."

Training Sign-in Sheet

Training Description	
Purpose	
Date and Duration	

Name	Position	Initials

Facilitator Name: _____

Facilitator Signature: _____

COMPASS

Final: Monitoring Mechanisms

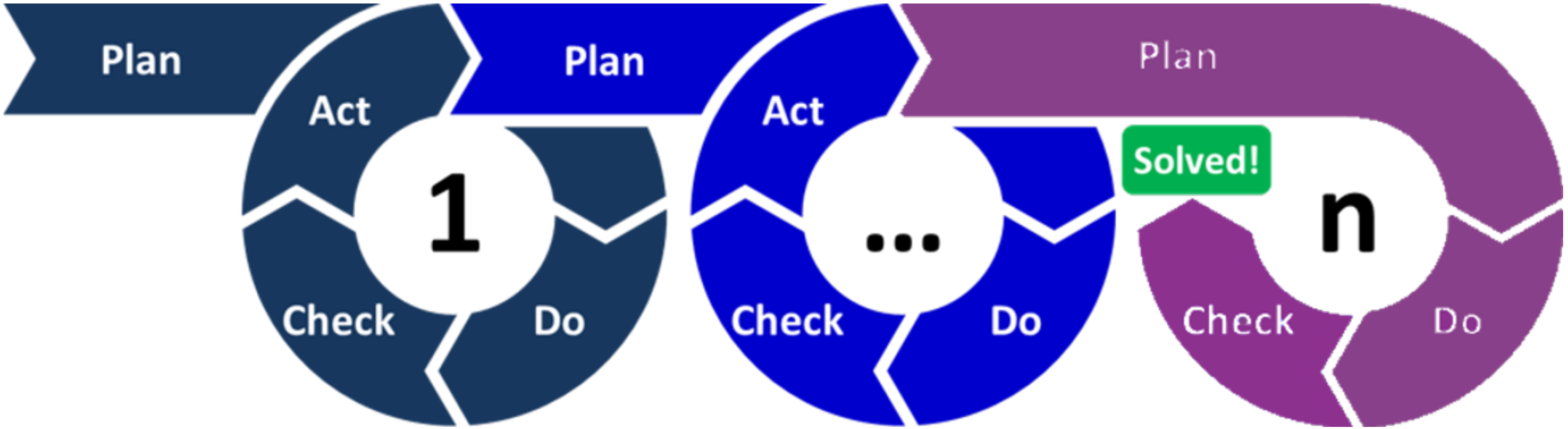


Photo credit: Christoph Roser at AllAboutLean.com

COMPASS

COMPASS