

**OSHA's COVID-19  
EMERGENCY TEMPORARY  
STANDARD FOR HEALTHCARE  
A RESOURCE GUIDE**

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## OSHA's COVID-19 Emergency Temporary Standard for Healthcare

In an effort to assist our Members and Self-Insured clients with OSHA's Emergency Temporary Standard (ETS) for Healthcare – and those establishments that provide healthcare services as part of their programs, we are providing an overview of the requirements of the standard. The goal of the ETS is to protect healthcare workers, and those that provide healthcare services, from COVID-19 exposures. If you are unsure as to whether your workplace is covered by OSHA's COVID-19 ETS [see Appendix A](#).

The following is a summary of the components required by the ETS and links or attachments to pertinent documents which will assist you in your compliance efforts. Information for each section can be found at <https://www.osha.gov/coronavirus/ets> unless noted.

Additionally, OSHA recorded a webinar which offers an excellent overview of the ETS. The presenter is Andrew Levinson, MPH, Acting Director, Directorate of Guidance and Standards. The recording can be accessed here: <https://www.youtube.com/watch?v=YIB1TZS3pBE>.

**COVID-19 plan:** Develop and implement a COVID-19 plan (in writing if more than 10 employees) that includes 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. [Refer to the link for a sample plan](#).

**Patient screening and management:** Limit and monitor points of entry to settings where direct patient care is provided; screen and triage patients, clients, and other visitors and non-employees; implement patient management strategies.

**Standard and Transmission-Based Precautions:** Develop and implement policies and procedures to adhere to Standard and Transmission-Based precautions based on CDC guidelines.

**Personal protective equipment (PPE):** Provide and ensure each employee wears a facemask when indoors and when occupying a vehicle with other people for work purposes; provide and ensure 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. [Refer to the link for a sample Checklist and Employee Job Hazard Analysis](#).

**Aerosol-generating procedures on a person with suspected or confirmed COVID-19:** Limit employees present to only those essential; perform procedures in an airborne infection isolation room, if available; and clean and disinfect surfaces and equipment after the procedure is completed.

**Physical distancing:** Keep people at least 6 feet apart when indoors.

**Physical barriers:** Install 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 6 feet.

**Cleaning and disinfection:** 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; 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.

**Ventilation:** Ensure 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:** (1) Screen employees before each workday and shift; (2) Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms; (3) Notify certain employees within 24 hours when a person who has been in the workplace is COVID-19 positive; (4) Follow requirements for removing employees from the workplace; (5) Employers with more than 10 employees, provide medical removal protection benefits in accordance with the standard to workers who must isolate or quarantine. [Refer to the link for a sample form.](#)

**Vaccination:** Provide reasonable time and paid leave for vaccinations and vaccine side effects.

**Training:** Ensure 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. [Refer to the link for sample employee training.](#)

**Anti-Retaliation:** Inform 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.

**Requirements must be implemented at no cost to employees.**

**Recordkeeping:** Establish a COVID-19 log (if more than 10 employees) of all employee instances of COVID-19 without regard to occupational exposure and follow requirements for making records available to employees/representatives. [See attached sample COVID-19 log, Appendix B.](#)

**Report work-related COVID-19 fatalities and in-patient hospitalizations to OSHA.**

Sample forms, logs and documents are located on OSHA's ETS website under *Implementing the ETS* here: <https://www.osha.gov/coronavirus/ets>.

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.

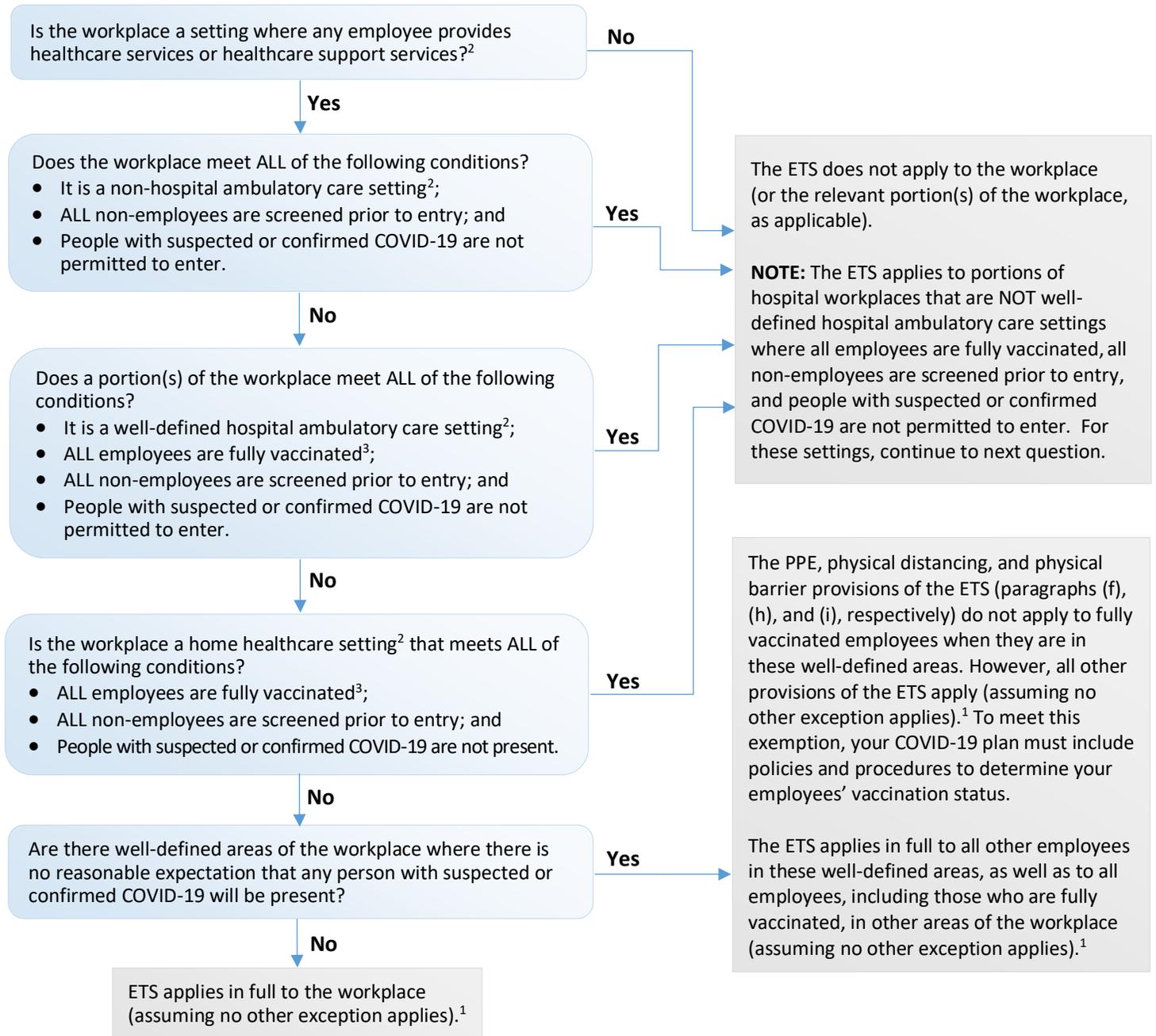
About the Rule	Implementing the ETS
<p><b>ETS Regulatory Text (29 CFR 1910, Subpart U)</b></p> <ul style="list-style-type: none"><li>1910.502 - Healthcare</li><li>1910.504 - Mini Respiratory Protection Program</li><li>1910.509 - Incorporation by Reference</li></ul> <p><b>Federal Register</b></p> <p><b>Materials Incorporated by Reference</b></p> <p><b>News Release</b></p> <p><b>Fact Sheet – Subpart U – COVID-19 Healthcare ETS</b></p> <p><b>Summary – COVID-19 Healthcare ETS (Spanish)</b></p> <p><b>Fact Sheet – COVID-19 Healthcare ETS (Spanish)</b></p> <p><b>Fact Sheet – Mini Respiratory Protection Program</b></p> <p><b>Fact Sheet – Workers' Rights (Spanish)</b></p> <p><b>Is Your Workplace Covered by the ETS?</b></p> <p><b>FAQs</b></p> <p><b>Executive Order</b></p>	<p><b>COVID-19 Plan Template</b></p> <p><b>COVID-19 Healthcare Worksite Checklist &amp; Employee Job Hazard Analysis</b></p> <p><b>Reporting COVID-19 Fatalities and In-Patient Hospitalizations to OSHA</b></p> <p><b>Employer Notification Tool</b></p> <p><b>Communication and Coordination Between Employers</b></p> <p><b>Sample Employee COVID-19 Health Screening Questionnaire (Spanish)</b></p> <p><b>Notification Removal and Return to Work Flow Chart for Employees</b></p> <p><b>Notification Removal and Return to Work Flow Chart for Employers</b></p> <p><b>Employee Training Presentation – Healthcare ETS</b></p> <p><b>Employee Training Presentation – Mini Respiratory Protection Program</b></p>

*Please direct specific questions on complying with OSHA's ETS to your assigned Senior Loss Control Consultant. If you are not sure on whom to contact, please email [losscontrol@wctrust.com](mailto:losscontrol@wctrust.com) and we can assist.*

# 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.<sup>1</sup> For the full text of the ETS, refer to **29 CFR 1910.502** at [www.osha.gov/coronavirus/ets](http://www.osha.gov/coronavirus/ets).



<sup>1</sup> The ETS does not apply to the following: the provision of first aid by an employee who is not a licensed healthcare provider, the dispensing of prescriptions by pharmacists in retail settings, healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing), and telehealth services performed outside of a setting where direct patient care occurs. Furthermore, 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), the ETS applies only to the embedded healthcare setting and not to the remainder of the physical location. Finally, where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, the ETS applies only to the provision of the healthcare services by that employee.

<sup>2</sup> Healthcare services mean services that are provided to individuals by professional healthcare practitioners for the purpose of promoting, maintaining, monitoring, or restoring health. Healthcare support services mean services that facilitate the provision of healthcare services. Ambulatory care means healthcare services performed on an outpatient basis, without admission to a hospital or other facility, but does not include home healthcare settings for the purposes of the ETS. A non-employee, for the purposes of the relevant exceptions, is any person who is not an employee of the employer who owns or controls the setting (e.g., contractors working on the HVAC system).

<sup>3</sup> Fully vaccinated means 2 weeks or more following the final dose of a COVID-19 vaccine. 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). See Note to 29 CFR 1910.502(a)(2)(iv) and (a)(2)(v).

This document is intended to provide information about the COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this document is not itself a standard or regulation, and it creates no new legal obligations.

OSHA 4125-06.2021

# The COVID-19 Log



OSHA's COVID-19 Emergency Temporary Standard (ETS) requires employers to establish and maintain a COVID-19 log to record COVID-19 cases in their workforce. This document explains those requirements and provides guidance for recording COVID-19 cases on the COVID-19 log.

OSHA's ETS requires employers covered by the COVID-19 ETS that have more than 10 employees on the date the ETS is published in the Federal Register to 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 (see 29 CFR 1910.501 COVID-19 Emergency Temporary Standard – General – paragraph (n) and 29 CFR 1910.502 COVID-19 Emergency Temporary Standard – Healthcare and Associated Industries – paragraph (q)). The size exemption for employers with 10-or-fewer employees is based on the total number of employees in a firm, rather than the number of employees at a particular location or establishment. The count includes all full-time, part-time, temporary, and seasonal employees. The employer must maintain and update the COVID-19 log while the standard remains in effect.

The COVID-19 log is intended to assist the employer with tracking and evaluating instances of employees who are COVID-19 positive without regard to whether those employees were infected at work. Among other things, the tracking will help evaluate potential workplace exposure to other employees, and will assist the employer in following requirements for notifying employees who have been exposed to COVID-19 in the workplace and removing employees from the workplace when necessary. Entering information on the COVID-19 log about employees with non-work-related COVID-19 illness also assists employers in tracking how and when the disease entered the workplace. The information entered on the log may assist an employer in determining

whether the employer's policies and procedures have been effective in the prevention of COVID-19 in their workplace.

The log must include each confirmed case of COVID-19 even if the employee was asymptomatic (did not feel sick) and even if the case was not caused by an exposure 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. Employers must record the case on the COVID-19 log within 24 hours of learning that the employee has a confirmed positive test for COVID-19 or has been diagnosed with COVID-19 by a licensed healthcare provider.

The COVID-19 log must include:

- the employee's name;
- one form of contact information;
- occupation;
- the location where the employee worked;
- the date of the employee's last day at the workplace;
- the date of a positive COVID-19 test or diagnosis; and
- the date the employee first had one or more COVID-19 symptoms (if any were experienced).

The COVID-19 log must be maintained as though it is a confidential medical record and must not be disclosed except as required by OSHA's ETS or other federal law. In addition, the COVID-19 log must be maintained and preserved while the ETS is in effect.

Employers are required to make their COVID-19 log available to employees, employee representatives, and OSHA representatives, upon request, as follows:

By the end of the next business day after a request, employers are required to provide:

- a copy of their individual COVID-19 log entry to an employee listed on the log or to anyone that the employee gives written consent to;
- 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 any employees, their personal representatives, and their authorized representatives; and

- all information entered on the COVID-19 log to an OSHA representative.

Note that the ETS does not change the requirement to record injuries and illnesses under 29 CFR part 1904. Employers that are required to keep OSHA injury and illness records under 29 CFR 1904 must continue to record work-related confirmed cases of COVID-19 on their OSHA Forms 300, 300A, and 301, or the equivalent forms, as required by 29 CFR 1904.4(a) (see [Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 \(COVID-19\)](#)).

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