



OSHA COVID-19 Healthcare Emergency Temporary Standard

On June 21, 2021, the Occupational Safety and Health Administration (OSHA) implemented its [COVID-19 Healthcare Emergency Temporary Standard \(ETS\)](#). The ETS applies to settings where any employee provides “healthcare services” or “healthcare support services.” PEF is advocating for PESH to adopt the ETS, but with enhanced protections to cover the myriad working environments and job tasks that put PEF members at risk for exposure.

The ETS **definitions** of “healthcare services” and “healthcare support services”:

Healthcare services mean services that are provided to individuals by professional healthcare practitioners (e.g., doctors, nurses, emergency medical personnel, oral health professionals) for the purpose of promoting, maintaining, monitoring, or restoring health. Healthcare services are delivered through various means including: Hospitalization, long-term care, ambulatory care, home health and hospice care, emergency medical response, and patient transport. For the purposes of this section, healthcare services include autopsies.

Healthcare support services mean services that facilitate the provision of healthcare services. Healthcare support services include patient intake/ admission, patient food services, equipment and facility maintenance, housekeeping services, healthcare laundry services, medical waste handling services, and medical equipment cleaning/reprocessing services.

The ETS allows the following exemptions:

1. the provision of first aid by an employee who is not a licensed healthcare provider;
2. the dispensing of prescriptions by pharmacists in retail settings;
3. 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;
4. 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;
5. 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;
6. healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or
7. telehealth services performed outside of a setting where direct patient care occurs.

COVID-19 Plan

All covered employers must develop and implement a COVID-19 plan. The plan must be in writing for employers with more than 10 employees. Employees and Employees’ representatives are entitled to a copy of all versions of the plan. The following are some, but not all, of the requirements of the plan:



Plans

- Include the authorized employee representative in the hazard assessment and the development and implementation of the plan.
- Designate one or more workplace COVID-19 safety coordinators to implement and monitor the plan. The coordinator(s) must be knowledgeable in infection control principles and how they apply to the workplace and employee job operations.
- Conduct workplace-specific hazard assessment(s) to identify potential workplace hazards related to COVID-19 and address the identified hazards to minimize risk of exposure.
- Include policies and procedures to determine employees' vaccination status in order for the employer to be exempt from providing controls based on employees' fully vaccinated status.
- Effectively communicating with other employers that share the same physical location.
- Protecting employees who enter private residences or other physical locations. Including procedures to withdraw from the locations if protections are inadequate.
- Screen and triage all clients, residents, delivery people, other visitors and other non-employees entering the setting.
- Limit points of entry into the setting.
- Develop and implement policies and procedures to adhere to Standard and Transmission-Based precautions in accordance with CDC's "*COVID-19 Infection Prevention and Control Recommendations*" and CDC's "*Guidelines for Isolation Precautions*".

Personal Protective Equipment

- Provide and ensure employees wear facemasks, as defined by the ETS, over the mouth and nose when indoors or occupying a vehicle with other people. Exceptions permitted include being alone in a room; eating and drinking when separated by 6 feet or physical barrier; and medical necessity, medical condition, or disability.
- Implement a Mini Respiratory Protection Program:
 - The employer must permit employees to wear their own respirator instead of a facemask.
 - The employer may provide a respirator in lieu of a facemask.
 - The employer must provide notification, instruction, and training in accordance with [OSHA Mini Respiratory Protection Program](#)
- Supply respirators and other PPE for exposure to suspected or confirmed COVID-19 persons. Mandatory use of a respirator must be done in accordance with [OSHA Respiratory Protection Standard](#)
- Limit the number of employees present during an aerosol-generating procedure to only those essential for patient care and procedure support.
- Perform aerosol-generating procedures in existing airborne infection isolation room (AIIR), if available.

Physical Distancing

- Ensure employees are separated from all other people by at least 6 feet when indoor unless the employer can demonstrate such physical distancing is not feasible for a specific activity.
- Install cleanable or disposable solid barriers at each fixed work location outside of direct patient care areas where employees are not separated from other people by at least six feet. The barrier must be sized and located to block face-to-face pathways between individuals, based on where each person



would normally stand or sit. The barrier may have a pass-through space at the bottom for objects and merchandise. Physical barriers are not required in direct patient-care areas or resident rooms.

Cleaning/ Disinfection

- Clean and disinfect patient care areas, resident rooms anywhere a COVID-19 positive person has been in the workplace (including materials and equipment) and medical devices in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control".
- Clean high-touch surfaces in all other areas at least once a day following manufacturers' instructions.
- Provide alcohol-based hand sanitizers that is at least 60% alcohol or provide readily accessible hand washing facilities.

Ventilation

- Ensure that employer-owned or controlled existing HVAC systems are used in accordance with manufacturer's instructions and design specifications for the systems and that air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it.

Screening

- Screen employees before each workday and shift.
- Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms.

Employer Notification

- Notify certain employees within 24 hours when a person who has been in the workplace is COVID-19 positive.
- Follow requirements for removing employees from the workplace.
- Employers with more than 10 employees, provide medical removal protection benefits in accordance with the standard to workers who must isolate or quarantine.
- Provide reasonable paid time to get vaccinated and to recover from any side effects.
- Train employees on COVID-19 transmission risks along with tasks and situations in the workplace that could result in infection. Employees must also be trained in all relevant policies and procedures.
- Establish a COVID-19 log of all employee instances of COVID-19 without regard to occupational exposure. Including name, occupation, location and additional information.
 - Employees and employees' representatives are entitled to a redacted copy of the log upon request.
- Employers must report to OSHA each work-related COVID-19 fatality within eight (8) hours of their learning about it, and within 24 hours for each work-related COVID-19 in-patient hospitalization.

Anti-Retaliation

- Inform employees of their rights to the protections required by the standard and do not discharge or in any manner discriminate against employees for exercising their rights under the ETS or for engaging in actions required by the standard.



The Healthcare ETS incorporates several consensus standards and evidence-based guidelines found at [Material Incorporated by Reference](#)

Resource Materials:

OSHA COVID-19 Healthcare ETS- <https://www.osha.gov/coronavirus/ets>

This factsheet and many others were developed and produced by the NYS Public Employees Federation Health and Safety Department. If you have any questions or need assistance with ergonomics or any other workplace health and safety issue, please contact the PEF Health & Safety Department at 1-800-342-4306, ext. 254 or at HealthandSafety@pef.org.

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