

U.S. OSHA COVID-19 Emergency Temporary Standard for Healthcare

Introduction

On Thursday, June 10, 2021, the U.S. Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) intended to help protect healthcare workers from SARS-CoV-2, the virus that causes COVID-19. The ETS is limited to healthcare workers only and became effective on June 21, 2021 after being published in the Federal Register. Employers must comply with most provisions within 14 days, and with provisions involving physical barriers, ventilation, and training within 30 days. For more information, please visit: <https://www.osha.gov/coronavirus/ets>

Covered Employers

The ETS applies to certain settings where employees provide healthcare and healthcare support services. This includes employees in hospitals, nursing homes, and assisted living facilities, emergency responders, home healthcare workers, and employees in ambulatory care facilities where suspected or confirmed COVID-19 patients are treated. However, the new standard 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.
- 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
- 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
- Healthcare support services that are not performed in a healthcare setting (i.e. off-site laundry, off-site billing)
- Telehealth services performed outside of a setting where direct patient care occurs

Requirements Under the Emergency Temporary Standard Include the Following

COVID-19 Plan: Healthcare employers must develop a COVID-19 plan which must be in writing (unless the employer has fewer than ten employees). OSHA provides a [written plan template](#) for healthcare employers who do not already have a written COVID-19 plan in place. The COVID-19 plan must:

- Designate a safety coordinator with authority to ensure compliance.
- Implement a workplace-specific hazard assessment.
- Involve non-managerial employees in the creation and implementation of the plan and hazard assessment.
- Monitor the workplace to ensure the ongoing effectiveness of the plan, updating it as needed.
- Address hazards identified by the hazard assessment and include policies and procedures to minimize the risk of transmission of COVID-19.

Policies and Procedures to minimize the risk of transmission of COVID-19:

- Screen patients and implement patient management strategies in accordance with the CDC COVID-19 Infection Prevention and Control Recommendations for those that may have COVID-19.
- Screen all individuals who enter the facility.
- Implement policies that adhere to standard and transmission-based precautions in accordance with CDCs Guidelines for Isolation Precautions.
- Employees must wear facemasks as a minimum when indoors and when occupying a vehicle with other people for work purposes. OSHA defines facemask in the ETS as a "surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Face-masks may also be referred to as medical procedure masks." Employers are required to provide enough facemasks to ensure that they can be changed by each employee at least once per day, whenever they are soiled or damaged, or more often as necessary. OSHA specifies some exceptions to the facemask requirement in section (f)(1)(iii) of the ETS, such as when employees are alone in a room or wearing respiratory protection in accordance with 29 CFR 1910.134.
- When employees may be exposed to people with suspected or confirmed COVID-19, and for aerosol-generating procedures on a person with suspected or confirmed COVID-19, employers must provide and ensure employees use respirators in accordance with the OSHA Respiratory Protection Standard (29 CFR 1910.134). "When there is a limited supply of filtering facepiece respirators, employers may follow the CDCs Strategies for Optimizing the Supply of N95 Respirators." In addition to respiratory protection, employers must also provide and ensure employees use other appropriate PPE such as gloves, an isolation gown or protective clothing, and eye protection in accordance with requirements in the ETS.
- Limit the number of employees in the room when performing aerosol-generating procedures.
- Keep employees at least 6 feet apart when indoors or as far apart as feasible for a specific activity. When fully vaccinated employees are in well-defined areas with no reasonable expectation that someone with suspected or confirmed COVID-19 will be present, the fully vaccinated employees are not required to maintain 6 feet of distance from other people.
- Provide cleanable or disposable solid barriers at each fixed work location in non-patient care areas where people are not separated by 6 feet or more.
- Follow CDC guidelines for hand hygiene and cleaning and disinfection of surfaces and equipment.
- Ensure proper ventilation, maximize the number of air changes per hour and use of air filters rated as MERV 13 or higher.
- Screen employees before each shift, require employees to report COVID-19 symptoms and positive tests, and remove sick employees from the workplace.
- Notify employees of close contact with someone with COVID-19, or working where someone with COVID-19 was present and employees were not wearing appropriate PPE.
- Provide reasonable time off and paid leave for vaccinations.
- Train employees on COVID-19 transmission and relevant policies and procedures, including employer-specific policies and procedures for PPE. OSHA requires that the training be overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties and include an opportunity for interactive questions and answers. .

Reporting COVID-19 Fatalities: Employers must continue to report each work-related COVID-19 fatality and hospitalization to OSHA.

Anti-Retaliation: Employers must inform their employees of their rights to the protections required by the emergency rules. Additionally, employers are prohibited from discriminating against employees for exercising these rights or complying with these emergency standards.

In this ETS, OSHA introduced a new type of Respiratory Protection Program (RPP) called a Mini Respiratory Protection Program (MRPP) titled 1910.504 - Mini Respiratory Protection Program. The MRPP applies only to specific circumstances under the ETS when employees are not exposed to suspected or confirmed sources of COVID-19 but where respirator use could be offered in place of a facemask to enhance worker protection.

3M Personal Safety Division

The MRPP does not replace or substitute OSHA's normal respiratory protection standard (29 C.F.R. § 1910.134) that applies when respiratory protection is required for exposure to suspected or confirmed sources of COVID-19 or other workplace hazards that may require respiratory protection.

If employees will be using respirators provided by the employer, then under the MRPP, employers must take certain actions, including training on inspecting, donning and doffing, and respirator use, including performing user seal checks to help verify the respirator is properly sealed to the user's face before each use.

However, under the MRPP, employers don't need to have a written program or need to conduct medical evaluations or fit tests. The following chart from the [OSHA MRPP fact sheet](#) highlights key differences between a full RPP and the new MRPP requirements:

KEY PROGRAM ELEMENT ¹	MINI RPP ² (1910.504)	NORMAL RPP (1910.134)
Medical Evaluation		✓
Fit Testing		✓
Written Program		✓
User Seal Checks	✓	✓
Training	✓	✓

¹ This is not a comprehensive list of required program elements

² These are key requirements pertaining to employer-provided respirators (as opposed to worker-provided respirators)

If employees are providing their own respirators, the employer must provide workers with a specific notice contained in 1910.504(c).

OSHA has a training program for employees regarding the Mini Respiratory Protection Program and it can be accessed through the following link: <https://www.osha.gov/coronavirus/ets>

For additional information and resources, please see 3M Technical Bulletin [COVID-19 Pandemic](#) and visit 3m.com/coronavirus and [OSHA ETS](#).



⚠ WARNING

Respirators help reduce exposures to certain airborne contaminants. Before use, the wearer must read and understand the User Instructions provided as a part of the product packaging. Follow all local regulations. In the U.S., a written respiratory protection program must be implemented meeting all the requirements of 29CFR1910.134, including training, fit testing and medical evaluation. In Canada, CSA standard Z94.4 requirements must be met and/or requirements of the applicable jurisdiction, as appropriate. **Misuse may result in injury, sickness or death.** For correct use, consult supervisor and User Instructions, or call 3M Technical Service in the USA at 1-800-243-4630 and in Canada at 1-800-267-4414.

Personal Safety Division

3M Center, Building 235-2W-70
St. Paul, MN 55144-1000

3M PSD products are
occupational use only.

In United States of America

Technical Service: 1-800-243-4630
Customer Service: 1-800-328-1667
[3M.com/workersafety](https://3m.com/workersafety)

In Canada

Technical Service: 1-800-267-4414
Customer Service: 1-800-364-3577
[3M.ca/Safety](https://3m.ca/Safety)

© 3M 2021. All rights reserved.

3M is a trademark of 3M Company and its affiliates.
Used under license in Canada. All other trademarks
are property of their respective owners.
Please recycle.

