

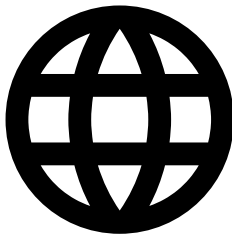
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Frequently Asked Questions

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Scope (29 C.F.R. § 1910.502(a))

1. What impact does the ETS have on state or local government mandates or guidance?

When Federal OSHA promulgates an ETS, States and U.S. Territories with their own OSHA-approved occupational safety and health plans (State Plans) must either amend their standards to be identical or "at least as effective as" the new standard, or show that an existing State standard covering this area is "at least as effective" as the new Federal standard. 29 CFR 1953.5(b). Adoption of the ETS by State Plans must be completed within 30 days of the promulgation date of the final Federal rule, and State Plans must notify Federal OSHA of the action they will take within 15 days. The State Plan standard must remain in effect for the duration of the Federal ETS.¹

State or local government mandates or guidance (e.g., legislative action, executive order, health department order) that go beyond and are not inconsistent with the ETS are not intended to be limited by this ETS. OSHA recognizes that many states have taken action with mandatory requirements applicable to general industry, and that states have additional powers that OSHA does not (e.g., criminal sanctions). OSHA does not intend to preempt these powers or requirements. For example, OSHA does not intend to preempt state or local COVID-19 testing requirements or state or local requirements for customers to wear face coverings whenever they enter a hospital or other health care facility, or in public places generally.

¹ Of the 28 States and Territories with OSHA-approved State Plans, 22 cover both public and private-sector employees: Alaska, Arizona, California, Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, and Wyoming. The remaining six States and Territories cover only state and local government employees: Connecticut, Illinois, Maine, New Jersey, New York, and the Virgin Islands.

2. My employees perform administrative support and medical billing services for the healthcare industry. Are they covered by the ETS?

It depends. These services are healthcare support services. The ETS generally applies in settings where any employee provides healthcare services or healthcare support services.

On the other hand, one or more exceptions to the ETS might apply. For example, the ETS does not apply to healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing). Moreover, even if these services are performed in a healthcare setting, other exceptions to the standard might also apply. For example, the ETS does not apply to 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. As another example, in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, paragraphs (f)(personal protective equipment), (h)(physical distancing), and (i)(physical barriers) of the standard do not apply to employees who are fully vaccinated. Please consult paragraph (a) of the ETS for the ETS's full range of exceptions to determine whether your employees are covered by the ETS.

3. I have employees who are healthcare professionals, but perform healthcare services in a manufacturing facility. Are they covered by the ETS?

It depends. The ETS generally applies in settings where any employee provides healthcare services or healthcare support services. But one or more exceptions to the applicability of the ETS might apply

With respect to employees that perform healthcare services in a manufacturing facility, where a healthcare setting is embedded within a non-healthcare setting (e.g., medical clinic in a manufacturing facility or prison, walk-in clinic in a retail setting such as a grocery store), the ETS generally applies, but only to the embedded healthcare setting and not to the remainder of the physical location. Moreover, where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, the ETS also generally applies, but only to the provision of the healthcare services by that employee. For example, where a physician assigned to work in an embedded clinic or an emergency medical responder enters the floor of a manufacturing plant or the residential area of a prison to provide healthcare services to a sick employee or sick prisoner, the ETS generally applies, but only to the provision of healthcare services by the physician or emergency responder, and not to all other employees in the setting.

On the other hand, one or more exceptions to the ETS might apply. For example, the ETS does not apply to 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. Please consult paragraph (a) of the ETS for the full range of exceptions to determine whether your employees are covered by the ETS.

4. Does this standard still apply if my employees are vaccinated?

It depends. The standard generally applies in settings where any employee provides healthcare services or healthcare support services, even in cases where all or some employees are fully vaccinated. The availability and use of safe and effective vaccines for COVID-19 is a critical milestone that has led to a marked decrease in risk for healthcare employees generally, but protective measures are still needed for those whose jobs require them to work in settings where patients with suspected or confirmed COVID-19 receive care, given the potential for breakthrough cases and the greater frequency of exposure to suspected and confirmed COVID-19 patients. In addition, the best available evidence shows that vaccination has not eliminated the need for protective measures in mixed healthcare workplaces (i.e., those where some workers are fully vaccinated and some are unvaccinated) or in those healthcare workplaces where no one has yet been vaccinated.

On the other hand, one or more exceptions to the ETS might apply. Some exceptions to the standard are not conditioned on employee vaccination. For example, the ETS does not apply to 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.

There are other exceptions that specifically address employee vaccination. For example, the ETS does not apply to well-defined hospital ambulatory care 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 permitted to enter those settings (paragraph (a)(2)(iv)). As another example, the ETS also does not apply to 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 (paragraph (a)(2)(v)). As a final example, in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, the requirements in the ETS for personal protective equipment (PPE), physical distancing, and physical barriers (paragraphs (f), (h), and (i), respectively) do not apply to employees who are fully vaccinated (paragraph (a)(4)). Please consult paragraph (a) of the ETS for the ETS's full range of exceptions to determine whether your employees are covered by the ETS.

OSHA notes that, in order for the employer to be exempt from providing controls in a well-defined area under paragraph (a)(4) of the ETS based on employees' fully vaccinated status, the COVID-19 plan must include policies and procedures to determine employees' vaccination status. OSHA also notes that *fully vaccinated* means 2 weeks or more following the final dose of a COVID-19 vaccine.

OSHA recognizes that some workers may not be able to be vaccinated, (e.g., due to allergies to vaccine ingredients or certain religious beliefs), or do not receive the full benefit of vaccination, (e.g., due to immunocompromising). In such cases, under various anti-discrimination laws, these workers are entitled to ask for a reasonable accommodation from their employer. Such accommodations could include the use of respirators, telework, working in isolation from others, or other methods of protecting workers. The accommodation must be arranged with the employer in accordance with applicable law. For additional information see the [EEOC website](#).

COVID-19 plan (29 C.F.R. § 1910.502(c))

5. Most of the time, my employees are working at a private residence. What additional information do I need to include in my COVID-19 plan to address COVID-19 hazards at these locations?

Employers with employees who, in the course of their employment, enter into private residences or other physical locations controlled by persons not covered by the OSH Act (e.g., homeowners, sole proprietors) must include policies and procedures in their COVID-19 plans to protect their employees entering those locations. These policies and procedures must address employee withdrawal from the residence in the event those protections are inadequate.

Please note that the ETS also does not apply to 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 (paragraph (a)(2)(v)).

6. I am required to solicit input from my employees on the elements of my COVID-19 plan. What are my responsibilities for soliciting input?

Employers must seek the input and involvement of non-managerial employees and their representatives, if any, in the hazard assessment and the development and implementation of the COVID-19 plan. An employer can seek feedback from employees through a variety of means, including safety meetings, a safety committee, conversations between a supervisor and non-managerial employees, a process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process. Other tools that may be helpful for employers in soliciting feedback from employees may include employee surveys or a suggestion box. The method of soliciting employee input is flexible and may vary based on the employer and the workplace.

7. The ETS requires me to conduct a hazard assessment of my workplace. What does this entail?

The hazard assessment process is intended to help employers identify and understand where COVID-19 hazards potentially exist and what controls must be implemented in their workplace in order to minimize the risk of transmission of COVID-19. As part of the hazard assessment, employers must inspect the entire workplace to find existing and potential risks of employee exposure to COVID-19.

Employers have flexibility to determine the best approach to accomplish the overall hazard assessment. However, the hazard assessment must include an evaluation of employees' potential workplace exposure to all people present at the workplace, including patients, coworkers, employees of other entities, members of the public, clients, independent contractors, visitors, and other non-employees. Places and times where people may congregate or come in contact with one another must be identified and addressed, regardless of whether employees are performing an assigned work task or not. Employers must also consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing potential COVID-19 hazards employees are exposed to at fixed work locations. While conducting the hazard assessment, employers must assess each employee's potential COVID-19 exposure, but can do so generally.

When conducting hazard assessments, employers should document the following information to assist them in developing and implementing their COVID-19 plans:

- Specific hazards or risk factors identified
- A plan to abate the identified hazards or risk factors in a timely manner
- Date(s) the assessment was performed
- The names and titles of the individuals who participated in the evaluation and contributed to the written plan
- A description of the actions to be taken
- Actions planned to address and prioritize mitigation of identified hazards or risk factors
- Identification of high-risk area(s), tasks, and occupations
- Communication of the status of planned or completed actions to employees who may be affected by the identified hazards or risk factors
- The dates by which planned actions are to be completed
- Written documentation of completed actions including:
 - What method(s) of control was/were decided upon
 - Area(s) where control(s) was/were implemented
 - Specific date(s) of completion
 - The names and titles of the individuals who authorized and managed implementation of control.

If an employer identifies a COVID-19-related exposure hazard during the hazard assessment, then the employer must implement controls to eliminate or mitigate the hazard, such as physical distancing, physical barriers where appropriate and when distancing is infeasible, PPE, and cleaning and disinfection protocols. These hazard controls must be consistent with the relevant requirements in this ETS. The employer must develop a reasonable plan to abate identified COVID-19 hazards.

8. What should I consider when designating a COVID-19 safety coordinator?

The COVID-19 safety coordinator should be someone who is able to understand and identify COVID-19 hazards in the workplace, and must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations. Additionally, the safety coordinator must have the authority to ensure compliance with all aspects of the COVID-19 plan so that they can take prompt corrective measures when hazards are identified.

Employers must designate a safety coordinator to implement and monitor the COVID-19 plan, but the exact responsibilities of a safety coordinator may vary based on the employer and workplace. Possible safety coordinator responsibilities may include conducting inspections of the workplace.

Patient screening and management (29 C.F.R. § 1910.502(d))

9. Why is OSHA requiring screening of everyone entering my facility?

Limiting contact with potentially infectious persons is an important component of COVID-19 pandemic management. The patient screening and management requirement for settings where direct patient care is provided aims to identify and manage those individuals who may have COVID-19 before they enter a facility so that appropriate precautions can be taken to prevent transmission to others within the facility.

10. Why do entry points into the facility need to be limited?

By limiting points of entry, an employer can ensure that each person entering the facility is identified and screened for possible COVID-19 symptoms. Consistent monitoring of persons entering the facility will allow for better protection of employees.

11. What are some options for screening individuals who enter the facility?

Screening may take different forms depending on the design and size of the facility. However, OSHA notes that it views asking questions about COVID-19 symptoms and illness as the minimum requirement for screening. Screening may also include confirming that individuals are abiding by any policies and procedures for wearing face coverings, as well as assessing individuals' recent exposures to COVID-19. To comply with the screening requirement, an employer could assign an employee to each entrance to perform a health screening on each individual entering the facility. Employers could also contact patients, clients, residents, or other visitors by phone or video, prior to their arrival at the facility, to conduct the screening.

12. OSHA encourages the use of telehealth services when appropriate and available. What is telehealth?

Telehealth uses electronic means, such as a smartphone, tablet, or computer, for communication between a patient and healthcare provider. It may be used as a replacement for an in-person consultation with a healthcare provider in some circumstances. Relying on telehealth visits instead of in-person appointments, where medically appropriate, helps to reduce the number of individuals entering a facility and reduce employee exposure.

Standard and Transmission-Based Precautions (29 C.F.R. § 1910.502(e))

13. How are Standard precautions used in healthcare?

Under paragraph (e) of the ETS, employers must develop and implement policies and procedures to adhere to Standard and Transmission-Based precautions in accordance with the Centers for Disease Control and Prevention's (CDC) "[Guidelines for Isolation Precautions](#)." Standard precautions are infection control measures intended to minimize the risk of infectious disease transmission in healthcare settings. These precautions are based on the assumption that every patient, all potentially-contaminated materials, and all human remains in healthcare settings are potentially infected or colonized with an infectious agent, such as COVID-19. Standard precautions include hand

hygiene, the use of certain types of PPE based on anticipated exposure, safe injection practices, and safe management of contaminated equipment and other items in the patient environment, as well as respiratory and cough etiquette (e.g., covering your cough with a tissue, sneezing into your elbow).

14. When are Transmission-based precautions initiated?

Transmission-based precautions are infection control practices used in conjunction with Standard precautions. They add an additional layer of employee protection and are only implemented if the presence of an infectious agent, such as COVID-19, is suspected or confirmed. As the name implies, these precautions are based on how the infectious agent is transmitted. The three categories of Transmission-based precautions are: Contact Precautions; Droplet Precautions; and Airborne Precautions. For diseases that have multiple routes of transmission, more than one category of Transmission-based precautions must be used. As such, employers must follow the appropriate precautions specified for these transmission pathways, as applicable to their workplaces.

Personal protective equipment (PPE) (29 C.F.R. § 1910.502(f))

15. What does "exposure" mean in the context of providing respirators and other PPE for exposure to people with suspected or confirmed COVID-19 under the ETS?

Under paragraph (c)(4)(i) of the ETS, employers must conduct a workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19. This includes identifying areas where, or activities in which, workers are reasonably anticipated to be exposed to a person with suspected or confirmed COVID-19. Under paragraph (f)(2) of the ETS, employers are then required to provide respirators, gloves, isolation gowns or protective clothing, and eye protection to these employees with exposure to a person with suspected or confirmed COVID-19 and ensure the PPE is used. In this context, "exposure" refers to close proximity, which includes being within 6 feet of or in the same room as a person with suspected or confirmed COVID-19.

16. Are employers required to provide respirators to workers for circumstances where respirators are not required under the ETS?

No. Employers are not required to provide respirators to workers for circumstances where respirators are not required under the ETS. However, employers may choose to upgrade a worker's protection by providing a respirator when only a facemask is required. In such circumstances, employers need only comply with the streamlined requirements for employer-provided respirators in the mini respiratory protection program (29 CFR 1910.504(d)) rather than the requirements of the Respiratory Protection standard (29 CFR 1910.134).

17. Are employers required to permit workers to wear their own respirators in circumstances where respirators are not required under the ETS?

Under the ETS, where the employer provides an employee with a facemask as required by paragraph (f)(1), the employer must permit the employee to wear their own respirator instead of a facemask (see 29 CFR 1910.502(f)(4)(ii)). In such circumstances, the employer must also comply with the requirements for employee-provided respirators in the mini respiratory protection program (29 CFR 1910.504(c)).

8. What is a user seal check?

Paragraph (d)(2) of the mini respiratory protection program (29 CFR 1910.504) requires employers to ensure that employees perform a user seal check each time they put on a tight-fitting respirator. "User seal check" is defined as an action conducted by the respirator user to determine if the respirator is properly seated to the user's face. A user seal check is a quick and easy way for workers to verify that they have put on their respirator correctly and that the respirator is properly seated to the face. User seal checks can be conducted by either a positive pressure or negative pressure check (see 29 CFR 1910.504(d)(2)(i)(A)-(B)).

19. What is the mini respiratory protection program?

The mini respiratory protection program (29 CFR 1910.504) is a section of the COVID-19 ETS. It applies only in certain circumstances specified under the ETS, generally when workers are not exposed to suspected or confirmed sources of COVID-19 but where respirator use could offer enhanced worker protection. The mini respiratory protection program provides a limited set of requirements for the safe use of respirators.

OSHA's normal Respiratory Protection standard (29 CFR 1910.134) still applies to:

- Circumstances under the ETS when workers are exposed to suspected or confirmed sources of COVID-19
- Any other workplace hazards that might require respiratory protection (e.g., respirable crystalline silica, asbestos, airborne infectious agents such as *Mycobacterium tuberculosis*)

20. When must employers comply with the mini respiratory protection program versus the respiratory protection standard under the ETS?

As shown in the table below, the mini respiratory protection program (29 CFR 1910.504) only applies to respirator use covered by specific provisions of the ETS. The normal Respiratory Protection standard (29 CFR 1910.134) is applicable to other respirator use provisions under the ETS.

COVID-19 ETS PROVISION	MINI RPP (1910.504)	RP STANDARD (1910.134)
Healthcare and Associated Industries Section of ETS:		
1910.502(f)(2) – for exposure to person suspected/confirmed with COVID-19		✓
1910.502(f)(3) – for AGP ¹ on person suspected/confirmed with COVID-19		✓
1910.502(f)(4) – in place of facemask when respirator is not required	✓	
1910.502(f)(5) – for Standard and Transmission-Based Precautions		✓
¹ AGP = aerosol-generating procedure (as defined by 1910.502)		

21. What types of respirators are acceptable when respirators are required under the ETS?

Respirators are only required for certain circumstances under the ETS. Whenever respirators are required, employers must provide workers with respirators that are either certified by [NIOSH](#) under 42 CFR Part 84 or are authorized under an [Emergency Use Authorization \(EUA\)](#) by the US Food and Drug Administration (FDA). Common types of respirators include filtering facepiece respirators, elastomeric respirators, and powered air-purifying respirators (PAPRs).

22. What are aerosol-generating procedures (AGPs)?

AGPs are defined as medical procedures that generate aerosols that can be infectious and are of respirable size. Under the ETS, only the following procedures are considered AGPs:

- Open suctioning of airways;
- Sputum induction;
- Cardiopulmonary resuscitation;
- Endotracheal intubation and extubation;
- Non-invasive ventilation (e.g., BiPAP, CPAP);
- Bronchoscopy;
- Manual ventilation;
- Medical/surgical/postmortem procedures using oscillating bone saws; and
- Dental procedures involving:
 - Ultrasonic scalers,
 - High-speed dental hand pieces,
 - Air/water syringes,
 - Air polishing, and
 - Air abrasion.

23. What are the requirements for performing an AGP on a person with suspected or confirmed COVID-19?

AGPs performed on persons with suspected or confirmed COVID-19 are more likely to generate higher concentrations of potentially infectious respiratory aerosols than coughing, sneezing, talking, or breathing; therefore, employees performing or assisting in the conduct of AGPs on persons with suspected or confirmed COVID-19 are at an increased risk for COVID-19 exposure and infection.

For AGPs performed on persons with suspected or confirmed COVID-19, employers are required to provide to each employee:

- a respirator that is provided and used in accordance with the Respiratory Protection Standard (29 CFR 1910.134); and
- gloves, an isolation gown or protective clothing, and eye protection, all used in accordance with 29 CFR 1910 subpart I.

Note: Employers are encouraged to select elastomeric respirators or powered air-purifying respirators (PAPRs) instead of filtering facepiece respirators.

In addition:

- The employer must limit the number of employees present during the procedure to only those essential for patient care and procedure support (in order to ensure that as few employees as possible are exposed to infectious aerosols);
- The employer must ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available; and
- After the procedure is completed, the employer must clean and disinfect the surfaces and equipment in the room or area where the AGP was performed.

Physical distancing (29 C.F.R. § 1910.502(h))

24. What is physical distancing and why is it important?

Physical distancing means maintaining a sufficient distance between two people such that the risk of disease transmission through inhalation of virus-containing particles from an infected individual is significantly reduced. This minimizes the risk of COVID-19 droplet transmission in the workplace by ensuring employees maintain a "safe distance" from other people, including co-workers, visitors, or other non-employees. Adequate physical distancing to prevent droplet transmission of infectious diseases is generally considered to be at least 6 feet.

Paragraph (h)(1) therefore requires employers to ensure that each employee is separated from all other people by at least 6 feet when indoors unless the employer can demonstrate that such physical distancing is not feasible for a specific activity (e.g., hands-on medical care).

25. How do you determine when and where to implement physical distancing measures?

To determine when and where physical distancing is necessary in the workplace, employers must rely on the results of the hazard assessment performed under paragraph (c)(4). The hazard assessment requires employers to evaluate their workplaces to determine potential workplace hazards related to COVID-19.

This evaluation will involve determining when, where, and under what circumstances employees come within 6 feet of other people in the workplace. Places and times where people may congregate or come in contact with one another must be identified and addressed, regardless of whether employees are performing an assigned work task or not. For instance, employees may congregate during meetings or training sessions, as well as in and around entrances, bathrooms, hallways, aisles, walkways, elevators, breakrooms or eating areas, and waiting areas. All of these areas must be identified and addressed as part of the hazard assessment.

After identifying potential workplace exposure under paragraph (c)(4), employers must develop and implement policies and procedures to comply with the physical distancing requirements in paragraph (h).

Physical distancing requirements in paragraph (h) do not apply for employees who are fully vaccinated when those employees are in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

26. The provision for physical distancing does not apply to momentary exposures in the workplace while people are in movement. What is meant by "momentary exposure"?

Momentary exposures when people are in movement may occur when an employee quickly passes another person in a hallway or aisle.

An employee generally needs to be both close enough to an infectious person and near them long enough to get an infectious dose of COVID-19. The time of exposure is cumulative; multiple short exposures over the course of a day can add up to a long enough period of time to receive an infectious dose of the virus. Therefore, the ETS provides an exception to the requirement for physical distancing where momentary exposures happen on an infrequent or occasional basis. If an employee quickly passes another person in a hallway or aisle a few times a day, the distancing requirement would not apply.

On the other hand, physical distancing would be required for short conversations in a hallway or at a cubicle, as well as in other situations involving frequent, brief contact. Similarly, physical distancing (from employees and non-employees alike) is required where employees are repeatedly passing by each other to perform their tasks, e.g., where employees are regularly moving around to check on

patients. Physical distancing is also required (i.e., the exception for momentary exposures does not apply) for food service employees in a cafeteria setting (e.g., taking customer orders at a food service counter or waiting on tables).

27. What are ways to ensure physical distancing in the workplace?

There are many ways employers can implement physical distancing that would be in compliance with this ETS. OSHA recognizes that some options may be infeasible in some workplace settings and that physical distancing policies will need to be specific for each particular workplace.

Employers should maximize their reliance on telework or remote work whenever possible. When employees have job activities that must be done on-site or on-location, other physical distancing approaches will be required.

To ensure that employees at work are at least 6 feet away from other people when indoors, employers can choose the right option (or combination of the following options) for their workplace:

- Reconfigure workstations by spreading them out or relocating them to more spacious areas. When possible, workstations near high-traffic areas may need to be moved to places with less foot traffic.
- Permit employees to use additional entry or exit points and install additional time clock equipment to prevent employees from congregating at facility entrances and exits.
- Use visual cues, such as signs or floor markings, in parking lots, sidewalks, lobbies, and other walking areas to designate clear entry and exit routes and to remind employees and non-employees to remain physically distant, especially during high-traffic times of the day.
- Adjust work processes (e.g., relocating tasks) to ensure employees can maintain physical distance while performing their normal job activities.
- Limit the number of people in the workplace at any given time by reducing capacity and occupancy limits and altering work procedures (e.g., limiting types of services scheduled).
- Change work procedures and utilize available technologies (e.g., virtual consultations, contactless transaction methods through mobile devices for ordering, paying, and signing documents) to minimize or eliminate the necessity for close physical proximity between employees and other people.
- Stagger work shifts and tasks to result in fewer employees in the workplace at a given time, and schedule breaks to limit employees within common areas (e.g., locker rooms, break rooms, restrooms).
- Schedule employees for fewer, longer shifts instead of shorter, more-frequent shifts to minimize employee turnover within the worksite.

28. What if there are situations where physical distancing is not feasible? What is the employer's responsibility in those cases?

OSHA acknowledges that there will be situations in some workplaces in which maintaining 6 feet of distance is not always feasible. For example, there may be situations where a room or other workspace is less than 6 feet in length and width and two employees, or an employee and a patient, must be in it at the same time. The burden is on the employer to demonstrate that it is infeasible to comply with the required physical distancing for a specific activity or workspace. If the employer can demonstrate that the space cannot be expanded, and that multiple employees must be in that space at the same time (i.e., that there are no other feasible alternatives that would permit 6 feet of physical distancing), the employer satisfies its burden under the physical distancing requirements. However, in such cases, employers must ensure that employees maintain as much physical distance as possible.

Additionally, in accordance with paragraphs (i) and (f) of the ETS, employers must ensure the use of physical barriers at fixed work locations outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet and ensure the use of facemasks or respirators.

Physical barriers (29 C.F.R. § 1910.502(i))

29. Why are physical barriers important for protecting workers from COVID-19?

COVID-19 is spread most commonly from person-to-person, primarily through inhalation of respiratory droplets from people who are in physical proximity to each other or, less commonly, through airborne transmission over longer distances (particularly in enclosed spaces with inadequate ventilation). Adequate physical distancing to prevent droplet transmission is generally considered to be at least 6 feet. Barriers work by preventing respiratory droplets, which can contain COVID-19, from traveling directly from the source (i.e., an infected person) to an employee.

Paragraph (i) requires barriers to be installed at each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy window, bill payment) where each employee is not separated from all other people by at least 6 feet of distance, except where the employer can demonstrate it is not feasible to install the barrier. Barriers are not required in direct patient care areas or resident rooms.

The physical barrier requirements in paragraph (i) do not apply for employees who are fully vaccinated when those employees are in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

30. What should physical barriers be made out of?

Physical barriers must be solid and made from impermeable materials like plastic or acrylic that can be easily cleaned or replaced. In some situations, flexible, transparent plastic sheeting may qualify as a solid physical barrier, but only if it is installed so it remains in place and blocks face-to-face pathways of air between the users on either side. It is critical that barriers block face-to-face pathways and that they do not flap or otherwise move out of position when they are being used. Physical barriers constructed out of materials like cloth fabric or mesh would not be in compliance because these materials are not impermeable and would allow respiratory droplets to pass through them. Barriers with slotted speaking grates that allow respiratory droplets to pass through would also not be in compliance.

31. Are there any size requirements for physical barriers?

The ETS requires the barriers to be sized (e.g., height, width) and located so that they block face-to-face pathways between the employee and other individuals, based on where each person would normally stand or sit. To ensure compliance with the size and location requirements, employers must account for where the breathing zones of the users on both sides of the barrier will likely be, as a barrier is only effective at reducing an employee's exposure to COVID-19 if it keeps respiratory droplets out of the employee's breathing zone. OSHA defines the breathing zone as the area from which a person draws air when they breathe; it extends 10 inches beyond a person's nose and mouth in all directions.

Height: Employers must take into account the height of employees and other individuals, as it impacts where their breathing zones are located. In the vast majority of cases, the heights of employees and visitors will vary, and employers must construct their barriers to at least address average heights. The average height of adults in the US is 63.6 inches for women and 69 inches for men. Employers should consider the height of typical users and their breathing zones to design and install barriers in a way that ensures face-to-face pathways are effectively blocked.

- When the heights of the people who are likely to be separated by a barrier are unknown, OSHA will accept as compliant a barrier that extends to at least six and a half feet above the surface on which both people are standing. If the barrier is installed on a table, desk, countertop, or other surface above floor height, the height of those items would be included in the barrier height.
- If one user may be sitting and the other may be standing, barriers should be high enough to reflect the height of the standing user as well as the sitting user. The average sitting height of users will vary based on chair height and type, and employers should consider the workstation design when implementing physical barriers.

Width: In addition to being sufficiently tall, barriers need to be wide enough to protect users on either side during the entire interaction. To ensure compliance, employers also need to consider predictable behaviors and movements of employees and non-employees when designing and installing barriers.

For example, at a service counter, the barrier must be wide enough to block the face-to-face pathway between an employee and a visitor when the employee and visitor are positioned directly across from each other. In situations where the employee and the visitor are positioned diagonally across from each other but still within 6 feet, the barrier must still extend to block those diagonal face-to-face pathways. Employers should also consider visual reminders, like floor markings or signs, to remind employees and non-employees not to step around or move to the side of or above the barrier when interacting with an employee.

32. Where and when should physical barriers be installed?

As part of the hazard assessment under paragraph (c), employers need to determine which job activities and fixed work locations require physical barriers. Paragraph (i) requires physical barriers for fixed work locations outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) when an employee is not separated from all other people by at least six feet of distance. A fixed work location is a workstation where an employee is assigned to work for significant periods of time, or at which the employee spends much of their workday or shift, even if they leave that workstation intermittently as part of their work. Physical barriers are not required in direct patient care areas or resident rooms.

The installation of physical barriers in the workplace, including how many are needed, where they are needed, and how they should be installed, may vary with the size and type of the workplace, along with the work activities performed there.

33. How can physical barriers be installed for job tasks where physical distancing is not possible?

There are many ways employers can install physical barriers that would be in compliance with this ETS.

- Physical barriers can be securely mounted on hard surfaces such as tables, desks, and countertops, or be designed to be free-standing on the floor to protect employees when physical distancing cannot be maintained.
- Physical barriers can be securely installed at public facing fixed workstations (e.g. reception desks) and must extend far enough to cover the area where the employee and non-employee interaction may occur.

Physical barriers can be hung from above and extend down from the ceiling or other fixture, as long as they remain stationary and are unlikely to be disturbed during use. When hanging barriers are used above a counter or other surface that is raised above the floor, they should extend down as close to that surface as possible, allowing a space for passing items where necessary.

OSHA recognizes that some options may be infeasible in some workplace settings and that policies for the design and installation of physical barriers will need to be specific for each particular workplace.

34. Can barriers be installed where employees must interact with visitors and other non-employees?

Yes. There are a number of strategies that can be used to design and install barriers in workplaces where employees must interact with other people as a part of their job. For example:

- Physical barriers may have a small pass-through space positioned away from the breathing zones of both users for passing items (e.g., medical screening questionnaire, COVID testing materials) between users, or where employees need to have physical contact with another individual.
- Physical barriers with a sliding door may be installed when the items being transferred are larger (e.g., food service window, package or parcel counter). If a sliding door is used, it must be kept closed except when necessary to transfer items.

35. Are there safety considerations for designing physical barriers?

Yes. Employers must install physical barriers in a manner that does not create safety hazards. In the event of an emergency, employees must be able to quickly leave their work station, with their entry and exit not hindered by a physical barrier. Employers must consider the following when installing barriers:

- Barriers must be properly secured so that they do not fall and injure an employee.
- Barriers must not block safety features, such as smoke detectors, sprinklers, carbon monoxide detectors, fire extinguishers, or fire alarms.
- If mounted on floors, barriers must not present trip or fall hazards to employees.
- Ventilation should be considered to ensure that the air in one workspace is not funneled around a barrier and directly into another person's workspace.

In addition to installation considerations, employers should consider if and how the physical barrier could alter communication between users. If physical barriers are required, employers should:

- Install barriers in positions that do not interfere with effective communication between individuals. (Note that if a barrier is required but may interfere with effective communication between individuals (e.g., when working with individuals who are hard-of-hearing, when working in an environment with significant background noise), electronic communication devices could be installed.)
- Not use slotted speaking grates that would allow droplets to pass through barriers.
- Install transparent barriers in cases where employees and others have to see each other for safety.

36. How do you maintain physical barriers?

It is important to clean physical barriers at least once a day because they are designed to intercept respiratory droplets that may contain COVID-19. Employers may consider cleaning more frequently or disinfecting as needed. All cleaning and disinfection of physical barriers must occur in accordance with requirements in paragraph (j). Additionally, employers must ensure that cleaning and

disinfecting products are compatible with the barrier material. Replacement of the barrier is acceptable in lieu of cleaning where appropriate and barriers may be made of easily replaceable materials, such as flexible, clear plastic sheeting.

37. What about situations where installing physical barriers is not always feasible?

OSHA acknowledges that there will be situations in some workplace where the installation of physical barriers is not always feasible. Physical barriers may be infeasible during certain tasks that require multiple employees to work cooperatively within six feet of one another in a fixed location for an extended period of time. Physical barriers may also be infeasible in work settings where employees must ride in a shared work vehicle and/or may need to operate shared controls, such as an ambulance, where barriers would be too difficult to install or would block access to the shared controls.

The burden is on the employer to demonstrate that it is infeasible to comply with the requirements to install physical barriers for a specific activity or workspace. However, employers should note that where employees are working within six feet of other people and physical barriers have been demonstrated to be infeasible, it is particularly important to implement the other controls required by this standard as part of a multi-layered approach to reduce employee exposure, such as facemasks, cleaning, and disinfecting.

Cleaning and disinfection (29 C.F.R. § 1910.502(j))

38. Which areas and items in my workplace am I responsible to ensure are cleaned and/or disinfected?

Employers' cleaning and disinfection obligations vary based on the area of the workplace and type of item at issue. In patient care areas, resident rooms, and for medical devices and equipment, employers must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control."

In other areas, employers must clean high-touch services and equipment. As part of the hazard assessments performed under paragraph (c), employers should identify high-touch surfaces and equipment in their workplaces. The standard defines *high-touch surfaces and equipment* to mean any surface or piece of equipment that is repeatedly touched by more than one person. Examples include doorknobs, light switches, countertops, handles, desks, tables, phones, keyboards, tools, toilets, faucets, sinks, credit card terminals, and touch-screen enabled devices (e.g., tablets). After identifying these high-touch surfaces and equipment, employers must then implement policies and procedures to ensure these items are cleaned at least once a day. Additionally, if the employer is aware that a person who is COVID-19 positive has been in the workplace within the last 24 hours, cleaning and disinfection is required (see below for more information).

39. How often am I required to clean high-touch surfaces and equipment?

Cleaning of high-touch surfaces and equipment (other than patient care areas, resident rooms, and medical devices and equipment) must be performed at least once a day, following manufacturers' instructions for application of cleaners.

40. Who should be performing these cleaning and disinfection duties?

Employers can satisfy their cleaning and disinfection obligations through a variety of means. This may include contracting with a cleaning service or requiring employees to perform cleaning and disinfection duties. Employers should note that if they are relying on employees to clean and disinfect, the employer must provide the necessary supplies to employees at no cost and must ensure employees have sufficient time during their work shift to perform these cleaning and disinfection duties.

41. Are there any special cleaning and disinfection requirements if an area has been used by a person who is COVID-19 positive?

In patient care areas, resident rooms, and for medical devices and equipment, employers must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)" and CDC's "[Guidelines for Environmental Infection Control](#)."

In other areas, when an employer is aware that a person who is COVID-19 positive has been in the workplace within the last 24 hours, the standard requires employers to clean and disinfect any areas, materials, and equipment under the employer's control that have likely been contaminated by the person who is COVID-19 positive (e.g., rooms they occupied, items they touched). In making determinations about which areas, materials, and equipment have likely been contaminated, OSHA expects employers will be informed by relevant CDC guidance, the specifics of any notice received about a COVID-19 positive person in the workplace, such as when and where they were present, the person's job duties (when the person who was COVID-19 positive was an employee), and any additional relevant information on the COVID-19 logs.

Cleaning and disinfecting must be done in accordance with the CDC's "[Cleaning and Disinfecting Guidance](#)." This includes closing off areas used by the sick person and waiting at least several hours before cleaning and disinfecting. This also includes opening outside doors and windows or using other methods to increase air circulation when feasible, using products from EPA's "List N," and wearing a facemask and gloves. If a person who is COVID-19 positive has occupied the space, all potentially-contaminated surfaces, regardless of touch frequency, need to be cleaned and disinfected. Only after the space has been cleaned and disinfected can it be reopened for use.

42. Am I required to purchase special cleaning and disinfection products?

Not necessarily. The products employers are currently using to clean and disinfect the workplace may satisfy the requirements of this ETS. To clean surfaces, employers must use soap and water or other cleaning agents to remove germs, dirt, and impurities. When disinfection is required, employers must use an EPA-registered disinfectant on EPA's "List N," in accordance with manufacturers' instructions, to kill germs on surfaces. EPA's "List N" is a list of disinfectant products that are effective against the virus that causes COVID-19, including ready-to-use sprays, concentrates, and wipes. Employers should review "List N" to determine if their current disinfection products are sufficient or if they are required to purchase new disinfectants.

Ventilation (29 C.F.R. § 1910.502(k))

43. Does the ETS require employers to install new HVAC systems or equipment?

No. The ETS does not require the installation of new HVAC systems to replace or augment functioning systems.

44. How can an employer determine if their existing HVAC system is functioning as designed?

Because each building or structure and its existing HVAC system(s) will be different, employers may find it necessary to consult with an HVAC professional to ensure that HVAC systems are working as designed. HVAC professionals can determine the best way to maximize the system's ventilation and air filtration capabilities and thereby ensure the system is operating according to the HVAC system's design specifications.

If consulting with an HVAC professional is not feasible, an inspection and maintenance program performed on a regularly scheduled basis can be used to demonstrate that an HVAC system is functioning as designed. Procedures and checklists for inspection and maintenance of an HVAC system have been developed by [ASHRAE](#), [EPA](#) and [AIHA](#).

45. What if an employer is a tenant in a building and does not have control of the HVAC system?

There may be situations where workplaces have an HVAC system but employers are not in control of the system, such as at healthcare offices or clinics located within larger commercial buildings. In these situations, employers have no obligation to maintain their HVAC systems but nonetheless should coordinate with the building owner or operator to ensure that the requirements of paragraph (k) of the standard are met.

46. What is a MERV-13 filter?

The [Minimum Efficiency Reporting Value \(MERV\) scale](#) indicates the filtering efficiency for capturing particles between 0.3 and 10 microns. MERV values range from 1 to 16 for most applications, with higher values indicating higher efficiency. Filters with MERV ratings of 13 or greater are at least 85% efficient at capturing particles similar in size to those carrying the virus that causes COVID-19.

47. What is meant by "maximize" the supply of outside air?

Building ventilation systems typically have outside air intake dampers that can be adjusted to change the amount of outside air supplied to the HVAC system. Maximizing the supply of outside air means increasing the amount of outside air as much as possible, while taking into consideration outdoor pollution levels and ensuring that the HVAC system is capable of maintaining building temperature and humidity levels within acceptable occupant comfort ranges.

48. Does the standard contain special ventilation requirements for airborne infection isolation rooms (AIIRs)?

The ETS requires employers to maintain and operate existing AIIRs in accordance with their design and construction criteria. AIIRs are dedicated negative pressure patient-care rooms, with special air handling capability, which are used to isolate persons with a suspected or confirmed airborne-transmissible infectious disease. AIIRs are designed to keep contaminated air from escaping that area, and are required, if available, when performing aerosol-generating procedures on someone with suspected or confirmed COVID-19.

The doors on AIIRs should be kept closed except during entry or exit, and air from within AIIRs should be exhausted directly to the outside of the building or should be filtered through high-efficiency particulate air (HEPA) filters before it is recirculated. Employers must ensure that the proper negative-pressure function of AIIRs is maintained. As with HVAC systems, employers should consult with a ventilation professional to ensure that AIIRs are operating as designed. It should be noted that the standard does not require the installation of new AIIRs in healthcare facilities.

Screening

49. What are the symptoms of COVID-19?

COVID-19 symptoms include: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; and diarrhea. Some employees with COVID-19 can be expected to have mild symptoms or not have any symptoms.

50. If an employee has one of the symptoms listed above, does that mean that the employee has COVID-19?

Not necessarily. Many COVID-19 symptoms are commonly associated with other infectious and non-infectious conditions. However, monitoring for COVID-19 symptoms through regular health screening allows employees to seek medical attention and get tested for COVID-19 as appropriate.

51. May an employer choose to have employees self-monitor for symptoms, or must symptom screening be done on site?

Employers have discretion in choosing whether to implement self-monitoring or in-person screening; an employer can also choose to utilize both methods. Employers who choose to have employees self-monitor for COVID-19 symptoms can assist employees in that effort by providing them with a short fact sheet to remind them of the symptoms of concern. Employers may also consider posting a sign stating that any employee entering the workplace certifies that they do not have symptoms of COVID-19, to reinforce the obligation to self-screen before entering the workplace.

Employers who choose to conduct in-person employee screening for COVID-19 symptoms may use methods such as temperature checks and asking the employee if they are experiencing symptoms consistent with COVID-19. Employers should conduct this screening before employees come into contact with others in the workplace, such as co-workers, patients, or visitors.

52. Are there any safety considerations during onsite screening?

Yes. To ensure screeners and employees waiting to be screened are protected, an employer must continue to maintain compliance with all requirements of this standard for physical distancing, physical barriers, and facemask use; thus, employers may need to provide physical barriers to separate employees and screeners and ensure that employees waiting to be screened can maintain adequate physical distancing between each other. The employer should ensure screenings are conducted in a timely manner to minimize potential exposure to other employees waiting to be screened and to the screener.

53. Will symptom screening identify all employees who have COVID-19?

No. Some individuals with COVID-19 may be pre-symptomatic (i.e., have not developed symptoms yet) or asymptomatic (i.e., do not develop symptoms over the course of infection) but can still transmit the virus. Therefore, employers must continue to follow all requirements of the standard, using health screening as only one component of a multi-layered approach.

54. What costs must an employer cover if it requires employees to be tested for COVID-19?

Employers must pay for costs of the test itself, as well as any time spent getting the test or time spent waiting for test results before the employee is allowed to enter the workplace. If getting the test requires the employee to travel to a location that is not at the workplace, the employer must pay the employee for the time spent traveling and for any travel costs (e.g., transportation fare, gasoline).

Employee notification to employer of COVID-19 illness or symptoms

55. What information related to COVID-19 must employers require employees to report to them?

Employees must promptly notify their employer when they learn they are COVID-19 positive (as confirmed by a positive test for COVID-19 or when diagnosed with COVID-19 by a licensed healthcare provider), when told by a licensed healthcare provider they are suspected to have COVID-19, when the employee is experiencing recent loss of taste and/or smell with no other explanation, or when an employee is experiencing both a fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath.

56. What does OSHA mean by "promptly" notifying employers?

For employees who are not at the workplace when they meet a notification criterion, "promptly" notifying the employer would mean notifying the employer before the employee is scheduled to start their shift or return to work. In the event that the employee is in the workplace when meeting a notification criterion, "promptly" notifying the employer means notifying the employer as soon as safely possible.

57. Why is it important for the employee to notify the employer when they are confirmed positive for or are suspected to have COVID-19, or they are experiencing certain symptoms of COVID-19?

Each of these notification requirements is connected to a parallel requirement to remove the affected employee from the workplace. It is important to remove employees who are confirmed or suspected to have COVID-19 from the workplace to prevent the transmission of the virus that causes COVID-19 to other employees.

Employer notification to employees of COVID-19 exposure in the workplace

58. If an employer at a workplace is notified that a person who has been in the workplace is COVID-19 positive, what are the requirements for notification to employees regarding COVID-19 exposure?

Once an employer is notified of a COVID-19 positive person who has been in the workplace, such as employees, vendors, contractors, delivery people, visitors, or other non-employees, the employer has three separate notification obligations that must be completed within 24 hours, if applicable. The employer must notify:

1. Each employee who has been in close contact with the COVID-19 positive person in the workplace, and include in the notification that the employee was in close contact with a COVID-19-positive person and the date(s) that the close contact occurred.
2. All other employees who worked in a well-defined portion of the workplace (e.g., a particular floor) in which the COVID-19 positive person was present during the potential transmission period, and include in the notification the date(s) the COVID-19 positive person was present in that portion of the workplace during the potential transmission period.

3. Other employers whose employees have been in close contact with the COVID-19 positive person, or worked in a well-defined portion of the workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) and the location(s) of the COVID-19 positive person within the workplace during the potential transmission period.

However, employers are not required to notify employees who were wearing respirators and any other required PPE when a person who is COVID-19 positive has been in the workplace, and the notification provisions are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals).

59. How are close contact and the potential transmission period defined?

Close contact is defined as being within 6 feet of another person for a cumulative total of 15 minutes or more over a 24-hour period during that person's potential period of transmission. Examples of cumulative exposures for 15 minutes could be 3 exposures for 5 minutes each or 1 exposure for 5 minutes and a second exposure for 10 minutes, over a 24-hour period. The potential transmission period runs from 2 days before the person feels sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated.

60. Why must employers make notifications within 24 hours?

This time period is necessary to ensure that employees receive timely information about a potential risk to their own health and to the health of those around them, as the notified employees may now be infectious themselves as a result of their exposure to a COVID-19 positive person. Prompt notification allows the employee to seek medical advice, be tested if appropriate, and start taking precautions such as physically distancing from household members to prevent transmission in the event that the employee is or becomes infectious. Prompt notification also permits employers to ensure that employees who have been in close contact with someone who is COVID-19 positive at work are removed from the workplace quickly in order to avoid additional workplace exposures.

61. What procedures can employers use to notify employees about exposures to someone with COVID-19?

When making required notifications, employers should notify each individual in a language and manner they understand via a phone call, text message, e-mail, or in person (if using protections such as physical distancing and face coverings). However, in some cases, such as when close contact did not occur and all persons who could have been potentially exposed in a general area may not be known (e.g., restroom, building floor), the employer could satisfy notification requirements by posting notices in common areas. This may include posting notices in break rooms, time clock areas, or restrooms as well as using alternative modes of communication needed to reach employees with disabilities.

62. Must employees maintain the COVID-19 positive person's confidentiality when notifying employees?

Yes. When providing notice about the potential exposure, the employer must protect the infected employee's identity. Notifications must not include any employee's name, contact information (e.g., phone number, email address), or occupation, and the employer should avoid sharing any unnecessary information that might reveal the employee's identity.

63. When is an employer required to remove an employee from the workplace?

An employer is required to remove an employee from the workplace when the employer knows that the employee:

1. Is COVID-19 positive, meaning that the employee was confirmed positive for or was diagnosed by a licensed healthcare provider with COVID-19;
2. Has been told by a healthcare provider that they are suspected to have COVID-19;
3. Is experiencing recent loss of taste and/or smell, with no other explanation; or is experiencing both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath; or
4. Is required to be notified by the employer of close contact in the workplace to a person who is COVID-19 positive, UNLESS the employee has been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose), or had COVID-19 and recovered within the past 3 months, AND the employee does not experience the symptoms listed in item 3.

64. What must an employer do after removing an employee who is COVID-19 positive?

Employers must remove the employee from the workplace and keep the employee removed until the employee meets return to work criteria based on guidance from a licensed healthcare provider or applicable guidance from the CDC, unless state or local public health authorities specify a longer period of removal. More details are provided in the "Return to work" section below.

65. What must an employer do after removing an employee who is suspected to have COVID-19; is experiencing recent loss of taste and/or smell with no other explanation; or is experiencing both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath?

Employers have two options in this scenario:

1. Keep the employee removed until the employee meets the return to work criteria.
2. Remove the employee, provide a polymerase chain reaction (PCR) COVID-19 test at no cost to the employee, and keep the employee removed until the employer is notified by the employee of the test results. If the test results are negative, the employee may return to work immediately. If the test results are positive, the employer must keep the employee removed until the employee meets return to work criteria.

66. What must an employer do after removing an employee who is required to be notified of close contact with a COVID-19 positive person in the workplace?

Employers have two options in this scenario:

1. Keep the employee removed from the workplace for 14 days.
2. Keep the employee removed and provide a PCR COVID-19 test, at no cost to the employee, at least 5 days after the exposure that triggered the notification requirement. If the test results are negative, the employee may return to work after 7 days have passed following the exposure. If the test results are positive, the employer must keep the employee removed until the employee meets return to work criteria.

67. What are an employer's options when an employee refuses to take a test after being removed for suspected COVID-19, symptoms of COVID-19, or required notification of close contact to someone with COVID-19 in the workplace?

If the employee refuses to take the test, the employer must continue to remove the employee from the workplace until return to work criteria are met (or for 14 days in the case of removal due to notification of close contact). However, the employer would not be required to continue to pay the employee during the removal period.

68. Is an employer required to remove an employee who was required to be notified of close contact with a COVID-19 positive person in the workplace if the employee was vaccinated for COVID-19?

If the employee was fully vaccinated against COVID-19 (meaning at least two weeks have passed after receiving the final dose), the employer is not required to remove the employee unless the employee experiences recent loss of taste and/or smell, with no other explanation; or experiences both fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath.

69. Is an employer required to remove an employee who was required to be notified of close contact with a COVID-19 positive person in the workplace if the employee has had COVID-19 and recovered?

If the employee has had COVID-19 and recovered from it within the past 3 months, the employer is not required to remove the employee unless the employee experiences recent loss of taste and/or smell, with no other explanation; or experiences both fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath.

70. Can an employer require an employee to work remotely?

Yes. Any time an employee must be removed from the workplace as required by the *Medical removal from the workplace* provisions of this ETS, the employer may require the employee to work remotely (e.g., telework) or in isolation if suitable work is available. When an employee's regular duties cannot be performed remotely, OSHA encourages employers to consider flexible and creative solutions. For example, a temporary reassignment to a position that can be performed by telework might be a possibility.

71. What happens if an employer requires remote work but an employee is too ill to work remotely or in isolation?

If an employee is too ill to work due to COVID-19, remote work should not be required; and sick leave or other leave should be made available as consistent with the employer's general policies and any applicable laws.

72. Could an employer choose to remove an employee from the workplace for reasons not required by the standard?

Yes. Employers may choose to go beyond the minimum requirements of the ETS. For example, they may choose to remove employees who (1) are experiencing symptoms other than recent loss of taste and/or smell or fever coupled with new unexplained cough and shortness of breath, (2) were exposed to a COVID-19 positive person outside of the workplace, or (3) were notified by a state or local public health authority to quarantine or isolate. Although the ETS does not require removal in

those situations, the state or local public health authority may impose separate obligations or the employer might choose to remove employees in those circumstances, above and beyond what is required by this ETS.

Medical removal protection (MRP) benefits

73. If the employer is required to remove an employee from the workplace under the ETS, what are the employer's obligations to pay that employee under the MRP benefits provisions of this ETS?

Obligations to pay the removed employee depend on the size of the employer:

- 1) Employers with 10 or fewer employees on the date that the ETS becomes effective are not required to maintain pay for removed employees.
- 2) Employers with fewer than 500 employees must pay the employee's regular pay, up to \$1400 per week, for the first two weeks that the employee is removed. Beginning in the third week, if the employee's removal continues that long, the employer must pay two thirds of the same regular pay the employee would have received if working, up to \$200 a day (equivalent to \$1000 per week in most cases).
- 3) Employers with 500 or more employees must pay the employee's salary up to \$1400 per week during the entire period of removal, until the employee meets the return to work criteria described below.
- 4) Employers with more than 10 employees must also continue to provide the benefits to which the employee is normally entitled (e.g., employer-sponsored health insurance) during the removal period.

In each scenario, the employer is not required to provide overtime pay, even if the employee had regularly worked overtime hours in recent weeks. In addition, if the employee receives compensation for lost earnings from any other source, such as employer-paid sick leave, administrative leave, or a publicly funded compensation program, then the employer may reduce the amount paid to the removed employee by however much the employee receives from the outside source. Note: Businesses with fewer than 500 employees may be eligible for refundable tax credits under the American Rescue Plan if they provide paid time off for sick and family leave to their employees due to COVID-19 related reasons. The ARP tax credits are available to eligible employers that pay sick and family leave for qualified leave from April 1, 2021, through September 30, 2021. More information is [available from the IRS](#).

74. If an employer removes an employee when removal is not required under the ETS, is the employer required to provide medical removal protection benefits during that removal?

No. The ETS does not require the employer to provide paid medical removal protection benefits when removal is not required under the ETS.

75. Is an employer required to remove the employee from the workplace and provide MRP benefits regardless of whether an employee is infected at work or outside of the workplace?

Yes. Requirements for medical removal protection benefits under the ETS do not depend on where the employee was infected.

76. If an employee is exposed to a COVID-19 positive person outside of the workplace but has not developed symptoms and is not suspected to be COVID-19 positive, is an employer required to remove the employee from the workplace and provide MRP benefits?

No. Requirements for medical removal from the workplace and MRP benefits due to close contact with a COVID-19 positive person apply only to close contact in the workplace.

77. If an employee is removed from the workplace and does not return to work for months because of COVID-19, is the employer allowed to take actions such as terminating employment?

No. The ETS requires that whenever an employee is removed from work because of COVID-19 (whether working remotely or receiving MRP benefits), the employee must not be subject to any adverse action or deprivation of rights or benefits because of their removal when the employee returns to work. This means that an employer cannot take actions such as terminating the employment of a removed employee or demoting the employee to a lower-paying position, regardless of the length of time spent away from the workplace. In situations where an employee with COVID-19 is out of work for months before they are well enough to return to work, and the employer needs to fill the employee's position during the removal period, OSHA would expect that the employer would fill the position with a temporary employee, who is made aware that the temporary assignment will end once the removed employee returns to work. The removed employee's position should not be permanently filled by a replacement unless the employee notifies the employer, or the employer is able to verify, that the employee will not be returning to their former position.

Return to work

78. When can employees who were required to be removed from the workplace under the ETS be allowed to return to the workplace?

An employer's decision to return an employee to work must be made in accordance with guidance from a licensed healthcare provider or applicable guidance from the CDC, which is incorporated by reference in the ETS, unless state or local public health authorities specify a longer period of removal. For example, the "CDC's Isolation Guidance" states that a COVID-19 positive person can stop isolating when three criteria are met: (1) at least ten days have passed since the first appearance of the person's symptoms; (2) the person has gone at least 24 hours without a fever (without the use of fever-reducing medication); and (3) the person's other symptoms of COVID-19 are improving (excluding loss of taste and smell). If a person has tested positive but never experiences symptoms, then the person can stop isolating after ten days from the date of their positive test. If a licensed healthcare provider recommends a longer period of isolation for a particular employee, however, then the employer would need to abide by those longer periods rather than returning the employee to work after ten days. Employers are also free to require employees to remain removed for a longer period than the ETS requires.

79. If an employer requires a longer period of removal than the ETS requires, are employers required to pay medical removal protection benefits during the entire time period of removal?

No. The employer's obligation to pay medical removal benefits ceases when the employee meets the return to work criteria described in the ETS, even if the employer chooses to require a longer removal

period.

80. Could a healthcare employer consider allowing exposed and symptomatic healthcare workers to continue to work?

Certain exposed workers may be allowed to continue working, as a last resort, if their absence would mean there are no longer enough staff to provide safe patient care, other specific amelioration strategies have already been tried, patients have been notified, and workers are using additional PPE at all times ([CDC, March 10, 2021](#)).

Vaccination (29 C.F.R. § 1910.502(m))

81. Are employers required to provide paid time to their employees for vaccination?

Yes. Vaccination is a vital tool that will help reduce the presence and severity of COVID-19 cases in the workplace. The employer must support COVID-19 vaccination for each employee by providing reasonable time and paid leave (e.g., paid sick leave, administrative leave) to each employee for vaccination and any side effects experienced following vaccination.

Reasonable time may include, but is not limited to, time spent during work hours related to the vaccination appointment(s), such as registering, completing required paperwork, all time spent at the vaccination site (e.g., receiving the vaccination dose, post-vaccination monitoring by vaccine provider), and time spent traveling to and from the location for vaccination (including travel to an off-site location (e.g., a pharmacy), or situations in which an employee working remotely (e.g., telework) or in an alternate location must travel to the workplace to receive the vaccine).

Paid leave provided may include paid sick leave or administrative leave. The paid leave can be in the form of an employee's accrued sick leave, if available, or in additional paid leave provided by the employer for this purpose. Employers may set a cap on the amount of time and paid leave available to employees to receive each dose of the vaccine and to recover from any side effects, but the cap must be reasonable. Accordingly, the amount of reasonable time and paid leave that an employer must make available to employees may vary depending on the circumstances. Generally, OSHA presumes that, if an employer makes available to its employees four hours of paid leave for each dose of the vaccine, as well as up to 16 additional hours of leave for any side effects of the dose(s) (or 8 hours per dose), the employer would be in compliance with this requirement.

Employers must make reasonable time and paid leave available for employees to receive all vaccination doses during work hours. If an employee chooses to receive the vaccine outside of work hours, employers are not required to grant time and paid leave for the time that the employee spent receiving the vaccine during non-work hours. However, even if an employee receives the vaccine outside of work hours, employers must still afford the employee reasonable time and paid leave to recover from any side effects that they experience during scheduled work time.

Training (29 C.F.R. § 1910.502(n))

82. How can the employer ensure employees comprehend the training elements required by the COVID-19 ETS?

Employers must provide training in a language and at a literacy level the employee understands. If an employer has employees that speak different languages or are at different literacy levels, the employer must ensure all training materials are presented in a way that each employee can understand. This may require an employer to create different training materials for different groups of employees (e.g., materials in different languages). When translation of training materials is required, employers must ensure the translation is one the employees can clearly understand.

Training employees in a manner they understand enables employees to maximize the effectiveness of the workplace controls they utilize and helps ensure that the employer's training program is successful.

The implementation of training programs, including how training is conducted and by whom, may vary based on the size and type of workplace or business, and employers have some flexibility to adapt training to their specific workplace. Employers can offer training in a variety of formats, including online, virtual, instructor-led, or application-based methods, but employers must ensure that employees comprehend the training materials and that they have an opportunity to get answers to their questions. There are different ways employers can ensure comprehension of the training materials, including a knowledge check (e.g., written or oral assessment) or discussion after the training. Post-training assessments may be particularly useful for ensuring employee participation and comprehension when employers offer online training.

83. What elements must be included in the training program?

Employers are required to provide training, in a language and at a literacy level the employee understands, on at least the following subjects:

- COVID-19, including how the disease is transmitted (including pre-symptomatic and asymptomatic transmission), the importance of hand hygiene to reduce the risk of spreading COVID-19 infection, ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth, the signs and symptoms of the disease, risk factors for severe illness, and when to seek medical attention;
- employer-specific policies and procedures on patient screening and management;
- tasks and situations in the workplace that could result in COVID-19 infection;
- workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- employer-specific policies and procedures for personal protective equipment (PPE) worn to comply with the ETS, including when PPE is required; limitations of PPE for protection against COVID-19; how to properly put on, wear, and take off PPE; and how to properly care for, store, clean, maintain, and dispose of PPE;
- any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- workplace-specific policies and procedures for cleaning and disinfection;
- employer-specific policies and procedures on health screening and medical management;
- available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- the identity of the safety coordinator(s) specified in the COVID-19 plan; and
- requirements of the ETS, how the employee can obtain copies of the ETS, and any employer-specific policies and procedures developed under the ETS, including the employer's written COVID-19 plan, if required.

84. How would a healthcare employer ensure the required training provides an opportunity for interactive questions and answers with a person knowledgeable in the required subject matter as it relates to the employee's job duties?

Paragraph (n)(4) requires employers to ensure training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties. A healthcare employer could utilize a virtual or online training but would need to ensure that training includes the ability to ask questions and receive answers promptly. When video- or computer-based trainings are used, this may require the employer to make available a qualified trainer to address questions after the training, or to offer a telephone hotline where employees can ask questions.

85. How often must I train my employees?

Although the standard does not set a fixed schedule for periodic training, paragraph (n)(2) requires additional or repeated training when:

- 1) There are changes that affect the employee's risk of contracting COVID-19 at work;
- 2) Policies or procedures are changed; or
- 3) There is an indication that the employee has not retained the necessary understanding or skill. For example, if an employer observes an employee engaging in activities that contradict knowledge gained through training, it is a sign to the employer that the employee may require a reminder or periodic retraining on work practices.

86. May employers rely on training provided prior to publication of the ETS?

Employers may rely on training completed prior to the effective date of the ETS to the extent that it meets the relevant training requirements. Employers must review and evaluate prior training and determine whether it covers all of the training requirements. Employers must train employees on missing elements, including providing training on those elements in different languages, where necessary, and providing opportunities for interactive questions and answers.

Anti-retaliation (29 C.F.R. § 1910.502(o))

87. Why is OSHA including an anti-retaliation provision in the COVID-19 Emergency Temporary Standard?

A workplace free from the threat of retaliation promotes collaboration between employers and employees in the effort to minimize the risk of transmission of COVID-19. The anti-retaliation provisions of this ETS are necessary to ensure employees are aware of, and able to exercise, their rights under the standard given that employee participation is essential to mitigating the spread of COVID-19 in the workplace. Additionally, employees must be able to notify their employer of other COVID-19 hazards in the workplace, such as co-workers refusing to wear facemasks or wearing them improperly, without fear of retaliation. If an employee does not report a hazardous condition due to fear of retaliation, the employer may not become aware of the hazard and would not be able to address it.

88. Does the ETS change the obligations of employers to refrain from retaliating against employees for engaging in protected activity under section 11(c) of the Occupational Safety and Health Act?

No. The anti-retaliation provisions in the ETS serve two additional purposes. First, the anti-retaliation provisions increase awareness of the protections provided to employees. Secondly, they provide OSHA with an enhanced enforcement tool for ensuring that employees are protected from retaliation for exercising their right to the protections required by the ETS, and for engaging in

actions required by the ETS.

89. How do employers need to inform employees of their rights to the protections required by the standard?

Employers have flexibility regarding how they will inform employees of their rights and the prohibition on retaliation. This information can be provided along with other training required under the standard, or it can be provided separately. Employees can be informed in writing, verbally during a staff meeting, or using other methods. Employers are able to choose any method of informing employees, so long as each employee is apprised of the information specified in the standard.

90. Can an employer fire or take other action against an employee for raising workplace safety and health concerns related to COVID-19?

No. Employers are explicitly prohibited from discharging or in any manner discriminating against any employee for exercising their right to the protections required by the ETS, or for engaging in actions that are required by the standard. The ETS allows OSHA to issue citations to employers for retaliating against employees, and require abatement including back pay and reinstatement.

Requirements implemented at no cost to employees (29 C.F.R. § 1910.502(p))

91. What costs must employers bear to meet the requirements of the COVID-19 ETS?

The ETS specifies that the implementation of all requirements of the standard, with the exception of any employee self-monitoring conducted under paragraph (l)(1)(i), must be at no cost to employees. OSHA considers costs to include not only direct monetary expenses to the employee, but also the time and other expenses necessary to perform required tasks.

When the ETS permits employees to use additional PPE, beyond what is required by the ETS, the ETS does not require employers to pay for this PPE. Here are some examples:

- The ETS includes requirements for facemasks, face shields, and in some circumstances, respirators and other personal protective equipment (PPE). These items must be provided at no cost to employees. However, the ETS provides an exception to this requirement for employees who provide their own face shields. When the employer allows employees to use their own face shields, the employer is not required to reimburse the employees for the cost of those face shields.
- In addition, the ETS requires the employer to permit an employee to wear their own respirator instead of a required facemask. In this circumstance, when an employee provides and uses their own respirator, the employer is not obligated to pay the employee for the cost of procuring or maintaining the respirator.

Recordkeeping (29 C.F.R. § 1910.502(q))

92. How do I determine if the small employer exclusion for recordkeeping requirements applies to me?

The ETS provides that small employers with 10 or fewer employees on the date the ETS is published in the Federal Register are not required to comply with the recordkeeping provisions. This size exemption is based on the total number of employees in a firm, rather than the number of employees at a particular location or establishment. All individuals who are "employees" under the OSH Act are counted in the total, including full-time, part-time, temporary, and seasonal employees. For businesses that are sole proprietorships or partnerships, the owners and partners

would not be considered employees and would not be counted. Unpaid volunteers and immediate family members of farm employers would also not be counted to determine whether this small employer exclusion applies.

93. I have more than 10 employees in my firm but I am exempt from the requirement for keeping occupational injury and illness records because my business is classified as a lower-hazard industry group under OSHA's regulation at 29 CFR 1904.2. Do I need to comply with the recordkeeping requirements in the COVID-19 ETS?

The partial exemption in 29 CFR 1904.2 does not apply to the recordkeeping requirements in the COVID-19 ETS. All covered employers, even those that are partially exempt under OSHA's recordkeeping regulation, must comply with the recordkeeping requirements if they have more than 10 employees on the effective date of the ETS. See paragraph (a), Scope and application, for more information on which employers are covered under the ETS.

94. Are the record retention requirements for the COVID-19 log different than the record retention requirements under 29 CFR part 1904 for OSHA Forms 300, 300A, and 301, or the equivalent forms?

Yes. Employers with more than 10 employees on the effective date of the ETS are required to maintain and preserve a COVID-19 log while the ETS is in effect

Under 29 CFR 1904.33(a), an employer must retain the OSHA 300 Log, the privacy case list (if one exists), the 300A annual summary, and the OSHA 301 Incident Report forms for five (5) years following the end of the calendar year that these records cover.

Reporting COVID-19 fatalities and hospitalizations to OSHA (29 C.F.R. § 1910.502(r))

95. Are the reporting requirements for a work-related fatality or in-patient hospitalization due to COVID-19 different from other causes of work-related fatalities or in-patient hospitalizations?

Yes. Under 29 CFR 1904.39(b)(6), employers are required to report a work-related fatality to OSHA only if death occurs within 30 days of the work-related incident, or an in-patient hospitalization only if the in-patient hospitalization occurs within 24 hours of the work-related incident. However, under this ETS, employers are required to report each work-related COVID-19 fatality or in-patient hospitalization of any employee regardless of the amount of time between the exposure to COVID-19 in the work environment and the death or in-patient hospitalization. Employers must report each employee COVID-19 fatality to OSHA within 8 hours of learning about the fatality. Employers must also report each employee COVID-19 in-patient hospitalization to OSHA within 24 hours of learning about the in-patient hospitalization.

Note that if an employer makes a report to OSHA concerning a COVID-19 in-patient hospitalization and that employee subsequently dies from the illness, the employer does not need to make an additional fatality report to OSHA.

96. How do I report the fatality or in-patient hospitalization of an employee?

You may report a fatality or in-patient hospitalization using any one of the following:

- Call the [nearest OSHA office](#);
- Call the OSHA 24-hour toll-free number at 1-800-321-6742 (OSHA); or
- By electronic submission, [report online](#).

Be prepared to provide: The employer's business name; the name of the deceased or hospitalized employee; the time and location of the work-related incident (i.e., exposure) that led to the fatality or in-patient hospitalization, if known; a brief description of the incident; and the name and contact information of the employer's designated contact person.

Dates (29 C.F.R. § 1910.502(s))

97. What are the compliance dates for the new requirements in the COVID-19
Emergency Temporary Standard?

To minimize transmission of COVID-19 in the workplace, it is essential that employers ensure that the provisions of this ETS are implemented as quickly as possible, but no later than the dates outlined in the table below.

All provisions except paragraphs (i), (k), (n) 14 days after date of publication in the Federal Register

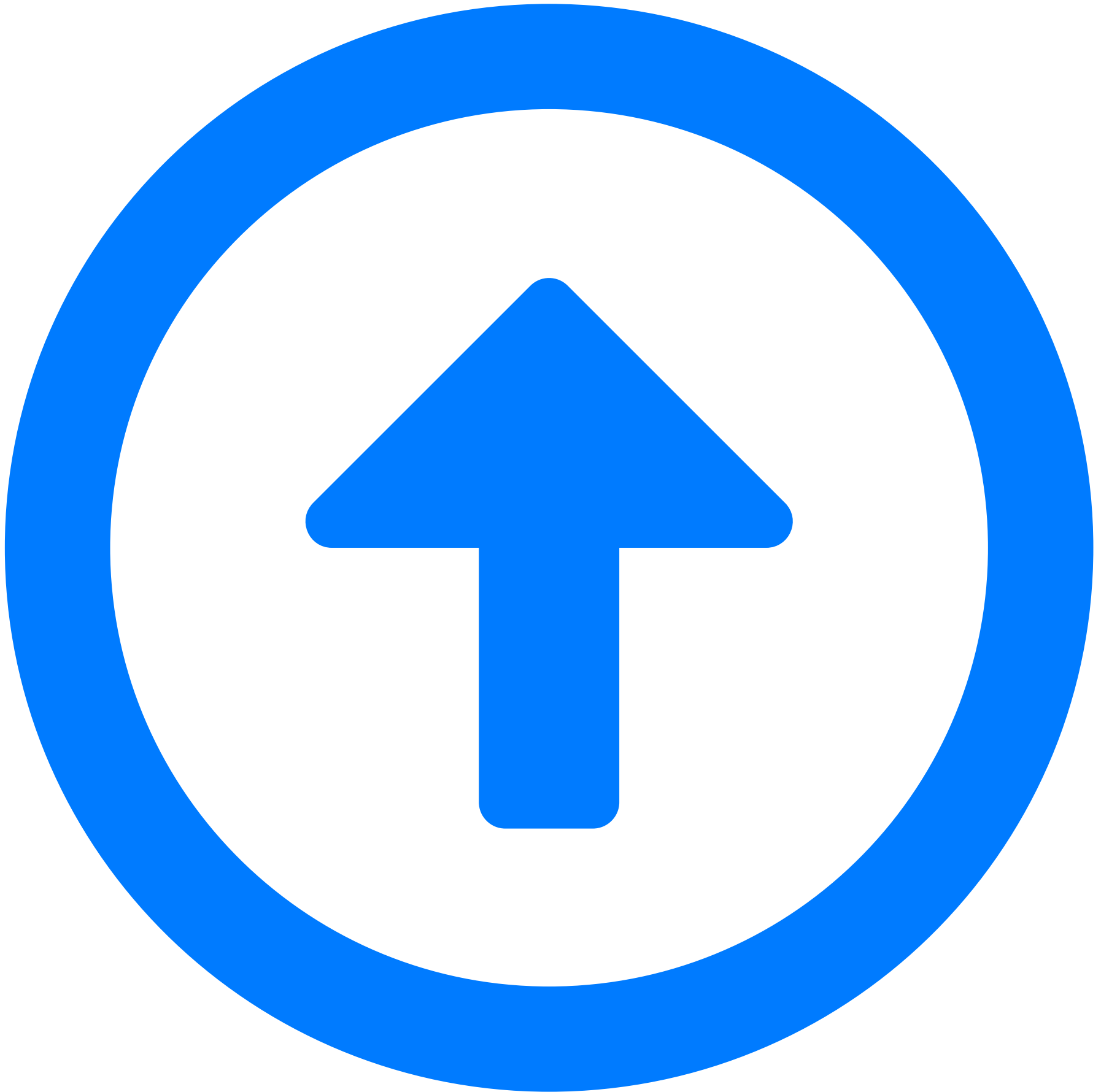
Physical barriers (i)

Ventilation (k) 30 days after date of publication in the Federal Register

Training (n)

98. Will OSHA accommodate employers who, despite their best efforts, are unable to
comply with all requirements in the ETS?

Compliance with the requirements of the ETS within the specified dates is achievable under most circumstances. Many employers are likely already in compliance with at least some of the provisions of the ETS, such as the provisions for patient screening and management, PPE, Standard and Transmission-Based Precautions, physical distancing, physical barriers, and cleaning and disinfection. However, OSHA's experience with issuing standards shows that, in isolated circumstances, some employers will, despite their best efforts, be unable to comply with all requirements by the specified compliance dates. OSHA is willing to use its enforcement discretion in situations where an employer can show it has made good faith efforts to comply with the requirements of the standard, but has been unable to do so.



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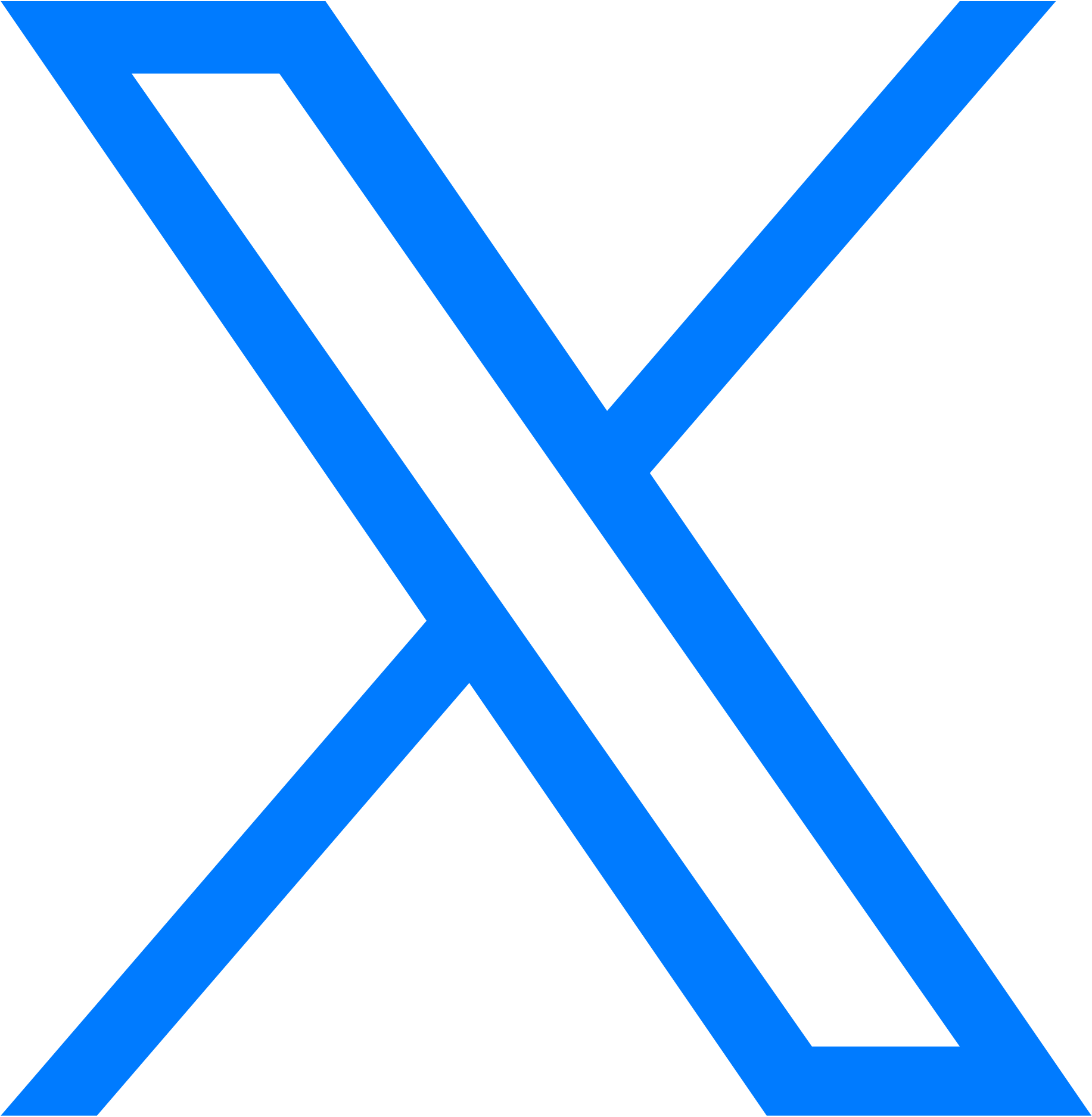
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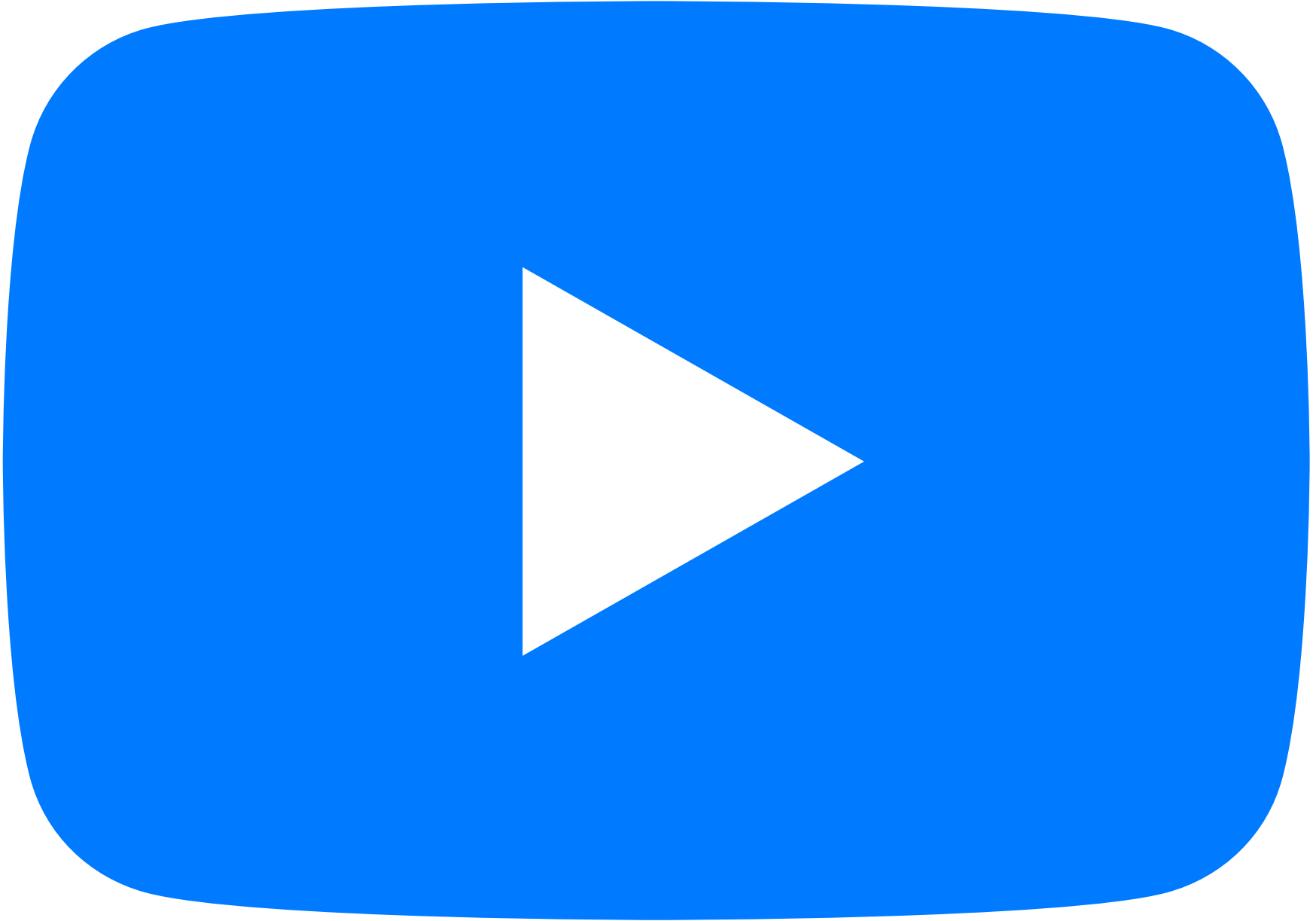
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