COVID-19 Emergency Temporary Standard for Healthcare

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Daniel Lujan Ph.D - NM OSHA Consultant
New Mexico Occupational Health and Safety Bureau
Overview of Topics

- Requirements for Healthcare (29 CFR 1910.502)
- Mini Respiratory Protection Program (29 CFR 1910.504)

NOTE: OSHA has also updated its Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace for all industries
What is an ETS?
Emergency Temporary Standard

- **ETS**
  - Determination that healthcare and healthcare support employees face a grave danger from COVID-19
  - Ensure sufficient protection from COVID-19 hazard
  - Inform employees of their rights against retaliation

- **ETS effective dates**
  - Published in Federal Register (June 21, 2021)
    - All provisions have been in effect since July 21, 2021
Scope/Organization of Subpart U
Subpart U Applies to Healthcare

Organization of Subpart U

- Healthcare, 1910.502
- Mini Respiratory Protection Program, 1910.504
Requirements for Healthcare
Healthcare - 1910.502 (a) Scope and Application
Does not apply to:

- Dispensing of prescriptions by pharmacists in retail settings
- Non-hospital ambulatory care settings if non-employees are screened
- Hospital ambulatory care settings if well-defined area, all workers fully vaccinated, non-employees are screened
- Home healthcare settings if all workers fully vaccinated, non-employees screened
- Telehealth services
Examples of Applicability of 1910.502

**Example using clinic in a manufacturing facility:**
- **1910.502 applies** to the nurse’s duties whether in the clinic or out on the plant floor
- **1910.502 does not apply** to other employees in the manufacturing facility when the nurse is providing healthcare on the plant floor

**Example using a pharmacy embedded in a general merchandise store:**
- **1910.502 applies** to the pharmacist/staff performing medical processes/procedures
- **1910.502 does not apply** to dispensing of prescriptions or to the general merchandise part of the store
1910.502 (c) - COVID-19 Plan

- Specific for each workplace
- In writing if > 10 employees
- Conduct a workplace-specific hazard assessment – Minimize Risk of Transmission
  - Vaccinated employees
  - Unvaccinated employees
- Seek the input of non-managerial employees and their representatives
- Monitor ongoing effectiveness and update it as needed
In settings where direct patient care is provided, the employer must:

- Limit and monitor points of entry
- Screen and triage all entrants
- Implement other applicable patient management strategies in accordance with CDC’s “COVID-19 Infection Prevention and Control Recommendations”

Examples include:

- Telehealth, where applicable
- Isolate patients in exam rooms
- Use distancing and barriers in waiting rooms
1910.502 (e) - Standard and Transmission-Based Precautions

- CDC’s “Guidelines for Isolation Precautions”
  - Examples include:
    - Tight-fitting facemasks for patients
    - Physical distancing
    - Hand hygiene
    - Ventilation
    - Outdoor triage
    - Isolation rooms
Facemasks
- Facemasks must be FDA approved or authorized
- Employers must provide sufficient quantities and ensure use
- Cover nose and mouth when indoors and when occupying a vehicle with other people for work purposes

Use of respirator when not required must comply with 1910.504
Facemask exceptions:

- When an employee is alone in a room
- While an employee is eating and drinking if at least 6 feet away or barriers used
- When employees are wearing respiratory protection (Don’t ”double up”)
- When it is important to see a person’s mouth, In such situations, must ensure employee wears an alternative (e.g. face shield) if the conditions permit it.
- Due to a medical necessity, medical condition, or disability
- When use of a facemask presents a hazard to an employee of serious injury or death (e.g., interfering with the safe operation of equipment)
Respirators and other PPE for exposure to people with suspected or confirmed COVID-19

– Respirators provided and used in accordance with § 1910.134
– Gloves, an isolation gown or protective clothing, and eye protection provided and used in accordance with 1910 Subpart I

Note: When limited supply of FFRs, employers may follow the CDC’s “Strategies for Optimizing the Supply of N95 Respirators”
Respirators and other PPE based on Standard and Transmission-Based Precautions.

Use of respirators when not required.

– The employer may provide a respirator instead of a facemask if following 1910.504.

– Employers must permit the employee to wear their own respirator instead of a facemask used in accordance with 1910.504.
1910.502 (f) & (g) – Aerosol-generating Procedures on a Person with Suspected or Confirmed COVID-19

- Respirators provided and used in accordance with § 1910.134
- Gloves, an isolation gown or protective clothing, and eye protection provided and used in accordance with Subpart I
- Limit the number of employees present
- Perform the procedure in an aerosol infection isolation room (AIIR)
- After the procedure is completed, clean and disinfect the surfaces and equipment
Each employee is separated from all other people by at least 6 feet when indoors.

If not feasible for a specific activity (e.g., hands-on medical care), ensure that the employee is as far apart from all other people as is feasible.
At each fixed work location outside of direct patient care areas where 6 feet of distance is not feasible

- Block face-to-face pathways between individuals
- Barrier may have a pass-through space at the bottom
1910.502 (j) - Cleaning and Disinfection

- CDC Guides
  - “COVID-19 Infection Prevention and Control Recommendations”
  - “Guidelines for Environmental Infection Control”

- More Frequent:
  - Patient care areas, resident rooms, and for medical devices and equipment

- Once per Day:
  - General High-touch surfaces
1910.502 (k) - Ventilation

- Employer-owned or controlled buildings with existing HVAC systems
  - Follow manufacturer’s instructions/specifications
  - Maximize outside air and air changes per hour, as appropriate
  - Use air filters with MERV $\geq$ 13, if compatible with system
  - Replace filters as necessary
  - Maintain clearance of outside air intakes
Airborne infection isolation rooms (AIIR)
– Maintain and operate in accordance with design/construction criteria

Note: Consider other measures to increase ventilation in CDC’s “Ventilation Guidance”
Screening of employees
- Before each workday and each shift
- Self-monitoring or conducted in-person by employer
- Any required screening COVID-19 tests at no cost to employees

Employee notification to employer of COVID-19 illness or symptoms
- Confirmed positive test, diagnosis
- Suspected diagnosis (told by HCP)
- Recent loss of taste and/or smell
- Fever ≥ 100.4 °F and new unexplained cough with shortness of breath
Employer notification to employees of COVID-19 exposure

- Triggered by any positive person in the workplace (except patients in worksites where services normally provided to COVID-19 patients)
- Within 24 hours
- Each employee not wearing respirator/other required PPE
  - Who had close contact: dates that contact occurred
  - Who worked in a portion of the workplace in which that person was present during potential transmission period: dates the person was in the workplace
Notification of other employers whose employees were not wearing respirators/other required PPE

– Who had close contact
– Who worked in a portion of the workplace in which the person was present during the potential transmission period
Persons meeting positive test/diagnosis criteria: immediately removed until they meet return to work criteria

Persons meeting suspected diagnosis/symptom criteria: immediately removed until they meet return to work criteria or have a negative PCR test

Persons with close contact must be removed immediately either:
  – For 14 days, or
  – Until they have a negative PCR test taken after at least 5 days, or
  – Exemption: if asymptomatic and fully vaccinated or recovered from COVID-19 in the past 3 months

Working remotely or in isolation is acceptable alternative to removal
1910.502 (l) - Medical Removal Protection Benefits

- Employers with \( \leq 10 \) employees exempt from removal pay
- Working remotely or in isolation: same pay and benefits
- Removed employees maintain regular pay and benefits:
  - Up to \$1400\ per week
  - Employers with \(< 500\) employees: in third week of removal, limited to only \(\frac{2}{3}\) of pay up to \$200\ per day
  - Payment reduced by compensation from any other source
- Return to work: same job status, rights, and benefits
The employer must support vaccination by providing reasonable time and paid leave

– For vaccination
– For any side effects experienced following vaccination
– Healthcare workers in New Mexico now required 8/19/2020
Each employee, in language and literacy level the employee understands

- Content
  - COVID-19: transmission, hygiene, ways to reduce risk of spread, signs and symptoms, risk factors for severe illness, when to seek medical care
  - Employer-specific policies and procedures on patient screening and management
  - Workplace tasks and situations that could result in infection
  - Workplace policies and procedures for preventing the spread
Content (continued)

- Policies and procedures for PPE
- Workplace policies and procedures for cleaning and disinfection
- Workplace policies and procedures for health screening and medical management
- Sick leave policies
- The identity of the safety coordinator(s) specified in the plan
- Details of the standard and how the employee can obtain copies as well as copies of employer-specific policies and procedures
Additional training
  – Changes in the workplace or employee’s job
  – Changes in policies or procedures
  – Indications that the employee has not retained understanding or skill

Training oversight or provision by a person knowledgeable in the subject matter related to employee’s job duties

Opportunity for interactive questions and answers
Employers must

- Inform employees of their right to protections
- Not discharge or discriminate against any employee for exercising rights under the standard
1910.502 (p) - Requirements Implemented at No Cost to Employees

- Implementation of requirements is at no cost to employees
- Exception: employee self-monitoring for signs/symptoms of infection
1910.502 (q) - Recordkeeping

- Exemption: Employers with ≤ 10 employees

- Required records
  - All versions of COVID-19 plan
  - Log of COVID-19 positives (regardless of whether work-related)
    - Employee’s name, contact information, occupation, location of work, date of last day at workplace, date of positive test or diagnosis, first date of symptoms if any
    - Recorded within 24 hours of the employer learning that the employee is COVID-19 positive
1910.502 (q) - Recordkeeping (continued)

Available by end of next business day after a request

- **COVID-19 plan**: to employees, personal representatives, authorized representatives

- **Individual COVID-19 log entry for a particular employee**: to the employee, anyone having written authorized consent from employee

- **Redacted version of COVID-19 log** with personally identifying information removed: to any employee, personal representatives, authorized representatives (NM OSHA does require some personal information sharing of positive cases)
1910.502 (r) - Reporting COVID-19 Fatalities and Hospitalizations to OSHA

- Work-related COVID-19 fatalities within 8 hours of learning of the fatality
- Work-related in-patient hospitalizations within 24 hours of learning of the hospitalization
1910.502 (s) – Compliance Dates

- ETS effective immediately upon publication in FR (June 21, 2021)
- Comply with all requirements except paragraphs (i), (k), and (n) of this section by 14 days after publication in FR. (July 6, 2021)
- (ii) Employers must comply with paragraphs (i), (k), and (n) of this section by 30 days after publication in FR. (July 21, 2021)
Topic 3

Mini Respiratory Protection Program
1910.504 - Mini Respiratory Protection Program

- Applies only to respirator use in accordance with 1910.502(f) (4): *Use of respirators when not required*
  - When the employer provides a respirator to the employee instead of a facemask as required by (f)(1)
  - When an employee provides their own respirator instead of a facemask required by (f)(1)
### Key Elements of Mini Respiratory Program vs. Respiratory Protection Standard

<table>
<thead>
<tr>
<th>Key Program Element</th>
<th>Mini RPP (1910.504)</th>
<th>Normal RPP (1910.134)</th>
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<tbody>
<tr>
<td>Medical Evaluation</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Fit Testing</td>
<td>No</td>
<td>Yes</td>
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<td>Written Program</td>
<td>No</td>
<td>Yes</td>
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<td>User Seal Checks</td>
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<td>Yes</td>
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<tr>
<td>Training</td>
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## Applicability – Mini Respirator Protection Program vs. Respiratory Protection Standard

<table>
<thead>
<tr>
<th>Healthcare</th>
<th>.504</th>
<th>.134</th>
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<tbody>
<tr>
<td>1910.502(f)(2) – for exposure with suspected/confirmed COVID-19</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>1910.502(f)(3) – for AGP(^1) on person with suspected/confirmed COVID-19</td>
<td>No</td>
<td>Yes</td>
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<td>1910.502(f)(4) – in place of facemask when respirator is not required</td>
<td>Yes</td>
<td>No</td>
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<td>1910.502(f)(5) – for Standard and Transmission/Based Precautions/good</td>
<td>No</td>
<td>Yes</td>
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<td>biosafety practices</td>
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\(^1\)AGP = aerosol-generating procedure
Provide workers with notice in 1910.504(c) – informs them to take precautions to be sure the respirator itself does not present a hazard
1910.504 (d) - Training Responsibilities of Employers When They Provide Respirators to Workers

- Provide specific training, e.g.,
  - How to inspect/put on/remove/use a respirator
  - Limitations and capabilities of the respirator
  - How to store/maintain/inspect a respirator
  - How to conduct a user seal check
  - How to recognize medical signs/symptoms and what to do

- Training must be in appropriate language and literacy level
1910.504 (d) - Other Responsibilities of Employers When They Provide Respirators to Workers

- Ensure that user seal checks are conducted for tight-fitting respirators and that any problems discovered are corrected.
- Ensure that if respirators are reused, they are reused properly.
- Ensure the discontinuation of respirator when employee or supervisor reports medical signs or symptoms related to ability to wear a respirator.
Connect with OSHA

- **OSHA COVID-19 Website:** [https://www.osha.gov/coronavirus/](https://www.osha.gov/coronavirus/)

- **Subscribe to QuickTakes:** OSHA's online newsletter provides the latest news about enforcement actions, rulemaking, outreach activities, compliance assistance, and training and educational resources. [https://www.osha.gov/quicktakes/](https://www.osha.gov/quicktakes/)

- **Call OSHA** to report emergencies, unsafe working conditions, safety and health violations, to file a complaint, or to ask safety and health questions. **New Mexico OSHA:** 505-476-8700 or Toll Free: 877-610-6742


- **NM OSHA Website:** [https://www.env.nm.gov/occupational_health_safety/](https://www.env.nm.gov/occupational_health_safety/)

- **My contact information:** Daniel A. Lujan, Daniel.Lujan@state.nm.us, 505-690-1075