Summary of OSHA Guidance on
Preparing Workplaces for COVID-19

As discussed in our *Act Now* Advisory entitled "Department of Labor Issues OSHA, Wage/Hour, and FMLA Guidance Addressing COVID-19," in response to the 2019 novel coronavirus ("COVID-19") outbreak, the Occupational Safety and Health Administration ("OSHA") issued Guidance on Preparing Workplaces for COVID-19 ("OSHA Guidance"), which identifies measures that employers can take to reduce worker exposure to COVID-19 and help reduce its spread. Below is a detailed review of the OSHA Guidance.

What Employers Should Do Now

- *Develop an Infectious Disease Preparedness and Response Plan*

Employers should consider updating or preparing pandemic plans to address specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of COVID-19.

In drafting the plan, consider:

  o the general public, customers, and coworkers;

  o sick individuals or those at high risk of infection;

  o non-occupational risk factors at home and in community settings;

  o a worker's individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy); and

  o controls necessary to address those risks.

Stay abreast of guidance from federal, state, and local health agencies, and consider updating plans to incorporate applicable recommendations and resources.

- *Prepare to Implement Basic Infection Prevention Measures*

Employers should emphasize basic infection prevention measures, such as good hygiene and infection control practices (e.g., frequent handwashing with soap and water or alcohol-based hand rubs, respiratory etiquette, and routine cleaning and disinfection with EPA-approved products). They should also consider whether they can establish

flexible work arrangements, such as telecommuting or varied work hours. In addition, they should encourage sick employees to stay home.

- *Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate*

Employers should develop procedures for employees to report when they are sick or experiencing symptoms, encourage prompt identification/isolation, and encourage self-monitoring if potential exposure is suspected.

- *Develop, Implement, and Communicate About Workplace Flexibilities and Protections*

OSHA encourages employers to recognize, and communicate, the need for sick employees to stay home and to maintain flexible practices regarding the use of sick leave for an employee's own condition or a family member's condition. Employers should communicate with employees about the company's pay practices, leave policies, and safety and health practices, as well as other potential issues that may occur during an infectious disease outbreak. OSHA also recommends that employers not require a health care provider's note to validate illness or to return to work due to the high burden being placed on health care providers and medical facilities.

- *Implement Workplace Controls*

OSHA recommends preventing exposure to COVID-19 hazards through the following:

- o **Engineering Controls:** Implement exposure reduction solutions, such as installing high-efficiency air filters, increasing ventilation, and installing physical barriers (e.g. drive through windows for customer service).

- o **Administrative Controls:** Change work policies or procedures, including encouraging sick employees to stay home, altering work schedules, discontinuing nonessential travel, training employees for proper PPE (see below) use, and preparing communication plans.

- o **Safe Work Practices:** Provide resources that promote personal hygiene, such as tissues, no-touch trash cans, hand soap or alcohol-based hand rubs containing at least 60 percent alcohol, and disinfectants to clean surfaces.

- o **Personal Protective Equipment ("PPE"):** Provide, based on type of job tasks, protective equipment to protect employees from exposure. Examples include gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. These can change depending on assessment of job-specific and geographical factors. Check for updates on the OSHA website and the Centers for Disease Control and Prevention ("CDC") website for regular updates of recommended PPE.

Worker Exposure Levels and Protective Measures

The OSHA Guidance also recognizes that the risk of exposure "to the virus that causes COVID-19 during an outbreak may vary from very high to high, medium, or lower (caution) risk[,]" and depends on circumstances unique to each type of setting. OSHA has developed the following pyramid classification that depicts the probable risk distribution to aid employers in determining appropriate precautions:

Occupational Risk Pyramid for COVID-19

Very High

High

Medium

Lower Risk (Caution)

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The OSHA Guidance recommends a combination of engineering and administrative controls, safe work practices, and PPE based on the risk levels.

Very High Exposure Risk: This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include medical providers, laboratory personnel, and morgue workers who are performing aerosol-generating procedures (e.g., intubation, cough induction procedures, autopsies) or handling specimens from known or suspected COVID-19 patients.

High Exposure Risk: This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19, such as medical providers, medical transport workers, and certain mortuary workers who are treating, transporting, or preparing people who are known or suspected sources of COVID-19.

Recommended Action: Very High and High Exposure Risk: These recommendations generally apply in health care and mortuary settings. Most workers in these categories likely need to wear PPE, including gloves, a gown, a face shield or googles, and a face mask or respirator.

Medium Exposure Risk: This category of jobs includes those that require frequent and/or close contact with (i.e., within six feet of) other people who may be infected with the virus that causes COVID-19, but are not known or suspected COVID-19 patients.

Recommended Action: Employers should provide employees with general guidance and common-sense methods to reduce exposure and monitor recommendations by the CDC for updates. For engineering controls, consider installing physical barriers, such as clear plastic sneeze guards, where feasible. For administrative controls, consider offering to ill employees and customers face masks or reusable face shields that can be decontaminated. Where appropriate, limit customer and public access to worksites or restrict access to certain areas. Consider minimizing face-to-face contact, and communicate the availability of health resources.

Lower Exposure Risk (Caution): This category covers jobs that *do not* require contact with people known to be, or suspected of being, infected with the virus that causes COVID-19 nor require frequent close contact with (i.e., within six feet of) the general public.

Recommended Action: Employers should provide employees with general guidance and common-sense methods to reduce exposure and monitor recommendations by the CDC for updates. No additional engineering controls or PPE are recommended at this time.

Workers Living Abroad or Traveling Internationally

The OSHA Guidance recommends that employers consult the "Business Travelers" section of the OSHA COVID-19 webpage, CDC travel warnings, and U.S. Department of State travel advisories.

Safeguards for Health Care Workers

The majority of health care workers fall into OSHA's very high exposure risk or high exposure risk categories. The OSHA Guidance, its interim guidance for U.S. Workers and Employers of Workers with Potential Occupational Disclosure to COVID-19, and specific supplement for health care workers and employers collectively recommend the following additional measures in an effort to protect health care workers from infection with COVID-19:

Engineering Controls:

- Segregate patients with suspected/confirmed COVID-19, by utilizing the following:

    o airborne infection isolation rooms ("AIIRs") with proper ventilation;

    o physical barriers or partitions in triage areas to guide and separate patients with suspected/confirmed COVID-19;

    o curtains separating patients in semi-private areas; and

- o private rooms with the doors closed, isolation tents, or other portable containment structures that may serve as alternative patient-placement facilities when AIIRs are not available and/or examination room space is limited (and ensure that the air exhausts directly to the outside, or passes through a HEPA filter, if recirculated).

- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. More information from the CDC can be found here.

- Ensure that appropriate air-handling systems are installed and maintained in health care facilities. *See* "Guidelines for Environmental Infection Control in Healthcare Facilities" for more recommendations on air handling.

Administrative Controls:

- Isolate patients with suspected/confirmed COVID-19 to prevent the transmission to other individuals.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.

- Restrict the number of personnel entering a suspected/confirmed COVID-19 patient's room.

- Minimize aerosol-generating procedures and the number of staff present during a procedure.

- Follow CDC guidelines for signs and labeling of patient room doors when transmission-based precautions are in place.

- Post signs requesting patients to immediately report symptoms of respiratory illness on arrival at the health care facility and provide those patients with disposable face masks.

- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.

- Provide psychological and behavioral support to address employee stress.

Safe Work Practices:

- Perform as many tasks as possible in areas away from a patient with suspected/confirmed COVID-19.

- Work from "clean to dirty" (i.e., touching clean body sites or surfaces before touching dirty or contaminated areas).

- Limit opportunities for touch contamination (e.g., refrain from touching face, PPE, door knobs, etc., with gloves that have been contaminated).

- Establish systems to differentiate clean areas from contaminated areas; handle waste and potentially infectious materials.

- Follow standard practices for high-level disinfection and sterilization of semi-critical and critical medical devices contaminated with COVID-19, as described in the [CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities](#).

- Handle needles or other sharps with caution, and dispose of contaminated sharps in appropriate sharps containers.

- Regularly train workers about the sources of exposure to the virus; the hazards associated with exposure; workplace protocols to reduce exposure; and bloodborne pathogen training for those who may be exposed to human blood, certain body fluids, or other potentially infectious materials.

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60-percent alcohol for decontamination in the field.

Personal Protective Equipment:

- Use proper PPE when exposed to a patient with confirmed/suspected COVID-19 or other sources of COVID-19. CDC and OSHA recommend that health care workers wear:

  o Gowns

  o Gloves

  o Googles

  o Eye/face protection (e.g., goggles, face shield)

  o A face mask or respirator

- Use a respirator when performing aerosol-generating procedures or when working within six feet of patients with confirmed/suspected COVID-19.

- Establish a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.

- Regularly train employees on the proper use of PPE, including the safe removal and disposal of contaminated PPE.

- Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rubs) are readily available, and utilized, at the point of use of PPE (e.g., at or adjacent to the PPE doffing area).

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